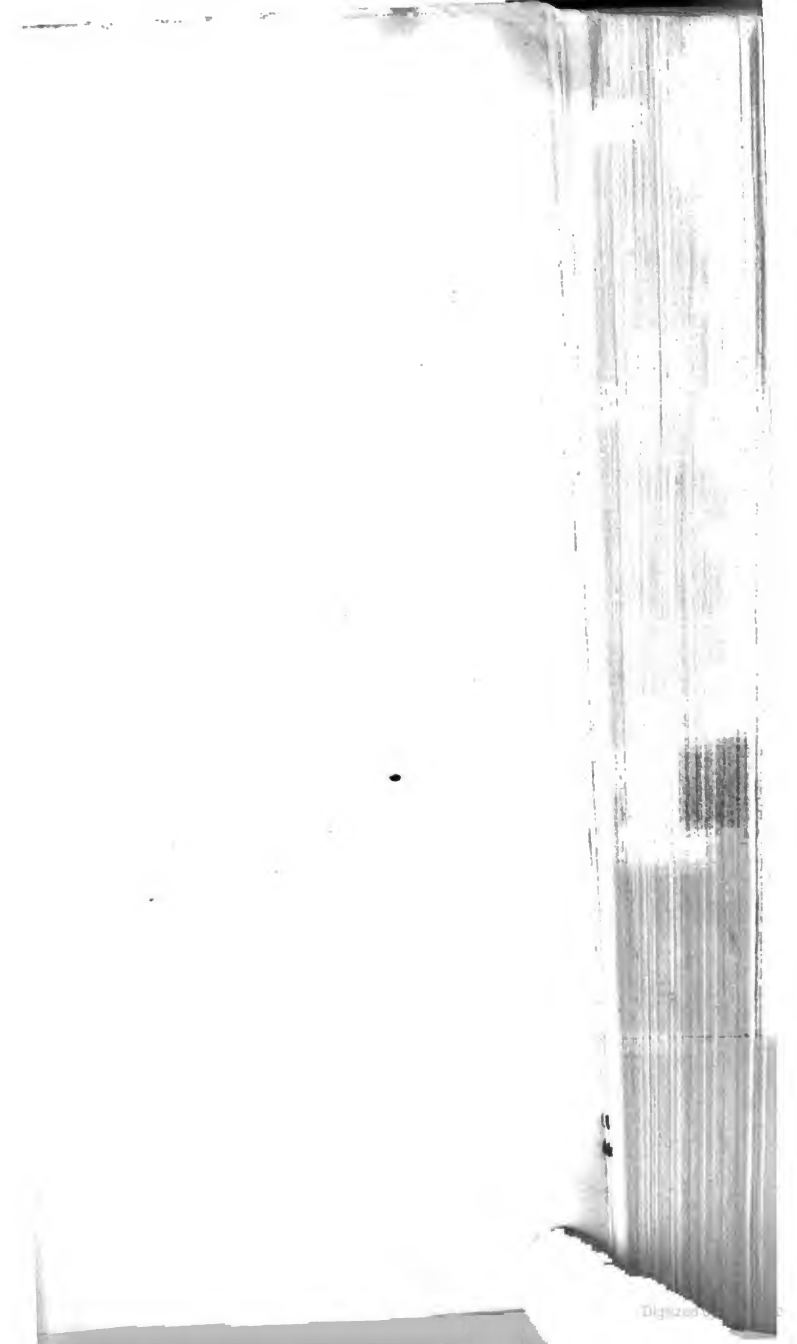


Princeton University Library



32101 078204979





THE LANCET.

MDCCCXXVIII—IX.

IN TWO VOLUMES.—VOL. I.

WITH AN APPENDIX,

CONTAINING A VERBATIM REPORT OF THE TRIAL

OF

COOPER v. WAKLEY.

EDITED BY

THOMAS WAKLEY,

SURGEON.

LONDON:

PRINTED FOR THE EDITOR,

BY MILLS, JOWETT, AND MILLS, BOLT-COURT, FLEET-STREET.

MDCCCXXIX.

(RECAP)

8950

1828-29, v1

558

THE LANCET



Vol. I.]

LONDON, SATURDAY, OCTOBER 4.

[1828-9.

ADDRESS

TO THE

READERS OF THE LANCET.

MANY circumstances have occurred during the last twelve months, which suggest to us the propriety of submitting a few preliminary observations to our readers, before entering upon our labours for the ensuing medical year, the sixth since the commencement of this Publication.

We stated, about this time last year, that, "as Medical Journalists, we had no opposition, still less any competition, to contend with; but that, though we had no literary competitors, we had an abundance of enemies, whose malignity was one of our strongest claims to the support and confidence of our readers." Early in the month of October, however, an opposition to this Journal was attempted; if, indeed, that term can be applied to a contemptible imitation of our plan, seasoned with an out-pouring of vulgar and malignant scurrility, directed against private character. It is unnecessary for us in this place to insist on the distinction between slander of private character, and personal attacks, as they are termed, on men who fill public situations, and whose character and conduct, in their public capacities, are fair topics of animadversion. Of the former, we challenge our enemies to point out a single instance in the pages of this Journal; of the latter, the instances are abundant in proportion to the occasions which called forth honest censure; and if they were not to be found in that proportion, our publication would cease to deserve the eulogium which was pronounced upon it by the highest judicial authority in the kingdom, that of being "a work of very great utility."* That in the discharge of our duty, as independent Journalists, we should have incurred the hatred of some individuals, whose public character may have suffered from our animadversions, is not surprising; but it is plain that the often-repeated attacks upon our private character, even if they were as well founded as they are false and malignant, would furnish no answer to the facts or arguments on

* "I feel it my duty to state, that THE LANCET appears to me to be a work of great utility, certainly of very great utility."—LORD CHANCELLOR ELDON, on dissolving the Injunction obtained by Mr. ABERNETHY.

which we may found our censure of a public functionary, or maintain the expediency of correcting an existing abuse. As a public journal ought never to be made the vehicle of attacks upon private character, so neither is a public journal a fit place for repelling such attacks. A Court of Justice is the only arena in which we have condescended, or ever will condescend, to meet calumniators who slander because they cannot cope with us; for the true source of their malignity is to be found in the vast and increasing circulation of this Journal, and in the total and humiliating failure of all their attempts to diminish our influence.

The first wretched and abortive attempt to imitate the plan, and at the same time injure the reputation of *THE LANCET*, was too despicable to obtain even a passing notice in the pages of this Journal. The publication to which we allude expired, if we mistake not, in the ninth week of its existence; but its dissolution was immediately succeeded by the appearance of another imitation of the plan of *THE LANCET*, precisely similar to the former in all respects, save that of being ushered into the world under the auspices of respectable, and, consequently, responsible publishers. The arrangement of our matter was servilely copied in both publications, so as to give to each the appearance of a mock *LANCET*. There were in each an imitation of our Lectures, an imitation of our Foreign Department, an imitation of our Leading Articles and Reviews, and an imitation of our Hospital Reports. The execution of the design was alike feeble in both instances, but the plan was in both instances a servile copy of that of *THE LANCET*, with one distinguishing exception indeed, namely, the systematic devotion of a portion of the columns of these publications to the aspersion of private character. A part of the small capital embarked in the second enterprise was, we have reason to believe, supplied by Mr. BRODIE, who has derived from it the advantage of being enabled to puff himself without stint, though, when the extremely limited channel through which his auto-panegyrics are circulated, is taken into the account, the pleasure of lauding himself in print has, in all probability, been dearly paid for. In the choice of an Editor, the manufacturers of the Mock *LANCET* were singularly unhappy, for they fixed upon an "old hack of a Journalist," who had long since wearied and disgusted the profession as editor of the *Yellow Fungus*, and from whose intellectual efforts nothing could be reasonably expected, but the dulness and the imbecility which have marked the origin and no-progress of the undertaking. The thing still exists, but it exists under circumstances of which its friends are ashamed, and with a circulation which its publishers must regard as injurious to the character of their establishment.

While we are taking a retrospective glance at these two publications, we cannot forbear noticing the manner in which their appearance was successively hailed by a contemporary, Dr. JAMES JOHNSTONE, if it be not a misnomer to call him a contemporary, who is defunct as a Quarterly Journalist, and moribund as a publisher of half-monthly fasciculi. His delight at the appearance of new combatants, in a contest which had proved fatal to his own reputation, was equalled only by the spirit of abject humility with which he declared his readiness to fight under their banners. It seems to be the destiny of the Doctor, in all his literary manœuvres, to accomplish his own humiliation. Our first formidable opponent expired in the very week wherein the Doctor triumphantly stated, that *THE LANCET* had at length "found its match;" and, at the commencement of the year, the Doctor underwent the further mortification of announcing the decease of his own Quarterly Journal. As to the pamphlets which he still pub-

lishes, under the title of Fasciculi, the affidavit which the Doctor makes once a fortnight to the fact of their finding purchasers, affords pregnant evidence of the estimation in which they are held by the profession.

Such is the character, and such has been the success, of the opposition made to this Journal during the past year. Nor have our enemies been more successful in the field of jurisprudence than in that of literature. In one of the two actions to which we alluded in the Preface to our volumes for the last year, RODERICK MACLEOD, the Editor of the Yellow Fungus, who had charged us, in his declaration, with a malicious attempt to degrade him in the eyes of his employer, and thereby deprive him of the means of subsistence, obtained FIVE POUNDS from the jury, as a compensation for the injury alleged to have been done to his professional and literary character. A more trumpety action was never brought into a court of justice, and we believe that the jury would not have awarded even the sum of five pounds to the plaintiff, if the production of a squib, which appeared the day before the trial in this Journal, as a piece of evidence in support of the plaintiff's case, had not been, upon technical grounds, objected to. The weakness of a cause, which required the aid of the paragraph in question, by way of make-weight to the charge against us, could scarcely have failed to strike the jury, had the reading of the squib, as evidence, been acquiesced in. As it was, the passage technically objected to, was, in point of fact, read, and probably made an erroneous impression on the minds of the jury.

The circumstances under which the action, commenced against THE LANCET by Mr. GUTHRIE, was abandoned, are fully detailed in the pages of this Journal. The secret history of the transactions connected with that action, is now matter of record; and we may truly say, that a more unjustifiable attempt to obtain a verdict *per fas et nefas* against a Public Journal, was never yet detected and exposed. The history of these transactions is pregnant with instruction to juries, whose duty it may hereafter be to protect the press against similar attempts to convert the law into an instrument of injustice and oppression. Let it not be forgotten, that Mr. GUTHRIE commenced legal proceedings against THE LANCET, with the full consciousness that he had no more cause of action against us than against his own colleague—that he continued those proceedings; under the persuasion that he should be able to suppress the testimony of that colleague—and that he only abandoned them at the twelfth hour, upon finding that his colleague refused to tamper with his oath, and co-operate in a conspiracy against this Journal.

The recovery of damages, in an action against a hospital surgeon, who mistook a piece of flint, at the distance of more than one inch from his patient's *entire* patella, for a portion of that patella, was an event of no light importance, as the result of this trial proved that the *prestige* of nominal distinctions was at an end, and that the attempt of six hospital surgeons to secure their colleague from the consequences of his incapacity, was justly appreciated by an intelligent and discriminating jury. For the comments which we felt it our duty to make on this case, we were threatened with an action by Mr. STANLEY; but that gentleman, either in tenderness to us or to himself, forbore to carry his threat into execution.

Of the action now pending against us, for our report of the extraordinary case of lithotomy at Guy's Hospital, in which Mr. Bransby Cooper extracted the stone at the end of fifty-five minutes—the average *minimum* of time in which this operation is performed by skilful surgeons being five or six minutes—we shall only say that we have put a JUSTIFICATION of the TRUTH of the alleged libel upon the record.

The Report of the Parliamentary Committee on Anatomy furnishes satisfactory evidence of the utility of the discussions which have been carried on through the medium of a free medical press; and even the enemies of this Journal must concede to us the credit of having zealously urged the expediency of those measures which are now recommended to the adoption of the Legislature. The spirit in which the late inquiry was conducted augurs well for the cause of medical reform; and the recommendation with which the Committee closed its report may be regarded as a first step towards the attainment of that most desirable object. Let surgical reformers—and in this designation is comprehended the great body of the profession—be on the alert to take the field, and be assured that, though political events have for awhile retarded, nothing can prevent the ultimate, and even the speedy, accomplishment of their wishes. Lest the recent election of Mr. LAWRENCE to a seat in the Council should have raised a doubt in any quarter, whether that gentleman still remains staunch to the cause, we take this opportunity of assuring the profession that when the members of the College shall again assemble for the purpose of petitioning Parliament for a reform of abuses, Mr. LAWRENCE will again be found at his post, ready, as he has ever been, to prove himself the firm and enlightened advocate of the rights and interests of his professional brethren.

From the outset of this publication, one of the objects of which we have never lost sight has been to promote the interests of medical pupils. We have endeavoured to protect them against the cupidity, the injustice, and the negligence of their privileged teachers; and we have, on some occasions, endeavoured to protect them against the consequences of their own thoughtlessness and inexperience. Nor can it be denied that our efforts have been, in some degree, successful, if the manner in which medical pupils were commonly treated, five years ago, be contrasted with the influence which they now possess, and the comparative attention which they now receive at the hands of their instructors. Pupils may be assured that the remedy of many of the grievances of which they have still reason to complain lies in their own hands.

We shall call the attention of our readers, at an early period, to the abuses which result from the extent to which the out-patient system at our public hospitals and dispensaries has been carried, and to the ruinous influence which that system has on the interests of the great body of medical practitioners.

Before concluding these observations, we must revert to a subject which concerns ourselves. There is no charge which has been more frequently brought against this publication by those who are interested in upholding existing abuses, and who seek, therefore, to depreciate the character of a Journal which they have long felt as a thorn in their sides, than that we have dishonourably appropriated the labours of medical teachers to our own profit, without the consent of those teachers, and even in spite of their remonstrances against the publication of their lectures. This charge has been so often, and so confidently made, that we doubt not there are many persons, who, however otherwise disposed to think well of this publication, believe that we have not only published Mr. ABERNETHY'S Lectures without his consent, but that in many, or most, of the instances in which courses of lectures have been published in *THE LANCET*, the consent of the Lecturers has not been obtained. We shall insert the charge in the language of one of our calumniators, and we shall be content to forfeit that influence which has rendered us the objects of so much slander and misrepresentation, if the answer we shall give to it, be not such as must for ever silence our enemies, if they have the smallest regard for decency or truth.

"A few years ago," says RODERICK MACLEOD, "a set of literary plunderers broke in on the peace and quiet of our profession. Lecturers who had spent their lives in collecting knowledge, arranging it for communication, and acquiring the difficult art of oral instruction, saw the produce of their lives suddenly snatched from them, and published for the profit of others, with the additional mortification of finding what they had taken so much pains with, disfigured by bad English, and ridiculous or mischievous blunders."

It can scarcely be necessary to remind our readers of the distinction which we have always recognised between the situation of a public teacher and that of a private one, or of the principle upon which we claimed the right of publishing the Lectures of Mr. ABERNETHY. The Lectures of private teachers, which we acknowledge to be private property, we have never published, as we shall presently show, without the consent of the Lecturers; but the Lectures of public medical teachers, delivered within the walls of public hospitals, stand, as we have uniformly contended, upon a totally different footing. We maintained this point fearlessly and manfully against Mr. ABERNETHY in a Court of Equity, and the issue of the contest was, that the injunction which that Gentleman obtained against the publication of his Lectures was finally dissolved by the Lord Chancellor. So much for Mr. ABERNETHY's Lectures. Sir ASTLEY COOPER's Lectures came within the principle on which we relied in our contest with Mr. ABERNETHY; but Sir ASTLEY COOPER cannot, at any rate, be one of those who has been plundered of his literary property, for Sir ASTLEY COOPER gave his express consent to the publication of his Lectures. The Lectures of Dr. BLUNDELL on Midwifery, though delivered within the walls of Guy's Hospital, we did not consider as public Lectures three years ago, because, at that time, no certificates of attendance on Courses of Midwifery were required by the Colleges or the Universities. We applied, therefore, for permission to publish them, which was not at that time conceded. Subsequently certificates of attendance on courses of Midwifery have been required, and Dr. BLUNDELL has not only not withheld his consent from the publication of his Lectures in this Journal, but, as they were to go before the public, has added to their value by a revision of the proof sheets. Dr. ARMSTRONG's Lectures on the Theory and Practice of Medicine, were published in consequence of the intimation of one of his pupils, that the Lecturer would not offer any objection. Dr. ARMSTRONG did, however, after the appearance of the first Lecture, object to the principle of publishing private Lectures, in which objection we acquiesced; but having expressed his opinion, he added, that he should leave the matter entirely to ourselves. We urged the ground of public utility—and as he found that the pupils were desirous of possessing his Lectures, he afterwards consented to their publication, and acknowledged their accuracy. Mr. ALCOCK's Lectures on some Practical points of Surgery, were published with his consent, and the proof sheets were revised by him. Mr. LAWRENCE's Lectures on the Anatomy, Physiology, and Diseases of the Eye were published with his consent, and the proof sheets were revised by him. Dr. CLUTTERBUCK's Lectures on the Theory and Practice of Physic were published with his consent, and the proof sheets were also revised by him. Dr. SPURZHEIM's Lectures on Phrenology in like manner appeared with the consent, and underwent the revision of the Lecturer. The Lectures of Mr. BRANDE on Chemistry, and those of Dr. HASLAM on the Intellectual Composition of Man, were also published with the express consent of the Lecturers. All these facts we have had the permission and authority of the several Lecturers to state, from the periods at which their respective Courses were completed, as distinctly as we now state them; but we have hitherto disdained to give this con-

clusive answer to the calumnies of our enemies, and we have now, once for all, adopted this course, in order that such calumnies, if they be again repeated, may be as much condemned in all other quarters, as they have been uniformly condemned by ourselves. We may further state, that so far have we been from the imputed necessity of seeking to obtain Lectures by indirect or dishonourable means, that our difficulty, on the contrary, has been to deal with the numerous applications which have been made to us for the publication of Lectures, and to appease teachers, to whose urgent solicitations we have not deemed it expedient to yield.

That nothing may be left unanswered in the above-cited charge, we proceed to that part of it in which we are accused of distorting the style, and misrepresenting the meaning of the different Lecturers. It is evident, from the statement which we have just made, that the only Lecturers who could, by possibility, be injured in this way, were Sir ASTLEY COOPER and Mr. ABERNETHY, inasmuch as all the other gentlemen to whom the paragraph could apply in point of time, have actually either acknowledged their accuracy or revised the proof-sheets of their own Lectures. Let us examine, then, the ground of this heavy accusation, as it applies to the two supposed sufferers; and, first, as it respects Sir ASTLEY COOPER. To all who know the worthy Baronet, whose non-professional education has, truth to say, been a little neglected, it might appear a sufficient answer to this charge to suggest, that his English was not likely to suffer much from the necessary repairs bestowed upon it in the Reports of THE LANCET. But we have a stronger argument for our vindication. Although Sir ASTLEY COOPER did not revise the proof sheets of our Reports, he has revised the *exclusively* genuine edition of his Lectures, published by his nephew Mr. TYRRELL. Now this *exclusively* genuine edition, put forth by the real SIMON PURE, is so faithful a transcript of our Reports, that even the typographical errors of our early editions have been retained in it; nay, passages which, from circumstances we have formerly explained, Sir ASTLEY COOPER never uttered, have also been faithfully retained in the *exclusively* genuine edition published by his nephew.* So much for the wrongs sustained by Sir ASTLEY COOPER, as touching the felicities of his style, and the faithful representation of his meaning. Now for Mr. ABERNETHY. As regards this gentleman, we have, if possible, a more conclusive answer to the charge than in the case of Sir ASTLEY COOPER. The worthy Baronet has, in a letter prefixed to SIMON'S *exclusively* genuine edition of his Lectures, borne testimony to the accuracy of our reports. But Mr. ABERNETHY has gone further; for he has actually sworn to "*the minute fidelity*" with which his Lectures were reported in this Journal. We refer our readers to the affidavit which he made on applying to the Court of Chancery for an injunction against THE LANCET,† and we shall merely add, that as the fact of "*minute fidelity*" was sworn to on the one hand, and admitted on the other, we were precluded, in the argument, from taking any advantage of the difficulty which Mr. ABERNETHY would otherwise have had in proving that Lectures not committed to writing were, *ipsisimis verbis*, the Lectures which appeared in our publication.

* Had the charge been, that our Reporter, or Printer, had put bad *French* into the mouth of the worthy Baronet, it might, we believe, in one or two instances, have been substantiated. Hotel de Dieu, we remember was, by some inadvertence, printed in one of Sir Astley's Lectures; but this error was faithfully copied by Simon Pure into the *exclusively* genuine edition of his uncle's Lectures.

† See THE LANCET, vol. v., page 368.

We feel satisfied that our readers will now be of opinion that we have given a most complete and conclusive answer to the calumnies and unfounded charges which have been directed against the character of this Journal. We have shown that, although we maintain the right of publishing the Lectures of public hospital teachers, yet, in every instance, save one, wherein a course of Lectures, whether public or private, has been published in this Journal, it has been published with the consent of the lecturer. In the excepted instance, we boldly maintained, and finally established, in a court of EQUITY, the principle for which we contended, as far as that principle could be established by the retreat of our adversary, and the dissolution of the injunction which he had obtained against us. With this exception, for which we take credit to ourselves for the exertions we made in vindication of the freedom of the medical press, in what respect has our practice of publishing Lectures differed from that of our imitators? We have published Lectures with the consent of the lecturers, and our imitators have done the same thing.

With regard to hospital reports, these, let it be remembered, were equally denounced by our enemies, when we first set the example of publishing them. The times, however, are changed, and hospital reports are now recognised by all, except those functionaries who, by reason of their imbecility, have cause to dread them, as an integral portion of the stock of public information. But there is this material difference between the hospital reports published in this Journal, and those which have been recently put forth by our imitators, that the latter have been supplied by the functionaries themselves, who have a manifest interest in suppressing whatever facts may be unfavourable to their reputation; whereas, our interest as clearly lies in giving a faithful and impartial detail of facts, whether favourable or unfavourable to the hospital surgeons. In France, as in this country, where an attempt has been lately made to give currency to reports furnished by hospital functionaries themselves, it is well known to the profession, that no reliance can be placed on the fidelity of the Reporters. As men, who pay themselves without a check on their liberal propensities, are seldom parsimonious, so surgeons, who report their own cases, are as generous as BRODIE, when their own dexterity is to be recorded, and as little disposed to be communicative on the subject of their hallucinations and mishaps.

One word with respect to the increased circulation of THE LANCET, a substantial test, undoubtedly, of the estimation in which our Journal is held by the profession and by the public. We believe that we shall rather raise the envy than the incredulity of one of our contemporaries, who has expressed an anxiety to be informed on this subject, when we state, that our circulation during the last twelvemonth has far exceeded that of any preceding year. We should, indeed, deserve the derision to which our contemporary has exposed himself, if we had recourse to an Alderman to hear us make a voluntary affidavit to this fact; but we will point out a way in which our enemies may, if they think proper, obtain evidence of the amount of our increased circulation, under a sanction not liable to the suspicion which attaches to a nugatory ceremony. They may elicit this information from our witnesses in the forthcoming trial between MR. BRANSBY COOPER and THE LANCET. The great increase which has recently taken place in our circulation, is obviously to be attributed to the influence of contrast. The claims of this Journal to public confidence and approbation have been placed in a stronger light by the imbecility of our opponents and imitators.

LONDON UNIVERSITY.

THE first course of Lectures dedicated to the medical classes of this Institution, was commenced on Wednesday last, by Mr. CHARLES BELL, the Professor of physiology and surgery. He prefaced his Lecture with the following speech. The theatre, which is capable of containing nearly one thousand persons, was crowded in every part.

Gentlemen,—It will somewhat diminish the oppressive nature of my duty to-day, if you will permit me to say, that although I have the honour of first appearing before you,—a circumstance accidental,—I speak my individual sentiments only, as your Professor of physiology and surgery.

The munificent arrangements made for science and education, and the numerous audience now assembled, must not lead me for a moment to assume that the labour of the Professors will be light or easy. The task which awaits us is a very difficult one; we must win our way to public confidence, as if our professional exertions were but commencing.

The success of the University will depend on the relation established betwixt the teacher and the pupil; the devotion of the one to the interests of science and to the instruction of youth; and the gratitude of the other for the highest benefit that can be received—the improvement of his mind and the acquisition of a profession: through the improvement of his mind, incalculable increase of happiness, and, by the acquisition of a profession, the best security for independence that the condition of society admits.—(Applause.)

If I value highly the influence of this great establishment, it is because I have been long engaged in teaching, and have experienced all the difficulties of forming a medical school. For obvious reasons, London must continue to be the principal school of medicine; but whilst there are many favourable circumstances, there are also many unfavourable, to regular study; and it is now to be demonstrated that it is possible to retain that which is favourable, and to avoid the defects.

In colleges, such as have been instituted in former ages, the Professors enjoy the advantages of independence and seclusion, and are removed from the distraction of our busy world. It is otherwise in London. Here professional men are differently situated, and more activity is requisite, perhaps of a different kind, less contemplative or theoretical—more practical; and, to maintain a distinguished place, unceasing exertion is necessary. They are on an acclivity, or rather in a rushing stream, where they will be carried down, if they do not endeavor

to ascend. In the course of thirty years I have seen the establishment of many schools attempted; but it has always happened, that the temptation of following a lucrative practice, has far outweighed the desire of reputation to be gained by teaching; and, consequently, just when the Professor became useful by the knowledge he was capable of communicating, he has withdrawn himself: and so the situation of a medical teacher, instead of being the highest, and entitling him who holds it to be consulted in cases of difficulty,—as being of the seniors of his profession, one who has withstood petty solicitations, and has maturely studied as well as practised,—it is merely looked upon as a situation introductory to business; one of expectancy, and to be occupied in rapid succession by young and inexperienced men. Let us hope that, instead of this rapid succession, this University may be able to raise the Professors of science to higher consideration, induce men of talents to prepare themselves for teaching, and to continue their public labours to a later period of life.

With respect to our students, the defects in their mode of education are acknowledged on all hands: they are at once engaged in medical studies, without adequate preparation of the mind; that is to say, without having acquired the habit of attention to a course of reasoning; nor are they acquainted with those sciences which are really necessary to prepare them for comprehending the elements of their own profession. But in this place this is probably the last time they will be unprepared, for example, for such subjects as we must touch on to-day. In future they will come here to apply the principles they have acquired in the other class rooms to a new and more useful science.

Another disadvantage of the mode of conducting our medical schools, has arisen from the too numerous engagements of the heads of schools, and a want of the necessary division of labour. In consequence of this, there is no one to take an interest in the student's welfare—to recommend regularity—to observe his character—to notice his moral or religious conduct. In short, there can be no condition more solitary and neglected than that of a young man, who has come to London to pursue his studies, until he form his own society; and thus, without a guide, he makes the first and most difficult step in life,—that which may give a colour to all his future objects. How different his condition here! Instead of the unnoticed privacy of his chamber, where there is nothing to give him the hope of distinction through study, or to gild his prospects—and how prone is genius to be distrustful of itself, and to add gloom to poverty and solitude; here he is watched

with solicitude, not by his Professors only, but by those able and willing to raise him to the distinction he shall deserve; men of extensive influence, who have given abundant proofs of their desire to display the fair rewards of virtue, to foster genius, and to open the prospects of the unfriended student. (Cheers.)

There is a character that attaches to our medical students, which well deserves the consideration of all who desire their improvement. Besides the pleasure and the independence of mind which a young man finds resulting from habits of study, there is something peculiar in the character of the medical student.

His occupations lead him off from authority at an immature and dangerous time of life. The pursuit of experimental philosophy, and the history of those sciences to which he is now introduced, tend to give him a mean opinion of the efforts of individuals, and to beget a suspicion of any thing like authoritative language. His mind suddenly illuminated, and feeling all the delights which arise from the contemplation of nature, and the cultivation of science, if you love him and value his permanent good, touch with extreme delicacy upon his religious opinions. The man of classical accomplishments only has lost his influence upon him, and hence arises a jealousy in many pious and learned men of the cultivators of philosophy. They find, they scarcely know how, that the youth have escaped from their controul. To our students, books are no longer talismans and spells; they have no respect for antiquity, and names have no authority with them. Taught to surrender their judgment to experiment only, can we be surprised that they require to be reasoned with? and to have the example before them of men highly informed in those departments of knowledge which they are in the habit of considering the test of intellectual eminence?

In classical learning,—that is, in works of imagination,—the ancients must have anticipated all the most natural and obvious allusions, and in simplicity, force, and beauty, far surpass the moderns. But in physical science, the course of discovery is progressive and expanding, and the facts discovered daily are more and more interesting and important. The consequence is naturally this: the student of the former are more amenable to authority: they look back on ancient times as being worthy of all admiration, whilst the student of the latter class is conscious that he knows a great deal more than the most ingenious or inquisitive of those who lived a hundred years before him, and considers them as having lived in the childhood of the world.

I do not speak of this condition of mind in our students as an advantage, but merely as a too natural consequence of their mode of education. As an advocate for that body of men with whom I have been so long connected, I ask, if we shall not find clergymen who, animated by a zeal for religion, will fit themselves to become guides to this important class—by acquiring another claim upon their attention, besides the authority in which they are already clothed, and who shall maintain their superiority by the extent of their scientific acquirements, being such as can be best appreciated by these young men.

If religious duties have, in the early part of life, been taught with parental affection—the voluntary labours of some of our professors extend these lessons in a manner suited to the growing capacity of our students—if our students have a place of public worship, and if, on such occasions, they are under the eye of those by whom they have been instructed during the week, there is, in this respect, incalculable improvement in their condition.

When the indifference with which young men are apt to look on this subject shall have given place to experience and mature reflection,—when they shall have learned the importance of right principles and just modes of thinking, and look back with gratitude to the examples they have had in this place,—then may the University be said to be established; for its establishment must ultimately depend on the character of those educated in it, and their influence on society. At present, whilst this beautiful edifice is incomplete, and the labours of the workmen are only suspended, and clamour is excited, it requires some exertion of the mind to rid us of the influence of these pressing circumstances, and fully to anticipate and appreciate the advantages to be derived from this College, and not from this College only, but from others formed after its example, by the exertions of those who, although they may not have had the genius to conceive the plan, yet may have the virtue to imitate it. (Great applause.)

There is only one more reflection which I shall venture to express—great advantage and satisfaction result from a combination of learned men, each active in his own sphere, whilst all combine for the greater object; and what so laudable and inspiring as the improvement of science and literature! (for I deem the right teaching any department of science the surest way of improving it). But, however much men feel the advantage and necessity of such combinations, they seldom combine, unless drawn together by the tie of some regular establishment.

One happy effect of this is, the uninter-

rupted progress of science; for, hitherto, those who have taught in our schools, have had successors to their places, without successors to their information or their opinions. Too often, those who succeed, attempt to depreciate the labours of their predecessors; but where the professors are united, this cannot take place. The opinion and the modes of teaching are appreciated and remembered when the individual is lost, and the course of improvement rolls on unbroken from one age to another. In Universities, a posthumous reputation supplies the interval after the loss of a great man, till new men of authority arise. In the general body the excellence, whatever it may be, is perpetuated, because the society is permanent, and not fluctuating with the students.

This mutual aid, this common interest, these high objects, I trust, will unite us in the most friendly intercourse, and will be a lasting source of gratification and advantage.

[The Professor now entered into a long disquisition, with a view of removing the mistaken notion of the young student, that there is an irregularity, not a complete adaptation of all the different parts one to another, in the human system, adverting particularly to the circulation of the blood, which he demonstrated by the laws of hydraulics; but time did not permit him to descant upon it to the extent he wished.] He concluded thus:—

I must interrupt this inquiry for the present, but I mean to extend my examples in a future Lecture, and to go generally into the subject, that I may at last have, as it were, the privilege and the pleasure of drawing you to the conclusion, that what appears irregular and accidental in the human frame, arises from our ignorance; for when we approach the inquiry with humility and due diligence, the proofs of design and order multiply in proportion to the knowledge we possess, and as the subject rises in interest, we are borne away in admiration; and here let me say, gentlemen, that admiration is involuntary praise. (Loud applause.)

At the conclusion of the Lecture, the warden announced that the whole of the University was open to the inspection of the persons present.

Among the many judicious arrangements which have been made for the accommodation of pupils, is one which will obviate some of the objections that have been raised against the institution. The lower part of the building has been fitted up as a refreshment room, in which the students may be supplied, at a very moderate rate, with dinners, breakfasts, and other refreshments. Any thing like an approach to luxury has been wisely avoided, but all that is necessary and convenient is furnished.

FOREIGN DEPARTMENT.

ON THE CONDITION OF THE BLOOD AND THE VESSELS IN INFLAMMATION.*

THE numerous experiments of Haller and Spallanzani, and the more recent ones of Doellinger, Thomson, and Hastings, might seem to have completely exhausted the information to be derived from the use of the microscope, with regard to the phenomena of inflammation; it appears, however, from Dr. Kaltenbrenner's most elaborate work, that this is by no means the case; his observations, in some respects only, confirm those of his predecessors; but in others evidently lead to contrary results.

Our author has chosen for his observations the organs of animals of three different classes: the tail of the cobitis fossilis, the web of the frog's foot, the lungs of the frog and salamander, the mesentery and liver of the frog, the mesentery, liver, and mucous intestinal membrane of the rat and rabbit, and the spleen of the mouse. The means by which inflammation was excited in these organs, were also very various; incision, contusion, and puncture; laceration, pressure, burning, cold, and heat; exposure of the intestines to air, water, and different gases; hunger and poisons; especially sublimated ammonia, alcohol, opium, and the muriates of soda and ammonia, were successfully employed for this purpose. The action of these different means on the living body, produced infinite modifications in the circulation of the blood, and in the vessels; all which, considered under a certain point of view, the author is led to regard as being founded on one and the same organic process.

After death, the arteries are found empty, the blood having entirely passed into the veins; this phenomenon was well known to Haller, and he observed it very accurately in the mesentery of the frog. The successive changes which, by means of the microscope, are seen in an organ at the moment of its being deprived of life, are the following: on the approach of death, the column of blood in the arteries gradually diminishes in size, till, at last, the vessels contain only half of the usual quantity; the stream is uninterrupted, rapid, and without any visible pulsations, which, however, may be observed after some time, corresponding with those of the heart, and gradually becoming more and more distinct; at last,

* Experimenta circa statum sanguinis et vasorum in inflammatione, aort. J. Kaltenbrenner, M.D., and Magendie's Journal.

however, they become unequal and indistinct, and, at the same time, the column of blood decreases, till it disappears entirely; the arteries are now quite empty, and organic life is extinct. Whilst the arterial stream is uninterrupted, no disturbance is observed in the veins; but as soon as the arterial circulation becomes unequal and irregular, the blood is accumulated in the veins; and from the moment that no more blood is carried into them, that which they contain stagnates entirely, retaining however, for some time, an undulatory motion, passing into the branches, and then returning again; these undulations gradually diminish, and become reduced to smaller limits; the globules of the blood are conglomerated, all spontaneous motion ceases, and the mechanical laws determine its further direction. This undulation of the venous blood is observed not only in dying animals, but also in parts divided from the living body, and in those which, by a very tight ligature, have been separated from the system. In these cases, the arteries are emptied as soon as they receive no more blood; the fluid of the capillary vessels, from this moment, is thrown into undulations, which press the blood towards the veins, and, lastly, terminates in complete stagnation. This fact is a decisive proof, that the motion of the blood in the smaller arteries, and especially in the capillary system and veins, is, in some degree, independent of the action of the heart.

It is a general opinion, that after death the blood is equally distributed to all the organs of the body, unless any of them had been the seat of inflammation; this is not the case: in the extremities, the serous membranes, the lungs, &c., the blood retires from the capillary system into the larger veins; in other organs, as, for instance, in the spleen and liver, the capillary vessels do not completely empty themselves. It is very interesting to observe that in fishes, the blood of the smaller vessels is not emptied into the veins, but that from the moment when the circulation is arrested, it is infiltrated into the cellular tissue, where it is found in reddish masses; a fact, which can only be accounted for, by assuming that these small vessels are canals without proper parietes. In the liver of the frog, the same appears to take place, but not in that of the rabbit, which, after death, is found most beautifully injected.

M. Kaltenbrenner endeavoured to distinguish the red and white substance, which some anatomists say they have discovered in the structure of the liver; but having never succeeded, he doubts the existence of these two substances, and accounts for the error of these anatomists in the following manner: the small acini which compose

the substance of the liver are surrounded by a net-work of veins, in which the blood stagnates after death; when seen by the naked eye, the circumference of the acini appears of a red, and their centre of a light colour; but under the microscope, this centre is found to consist of a very dense vascular net-work, from which the veins of the circumference arise; according to the greater or smaller quantity of blood accumulated in the liver, the centre of the acini appears of a pale red, or dark-red colour.

In the spleen, the small vessels undergo a very singular change at the moment of death. During life, the distribution of the vessels in this organ is very similar to that in the substance of the liver; after death, the same phenomenon takes place as in the capillary system of fishes; the smaller arteries and veins, and the capillary vessels, emit their blood into the cellular tissue, where it is found in red masses; the larger arteries and veins only retain their blood, of which, in the smaller vessels, no trace can be discovered; this accounts for the general opinion that, in the spleen, the arterial blood is poured into cells, from which it is taken up by the veins; at the same time, it explains why all attempts to inject the arteries of the spleen from the veins have failed. Whoever has examined the edges of the spleen of the mouse under a microscope, will be convinced that after death the blood of the capillary system is infiltrated into the parenchymatous tissue, but he will never, during life, observe its emission into cells.

On examining, after death, the mucous membrane of the small intestines, it appears, even to the naked eye, that a small portion of the blood is retained in the capillary vessels, the rest being carried into the larger veins.

The changes which the circulation of inflamed parts undergoes after death, is very different from those observable in healthy organs. The blood is conveyed from all parts with accelerated motion, towards the centre of inflammation; the arterial is not changed into venous blood, and its coagulatory power is much increased. If in this state death takes place, the column of blood in the surrounding vessels diminishes in size, and the blood accumulates in the inflamed part, so that at last the peripheric vessels are perfectly emptied; at this moment the circulation ceases, but for a considerable time afterwards undulations are visible, by which the blood is gradually carried towards the centre of inflammation, and which insensibly terminate in stagnation. This motion, subsequent to the death of the animal, is also observed in the newly-formed vessels. In a lesser degree of inflammation, the blood is only accelerated in its motion,

and does not approach to a complete stasis; the centripetal undulations are also visible, but ultimately the blood is carried into the veins. In such cases the inflamed parts exhibit hardly any redness after death.

It appears, that in some organs, inflammation is more disposed to form the inflammatory centres described above, than in others; in the latter division, to which the serous membranes seem especially to belong, exudation is most frequently observed. If cold water is injected into the peritoneal cavity, inflammation is soon excited, and quickly followed by exudation; the afflux of blood is so violent, as to make the membrane appear like a net-work of injected vessels; from the moment that life ceases, the blood gradually leaves them, and is completely poured into the veins, so that, after death, but very slight traces of the preceding inflammation can be perceived.

The abdomen of an animal being opened, or its intestines and mesentery being drawn out, the contact of atmospheric air soon causes inflammation, which increases very rapidly in the mesentery, but slowly in the intestines. When, however, it has arrived at a certain pitch in the latter, it suddenly diminishes in the former, and gradually subsides, till at last its vessels are emptied, and the inflammation is confined to the intestines alone. The same phenomenon takes place if the mesentery is first irritated, and the intestine is afterwards exposed to any exciting cause. It seems, then, that inflammation is much more readily excited in the serous membranes, than in the organs which they envelop, but that it subsides very rapidly, and in the same proportion, as it increases in the intestines. The tissue of the lungs appears also to be little disposed to form inflammatory centres, while in the liver the contrary obtains. The circulation of the latter organ is, even in the state of health, very slow and favourable to considerable accumulation of blood; in inflammation, it is first accelerated, but gradually retarded, and, lastly, a complete stagnation takes place. The same is observed in inflammation of the spleen.

Violent inflammation of the mucous intestinal membrane, often leaves no traces whatever; the blood with which, during life, the capillary vessels were gorged, is, after death, so completely conveyed into the veins, as to render this membrane almost as pale as in its healthy state; this is even most striking in the most acute inflammation, so that in this respect, the mucous are apparently very similar to the serous membranes.

We need hardly observe, that these observations ought to make us very cautious in determining, by post-mortem examina-

tions, whether any of these organs have, during life, been the seat of inflammation.

When the capillary vessels are wounded, scarcely any extravasation appears to take place, only a few globules escape, and the circulation through the wounded vessels is not at all disturbed, but continues as before. If very small arteries are divided, the hemorrhage is also very trifling; but the blood ceases to circulate through the wounded vessels, and passes entirely into the arterial branch next above the division. When a larger artery is divided, a considerable hemorrhage ensues from the two ends, and the blood of the neighbouring arteries is seen moving towards the wound as towards a centre; after some time, an undulatory motion is observed in the ends of the arteries, so that at one moment the blood moves towards the point of division, and, in the next, returns into the vessel; these undulations gradually decrease, till the movement of the blood towards the divided extremities ceases entirely, the blood being carried through the next arterial branches.

We strongly recommend to our readers an attentive perusal of Dr. Kaltenbrenner's work, and seriously regret, that want of space prevents our giving more than a very imperfect abridgment of it.

CASES OF INTERMITTENT FEVER, IN WHICH BLEEDING WAS EMPLOYED IN THE COLD STAGE.

By JOHN MACKINTOSH, M.D., *Lecturer on the Practice of Physic, &c., in Edinburgh.*

CASE 1.—*James Ward*—admitted into Royal Ordnance Hospital, in November 1823.

Has suffered several attacks of intermittent annually, since the year 1809, when he served in the expedition to Walcheren. Of late his indispositions were long, and left him more and more debilitated. Several of my pupils watched this man closely for some time, with a view to bleed him in the cold stage, but they were not fortunate enough to arrive in time; they bled him twice, however, in the hot fit, from the severity of the symptoms, and with considerable temporary relief, but without preventing or mitigating the violence of the subsequent paroxysms. Some time afterwards, in the presence of Drs. Lucas and Robinson, two of my pupils, now in the Ordnance Medical Department, I bled him from a vein in the arm, during the cold stage; it was very severe; the rigours were

violent, and the sense of coldness insupportable. He complained much of his head and loins; his face was of a livid colour, and the vessels of the conjunctiva turgid with blood. Pulse 100 or 105, and oppressed; breathing short and anxious, and, to use his own expression, he felt "a heavy load about his heart." When the vein was opened, the blood trickled slowly from the wound, but it soon came in a jet. By the time eight ounces were taken, the rigours ceased, and he expressed great surprise at the suddenness of the relief; when twelve ounces were abstracted, he was free from all complaint, and his skin had a comfortable moist feel. He enjoyed a good night; he had no return of the intermittent; and his recovery was rapid.

I had an opportunity of seeing this man daily for some months afterwards, and his constant tale was, that he "had not felt so well, or so much of a man," since he went to Walcheren. The only remedies used after the bleeding were laxatives and infusion of quassia.

CASE 2.—James Aitchison, aged 33, had had repeated attacks of ague. Was seized with severe rigours when on the top of the Carlisle mail, travelling to Edinburgh. The paroxysm was evidently produced by exposure in bad weather, first to rain, and then to a keen frost, with wet clothes. When I visited him in hospital, he had laboured under the rigours for no less a period than twenty-six hours,—in truth, it was the most severe cold stage I had ever seen in any country; he had severe pain in the head, back, and loins; oppression at præcordia. Warm drinks, stimulants, and hot applications had been employed, without benefit. The agitation of his body was so great that it shook the very bedstead on which he lay, and threatened to terminate in convulsions. Tongue loaded, but moist; breathing hurried and laborious; pulse 65, oppressed; skin not below the natural standard over the trunk, but all his extremities were cold, and he complained of a sensation of extreme coldness. Fortunately, I made a good orifice, which is not always easily done from the tremors, and the blood flowed in a good stream; twelve ounces were abstracted in three minutes, with very trifling relief, except to his breathing; but during the flow of the second pound, he became more and more easy, and the rigour ceased completely. This pound was abstracted in two minutes; the arm was tied up on the approach of syncope, from which, however, he soon recovered. He lay quite easy; his body, and even the extremities, became of a proper temperature; and his skin felt moist; the pulse rose from 65 to 106; he passed a good night; had several

stools during the next twenty-four hours; was found perfectly easy next day. On the following day he was convalescent, looked well, and asked for more food, and had no return of the disease.

CASE 3.—Thomas Bullock, a strong healthy young man, reports that he had had the disease in the tertian form for twelve days. Attributes it to exposure to cold, when on sentry, in the arsenal at Woolwich. He was in the sweating stage when brought into the hospital on the 4th March, 1826.

6. Had a severe rigour, followed by intense reaction; was found sweating at the hour of visit; no stool.

8. Cold fit came on at three A.M. After it had continued half an hour, and was well formed, his pulse beating 84, and oppressed, a vein was opened in the arm by Mr. Marshall, (one of my most zealous pupils, now assistant-surgeon of the 87th Regt.,) in the presence of several other gentlemen. When fifteen ounces of blood were abstracted, the rigour ceased; the pain of head and loins, and the oppression at præcordia vanished; the breathing became natural; the pulse rose to 95; in half an hour after the operation, said he felt quite well; no hot fit followed; a very gentle moisture appeared on the surface, but there was no sweating stage; pulse 95.

10. Says he feels quite well, and free from that anxiety and oppression which has affected him from the time he caught cold at Woolwich; is able to be out of bed and dressed; appetite improved. He escaped for eight days.

18. Was again attacked with rigours a quarter of an hour before the visit. He is now in a severe well-formed cold fit; breathing hurried and laborious; the whole body is in a tremour; tongue rather loaded; passed a bad night; pulse 120, oppressed. Attributes this paroxysm to cold when in the privy. A vein was opened in the arm, and fourteen ounces of blood were abstracted before the fit was subdued; there was no tendency to syncope; pulse 110, full, and of good strength. No hot stage; no sweating stage followed.

19. Yesterday, for some time after the bleeding, he appeared free from all complaint; but towards evening was attacked with violent headache and pain in the belly. Blood was again taken from the same orifice, to the amount of twelve ounces, with complete relief, since which he has been easy and slept well; bowels slow.

20. Slight chill this morning, which appeared to be cut short by a warm drink; no fever followed; passed a good night; bowels not moved.

22. Had a slight sensation of cold this morning, but there was no hot stage; says he feels quite well; bowels slow.

23, 24, and 25. Reports that he went on improving.

26. Says he does not feel so well; but there has been no tendency to rigour; bowels bound.

31. He went on improving in health, and without any return of the disease till this day. He was found, at the time of visit, in the hot stage, which is scarcely perceptible, after having experienced a slight rigour, which lasted for twenty minutes; tongue white and loaded.

April 2. Had a severe rigour at ten A.M., which was followed by fever and the sweating stage; at two P.M. he was found quite free from complaint. His health went on improving gradually till the 25th, when he was discharged the hospital cured.

The same individual reported himself sick on 30th May following, and was taken into hospital, after a severe paroxysm of intermittent; states, that since his discharge, his health had been very good, and his strength increasing, but that he has had three slight rigours; his appearance, however, is much improved.

31. Says he expects the paroxysm to-morrow morning at nine o'clock; bowels regular; appetite good. He was ordered to take three grains of sulphate of quinine every half hour, commencing three hours before the expected time of attack.

June 1. He took six doses of the quinine; escaped the paroxysm; had no return afterwards, and was discharged on the 4th.

CASE 4.—Robert Smith, a stout man, whose health had formerly suffered from a residence in a warm climate, states, that he had had an intermittent fever five years ago, when stationed at Woolwich, but has not had a return of the disease till now; was taken into hospital on 7th March 1826, labouring under febrile action, which he said came on after a severe rigour; the febrile symptoms continued with disturbed sleep till the 13th day, with little variation. He was then seized with a severe rigour, attended by sensations more than usually distressing; above all he complained acutely of his head. He was bled during the cold stage to twelve ounces, when the tremours and the other symptoms ceased at once; he soon after fell into a profound sleep, his skin having a gentle moisture; there was no hot stage.

14. Slept well, and feels free from all complaint.

15. Slight chill, but no subsequent pyrexia; no appetite; bowels freely moved by a dose of salts; tongue loaded; pulse natural.

16. Had a cold sweat during the night; no return of paroxysm; says he feels bet-

ter, and has some appetite; pulse natural; tongue less loaded.

17 and 18. Improving; half diet.

19. Had another cold perspiration in the night, but says he feels well; bowels rather slow.

20. Complained of severe headach yesterday afternoon, attended with some febrile action; says he is now better; appetite improving.

21. Slight chill, which continued for nearly an hour, attended with griping, but no febrile action followed; bowels regular.

22. Had a severe rigour this morning, attended with difficulty of breathing, oppression at præcordia; pain in back and loins, and severe pain in the head. At the visit, was found in the hot stage, complaining much of headach; tongue loaded; pulse 130; bowels open; cold water to be applied to the head.

23. The headach has continued violently since the commencement of the cold fit yesterday; cold applications produced temporary relief only.

Applicentur hirudines xii. capiti. Habeat pulverem laxantem statim.

24. Leeches relieved the head; had another paroxysm this morning.

25. Felt a bad night; no headach.

Habeat tinct. opii grt. xix. h. s.

26, 27, 28. Same report, "doing well;" bowels regular.

29. Says he feels pretty well, but that he has occasional headachs.

30 and 31. Had slight paroxysms each day, with some headach; pulse not higher than 96.

April 1. Another paroxysm, with severe headach, after a bad restless night.

Capillitis abraso applicentur hirudines, xx. Repetatur pulvis laxans.

2. Experienced another paroxysm at half past nine this morning; still complains, although he is perspiring, of oppression at præcordia, difficulty in inflating the lungs, and headach; had a restless night; sixteen of the leeches only fastened; they bled well, relieving his head for the time.

Applicentur hirudines xii. capiti, et repetatur pulvis laxans.

Feels better; no paroxysm; had a bad night, during the whole of which the perspiration continued; leeches bled well, and relieved the head completely.

From this time to the 8th he gradually improved, having had, however, a slight paroxysm on the 4th, 6th, and 8th. Next day he began the use of the quinine in five-grain doses, and suffered no return. He took in all 116 grains, and he was discharged cured on the 24th.

CASE 5.—William Macauley was admitted into the Royal Ordnance Hospital on

Wednesday, 31st of May, labouring under a severe hot fit, attended with the usual symptoms, great headach, severe pain in the back, loins, and limbs; great oppression of præcordia, extreme heat, thirst, and general uneasiness; tongue loaded; pulse hurried. This stage lasted for five hours before perspiration appeared.

This was the second paroxysm, with a day intervening.

June 1. Had no sleep during the night, but feels pretty well to-day; two stools.

2. Had a severe cold stage at two, p.m., which lasted till four. He was visited at five, p.m., when he was in the hot fit, suffering from all the symptoms formerly described.

3. The sweating stage did not appear last evening till eight o'clock. Has had no sleep; two stools; tongue clean.

4. The paroxysm took place at one o'clock, p.m., this day; about twelve o'clock the pulse was counted, and was found to beat 84, and oppressed; the precursory symptoms had just commenced; at half past twelve the pulse was 66, and still more oppressed. This rigour was very severe; the tremours of his body shook the bed, and his sense of cold was insupportable, at the time that a thermometer placed under the tongue stood at 100. He complained of great oppression; pain of back and loins; respiration difficult and hurried. The rigour was allowed to be formed for ten or twelve minutes before a vein was opened, which was effected with difficulty, owing to the tremours. He bled from a small orifice until twenty-four ounces were drawn, which occupied sixteen minutes, when the rigour ceased, and all its unpleasant symptoms.

June 5. Last evening he began to complain of a severe pain in the back and head, with thirst. Heat 105°; pulse 115, but soft. Relief soon followed the exhibition of forty drops of laudanum in an ounce of the spirit of mindererus; passed a good night, with much perspiration; says he feels quite easy to-day; much easier than he has been at any time since the first paroxysm; bowels slow.

Had attacks of a slight nature on the 6th, 8th, 10th, 12th, 14th, and the following report was made on the 15th. Health evidently improving; sleeps well; bowels regular; tongue clean and moist; thirst diminished.

16. Had a severe rigour at eleven, a.m. It was of very short duration. Considerable re-action followed. Had two slight paroxysms on the 18th and 19th; and, on the 20th, he was ordered to take five doses of the quinine; each dose to consist of four grains; after which, he had no return of the disease.

CASE 6.—Alexander Clark, a stout well-made young man, with a florid complexion.

Had three attacks of tertian intermittent before he reported himself sick; came into hospital on 21st May, 1826, with the fourth paroxysm upon him. He was attacked at seven, a.m., with rigours; the fit was very severe. The hot stage had given way to the sweating when I saw him. He could assign no cause, except that he had done duty at Woolwich a few months before. Tongue foul; fever diet.

23. Was free from complaint yesterday; had six stools from the laxative. The rigour came on this morning at half-past six, and went through the regular stages with the usual distressing symptoms. Tongue much loaded; bowels regular; no appetite; urine scanty.

Infusion of quassia.

He experienced severe paroxysms on the 24th and 26th, attended with headach, and a severe pain in right hypochondrium.

28. Rigour came on at eleven, a.m. Five minutes after it was well formed, a vein was opened, but the operation was badly performed, owing to the violent tremours; twenty ounces of blood were slowly drawn, when the rigour ceased, together with the tremours, the difficulty of breathing, the oppression at præcordia, and the headach, &c. The painful sense of cold gave way all at once to a pleasant feeling of heat, and the pulse became natural. The bleeding was not carried the length of producing syncope. There was no hot stage, and the skin was covered with a gentle moisture. In half an hour his only complaint was of slight nausea; he is able to change his position at pleasure, and feels disposed to sleep.

29. Had considerable heat of skin and thirst yesterday evening, which he attributed to the pressure of too many bed-clothes; the blankets not having been removed, which he had caused to be heaped upon himself on the approach of the cold stage. Slept well during the night; feels quite easy; no stool.

30. Had an exceedingly slight paroxysm at noon; slept well last night; no appetite; had five evacuations from the bowels.

31. Had another slight chill this afternoon, but there was no rigour or hot stage—complains of pain in left hypochondrium. Passed a good night; bowels regular; considerable thirst; tongue still foul; pulse 100, very full, but soft.

Imponatur vesicatorium parti dolenti.

His general health and appearance improved rapidly after this period, but he continued to experience daily slight attacks till the 7th June, when he got, thrice a-day, five-grain doses of the quinine.

June 8. Took the quinine at eleven, at one, and three o'clock, nevertheless he had

a paroxysm at a quarter past three, which he is disposed to attribute to exposure when asleep between two open windows; high excitement followed the rigour, which terminated in the sweating stage.

He continued to take the quinine on the 9th and 10th, and had no return of the disease. He regained his health and strength rapidly, and was discharged June 17th.

Dr. Kellie, of Leith, was present when Clark and Macauley were bled; so were several gentlemen who were attending my lectures at the time.

CASE 7.—Mr. Marshall, assistant-surgeon of the 87th regiment, whose name I have had occasion to mention before, when on a visit to his friends in the west of Scotland, was called to see a middle-aged man who had served in the army in a warm climate, and who had suffered most severely for some years from intermittent fever. Every kind of remedy had been tried in vain, and he gladly submitted to the treatment of bleeding in the cold stage, which Mr. Marshall had seen so successfully performed in similar cases. "On the 6th July, 1826," says Mr. Marshall, "I was asked to visit this man for the first time. Previous to my going, I informed Mr. Staff-Surgeon Marshall of the nature of the case, in as far as I was enabled from the history given by his relations. Mr. Marshall recommended a grain of opium to be given every hour for three hours previous to the attack. The shivering commenced regularly about six in the evening. The opium was given at three, four, and five o'clock, P.M., with no relief. 8th. Opium continued as directed; no relief; bowels opened by rhubarb. 10th. No relief from the opium. 12th. The cold fit is very severe; the feet cold; heat of the superior extremities rather above the natural standard, and moist; pulse very small, not easily perceived; pain of head excessive; great thirst; pain in back considerable; complains of distressing sense of weight at the præcordia. He solicited me to do something for him, as he could not long endure the sense of cold. I opened a vein in the arm by a pretty large orifice. At first the blood trickled down the arm, but shortly came in a full stream. When ten ounces of blood had flowed, the shivering ceased, and all the bad symptoms vanished. Half an hour after the bleeding, says he is quite well. On the 14th, 16th, 18th, no return of fever." Mr. Marshall assured me that he had had no return of the complaint when he last visited him, which was several months after the bleeding, and that the cure seemed to be as sudden, and apparently as permanent, as that which took place in Ward's case, the first recorded in this paper.

CASE 8.—George Scott, aged 36, a native of Eyemouth, was seized with an intermittent of the quartan type when in Lincolnshire, in August last. He had used various remedies, and among the rest bark, without relief. The paroxysms have continued with such regularity, that he has not escaped a single attack since the commencement of the disease. His health and strength have suffered so much, that he has been unable to work for a considerable time, and came to Edinburgh, almost in despair, to seek relief. Having applied to my friend, Dr. J. A. Robertson, this patient was handed over to me. His look is meagre and emaciated; he appears the wreck of a strong and active man. He gave the above account of himself, and added, that he has great thirst and no appetite, that he sleeps badly, is never free from pain in the back part of the head and left hypochondrium, and that he has become as weak as a child; and that his vision has lately become impaired. Pulse 100, and weak; tongue clean; bowels regular.

On Thursday, 28th December, 1826, at two, P.M., the rigour commenced; and when it had continued for half an hour, I opened a vein in the arm, having placed him in the sitting posture; his whole body was affected by violent tremours; his teeth chattered; he complained of intense cold; dimness of sight; severe pain in the back part of the head, and in the left side, loins, and inferior extremities; his pulse was weak and fluttering, so as not to be counted, and the countenance expressed great suffering. Owing to the violence of the tremours, a bad orifice was made in the vein, and the blood flowed slowly. When about twelve ounces were abstracted, the rigours diminished, the uneasy feelings began to subside; and by the time sixteen ounces were taken, he was free from tremour and pain, and said he felt quite well. The pulse was now a good pulse, but I neglected to make a memorandum of its number at the time. He showed some tendency to syncope before his arm was tied up.

My friends, Drs. Robertson and Scott, and Mr. Syme, together with several other gentlemen, were present, when the operation was performed. He was again visited in an hour, when he was found breathing naturally, in a sweet sleep. Pulse 84, and of good strength. I was told he had been very faint, and had vomited immediately after we left the house.

In an hour after last visit I saw him again; his body had the natural heat; there was no perspiration; he was still asleep; pulse 80, and full. He was roused after the pulse was numbered, for the purpose of ascertaining the exact nature of his feelings. He said he had not felt so free

from indisposition since the first period of the attack, and that he had been long a stranger to such a comfortable refreshing sleep; took some gruel, soon fell asleep again, and passed an excellent night.

Friday 29. Said he felt quite well; was free from the pain of head and left hypochondrium, and he thought his strength improved; in fact, he walked to the dispensary by himself; bowels regular; tongue clean.

Saturday 30. He came to the dispensary at the visiting hour, and said that he felt himself "a new man."

Sunday 31. He came to the dispensary again, and was seized with the paroxysm a little after the hour of visit. The fit was preceded and accompanied by much slighter pains and general disturbance than any former attack. In about ten minutes after the fit could be said to be well formed, the rigours were very severe, the tremours violent, and the feeling of debility was so overpowering, that he declared that he could not support himself longer on a chair; his breathing was quick and laborious, and his teeth chattered; I tied up his arm and opened a vein, and actually before *three ounces* were abstracted, the paroxysm ceased, and with it all the other unpleasant symptoms. Although a minute before he had declared that he could not sit up a moment longer from debility, yet he now said he felt his strength restored, and had no wish to lie down; in less than ten minutes, I had the pleasure of seeing him running home. There was no subsequent heat of skin, and no sweating; his pulse, before he left the dispensary, was 86, and of good strength; whereas, before the bleeding, it was 100, and so weak as scarcely to be counted.

Monday, January 1. I sent to inquire how my patient felt; the messenger was told that he had had a good night, and was out making merry with some friends.

On Wednesday he had a slight chill without subsequent fever or sweating; he afterwards got the sulphate of quinine, and had no more of the disease.

(To be continued.)

CUPPING-GLASSES TO POISONED WOUNDS.

DR. PENNOCK, of Philadelphia, has recently instituted a series of experiments on the application of cupping-glasses to poisoned wounds. The results are thus stated:

"1. The usual effects of poisoned wounds cannot take place during the absence of the atmospheric pressure procured by the application of cupping-glasses.

No. 266.

"2. Such application does not arrest the deleterious action of the poison by withdrawing it from the exposed surface. On the contrary, the fatal effects are wholly prevented, though not a particle of the substance employed has been abstracted. In proof of this, if a poison in powder (strychnine or arsenic, for instance) be conveyed by a tube through a narrow wound, in an oblique direction under the integuments, to some distance from the opening by which it is introduced, and there deposited, and, under these circumstances, the glass be applied over this spot, where the skin is sound or unbroken, the wound being without the bounds of the glass, none of the poisonous substance will be removed, and yet no indication of its action will be presented during the time of the application of the glass.

"3. The constitutional symptoms, such as tetanic convulsions, &c., are arrested by the establishment of a vacuum on the poisoned surface; then, by removing the poison by an incision through the integuments, the life of the animal is preserved.

"4. When the cupping-glass is applied over the opening made in the integuments, for the purpose of introducing the tube containing the poison, and this is deposited under the skin beyond the circumference of the glass, none of the effects are manifested during the continuance of the vacuum; but as soon as the cup is removed, the action of the deleterious article commences.

"5. If, during the application of the cupping-glass, placed as just stated, an incision be made between its edge and the place at which the poison has been lodged, death will ensue as speedily as though the atmospheric pressure had not been removed.

"6. If, after the application of the glass for a given time to the sound skin over the spot where the poison has been deposited, the glass be removed, *death will then ensue as soon as if no such application had been made.*"

The practice of applying cupping-glasses to poisoned wounds is of very ancient date: Celsus expressly recommends it—"Venum extrahendum est. *Id cucurbitula optime facit.*"—(*Lib. v.*) Whilst transcribing this article, we have lying before us an old work, entitled the "*Marrow of Chirurgery*," and published in 1650, in which the author treats of the use of "cups" in "venomous" wounds. The practice is adopted amongst many of the savage tribes who fight with poisoned weapons.

C

THE LANCET.

London, Saturday, October 4, 1828.

THE London University opened on Wednesday, under the most favourable auspices. Mr. CHARLES BELL, before commencing his course of Physiological Lectures, delivered an Address, which will be found in another part of our publication. The theatre, which is capable of accommodating about eight hundred persons, was completely filled, and the audience assembled on this occasion was of the highest respectability. We shall, in a future Number, give some detail of the admirable arrangements which have been made for the accommodation of the students.

EVER since the invention of letters, it has been a very general opinion among men, that books were composed with the intention of being read. It had become customary, at a very early period, to establish libraries, where men might indulge their natural desire for information. Private individuals were so impressed with the utility of this practice, that they expended large fortunes for this purpose, while authors anxiously contended for the honour of having their works in places of public access, where they might be easily consulted. The church of Rome itself was scarcely an exception to this general feeling, being a very liberal founder of libraries, as most of our old cathedrals attest by their magnificent collections. To the practice of reading it did not offer any objection, or oppose any unnecessary obstruction; but having taken charge of the souls of its spiritual subjects, it could not, consistently with its notions of their salvation, permit them to peruse those poisonous productions, whose contents it presumed to be mortal to the reader. The "Index Expurgatorius" was, therefore,

ridiculously charitable; but the Dublin College of Surgeons has considerably improved on its absurdity. It has lately enacted a law, by which, together with the payment of three guineas, the candidate for the honour of reading in the library, is to be ballotted for, and one-third, at least, of the whole votes required to secure his election. We do not know, or, at least, we do not profess to understand the mysterious grounds upon which the College adopted this singular by-law. Were this library founded by private subscription, or by endowment, we do not pretend to deny that the persons who bought it for their own use, or the individual who bequeathed his property for its support, would undoubtedly have a right to admit the public to its use, under such restrictions only as these individuals pleased to impose, no matter how impolitic or illiberal the exercise of this right might be. The case, however, is very different with the library of a Corporation, which owes its existence to a faithful discharge of one of its legal obligations, and which draws its support from a common corporate fund. Here the diffusion of knowledge is one of the duties which the law of charters requires from literary or scientific corporations, and as a library is one of the principal means by which this duty is to be performed; and as all the members of that corporation, both students and licentiates, contribute something towards its support, it is obvious that no law should be passed by that body, which might directly or indirectly exclude, without a sufficient cause, any member from the advantages of such library. That the library of the Dublin College is a purely corporate one we have tangible proof, in the fact, that a sum is annually granted for its support out of the common fund of the corporation, which fund is drawn from the fees of the pupils, as well as from the members and licentiates of the College. If the library be not common property, then the individuals alone who have paid specific

fees for its use, might to-morrow set the collection up to auction, and sell it to the last volume; while the College has grossly betrayed its own interests, and the confidence reposed in it, if it suffered one of its best apartments to be occupied by the property of individuals over which it can exercise no control, and allowed the example of those individuals in supplying themselves with a library, to pass without imitation for the good of the whole corporation. Considering this library, therefore, as a corporate one, we conceive the College has no right to enact a law, which might, in any manner, deprive either the student or the licentiate of the advantages of this library, to which both have contributed a portion of its support. It is but fair, however, to state the reasons which we have heard advanced in favour of this law: "it is possible," say its advocates, "that among the licentiates of the College, there may be now, or hereafter, persons who are not gentlemen; and what a profanation it would be, to sit in company with an individual, who, instead of committing the contents of a volume to his head, would summarily transfer the whole volume to his pocket, or who, perhaps, would be so basely selfish, as to apply the fruits of his reading to a suffering fellow creature, under the standard rate of surgical fees in Dublin?" The law was drawn up for the punishment of all such high misdemeanours as these; and was, we believe, intended to be put in force against Mr. Leslie, at the time of his expected admission into the College. But would this law really accomplish the ends for which it was framed? We think not; for it would be as impossible to know (as it would be unjust to act on the presumption) an individual who would be guilty of a theft in a library, until he was detected in the commission of the fact, when it would be the proper time to exclude him, or to exercise any control over the moral conduct of the licentiates of the College. Such are the in-

comprehensible advantages of this law: let us look to the more probable and palpable effects which its application may produce. Let us suppose, for example, that one of the licentiates of the College made himself obnoxious to that body, by opposing its measures; that he had a private or public quarrel with some of its members; that his religious principles, or his politics, (by no means an impossible case in Ireland,) were disagreeable to them; that, in short, he had offended their corporate sensibility in any one of the thousand ways in which he might do so; does not this law afford the most ample means of gratifying private malignity, or crushing an open opponent? His name is posted up for the ballot; his friends and himself suspecting no opposition, (for honesty is seldom suspicious,) stay at home; revenge, whose vigilance never sleeps, is sure to be couched for its victim; the fatal urn is shaken, and by this worst species of ostracism, he is not merely deprived of the use of a library, but an injury is inflicted on his character, the more galling to his feelings, because the assassin's hand which inflicts it, is for ever concealed from his view. Let us but imagine a case of this kind to occur in every lustrum of the whole existence of the College, would not its injustice outweigh all the good which could ever be derived from the operation of this nefarious institute, which, reversing the properties of a just and prudent law, the production of positive good, and the evasion of contingent evil, makes the former problematic, and the latter certain? But why should it be necessary to argue the question in this manner? We can only answer, that the misconduct of the governors of all such institutions have made this apparently unnecessary task necessary. There is scarcely a library in these countries, which the fashionable spirit of monopoly has not fenced round with some impossible or inconvenient conditions of admission. It is this "dog in the manger" spirit which has

given rise to a pleasant story, told of the College of Physicians of London. "A book, which ought not to be unknown by any well-read man, was once inquired for in their library, by a person of more than ordinary curiosity; the volume was in a press which was locked, and after a very diligent search, the key was found in a place where it was clearly ascertained, from circumstances, it must have remained undisturbed for eighty years!" We can match this story by one in which we were ourselves the principals in the library of the Dublin College of Surgeons: "We were there once on a visit; the conversation happened to turn on the discoveries of Laennec; an appeal was made to his volume, which was taken down from one of the shelves for reference; but, *mirabile dictu*, though the work, we learned, had been nearly two years in the library, not a single sheet of it had yet been cut." On learning the regulations of the establishment, and that Mr. Colles, one of the principal surgeons of Dublin, was then ridiculing the invaluable discovery of Laennec, by representing his stethoscope as useful only for carrying adhesive plaster, our surprise, of course, ceased. But to preserve books this year in this way, that they may be preserved the next, and so on for ever, is idle; it would almost be better to use them, like the Caliph Omar, in heating baths and ovens, than not to use them at all. A reasonable wear and tear of books must be borne with; they ought to be used as much as is consistent with their preservation, and preserved as much as is consistent with a free and ample use. The safer side to err upon, especially with such works as may be replaced, is to sin by too great a use of them; for books, when worn out, may be restored; but the opportunity of acquiring knowledge, which is afforded to a generation, if once lost, can never be redeemed. Nothing is more valuable than time. We should most willingly be the means of circulating

the disgraceful fame of the proposer of this infamous law; but we seriously apprehend our good intentions will be defeated, in declaring a Mr. Taggart, the parent of this regulation, as the public, from guiltless ignorance of his existence, might well mistake the name for that of a beast or a fish, a river or a mountain, the only place where it is to be met with in the whole circle of literature or science, being that learned recorder of "time's changes," and the licentiates of the Dublin College of Surgeons—Watson's Almanack for the current year. By what process of reasoning he arrived at the discovery of this congenial institute, we are at a loss to understand; unless, perhaps, that in one of those gloomy retrospects of his life, for the indulgence of which his professional leisure affords him but too many opportunities, he may have come to the philanthropic determination of saving others by compulsion, the toil of even that contracted study and reading, which has proved so unprofitable to himself in his pursuits. We can, however, as readily conceive, if there be any coincident sympathy between the human head and heart, that the man whose malignant ingenuity generated this vile ordinance, would be the first to sanction its worst application, as we are ready to believe that if the law of the legislator Charondas was in force in the College of Surgeons, which required the proposer of all new laws to come into the senate with a halter about his neck, for the purpose of strangling him on the spot, if his proposition was not approved; and that if Mr. Taggart's fellow members had done their duty, he would have been immediately suspended to one of the lamp irons in York Street.

EXTIRPATION OF THE WOMB.

DR. BLUNDELL, on Wednesday evening last, performed the operation of complete extirpation of the womb, on a lady of

Bermondsey. The patient was about forty years of age, had borne eight children, and had been affected with cancerous disease of the womb upwards of twelve months, during which time she suffered much from repeated hæmorrhages. The operation lasted about half an hour; not more than eight ounces of blood were lost, and it was not necessary to secure any vessels. Towards the conclusion of the operation, extreme collapse took place, and continued for some time afterwards; although the patient somewhat rallied, we regret to add, that she sank at four o'clock on the following morning—a period of about nine hours after the operation. An accurate examination of the body was made on Thursday morning, but no satisfactory cause of death was detected; there were about four or five ounces of blood effused into the pelvis; the bladder and intestines were uninjured.

The patient had been under the care of Mr. Randell, of Rotherhithe; Mr. Morgan and Mr. Green were also present at the operation.

LONDON MEDICAL SOCIETY.

September 29, 1828.

Dr. HASLAM, President, in the Chair.

THE President, after reading over a list of contributions to the Society since last it met, (among which was a copy of the report of the Select Committee of the House of Commons on Anatomy, presented by Mr. Warburton,) addressed himself in these terms:—

Gentlemen,—Permit me to say that I am most happy to see you reassembled after the long interval that has elapsed, during which the Society has not met according to its usual custom. I am not to infer that this has been a holiday with its members, but that the time during which they have not been present here, has been successfully occupied in the accumulation of their experience, and in the ripening of their reflections upon the opinions they have formed. If I am to judge from the former sessions, I must, from the natural progress

man makes in contradistinction to all other animals, presume, that this will not be inferior, but considerably superior to our last session, of which, however, I cannot speak too highly. And I do consider that we are highly complimented, when the *medical press* does us the honour to notice our debates. We have various competitors. I hardly know that we have any rivals; but this circumstance, I am sure, will induce every gentleman to the fullest exertion of his talent, as I am confident every member must feel that *esprit de corps*, which constitutes the patriotism of the Society. Gentlemen, it is now open to the Council to mention to you that there has been a subscription opened for the formation of a *catalogue*—certainly one of the most important circumstances that can attend a society of this kind. As far as my own personal views have extended, I have been constantly wishing for it. It has now got into a state to be nearly completed, but the feeling of its requisition has not been, I believe, correspondingly acceded to by several of our members; there has been a lack of that attention to the means whereby our catalogue can be composed, and by which it is to be printed. It is not for me to point out any measures, but merely to say, that the subscriptions of every member are perfectly voluntary; and I can only heartily recommend, that the same patriotic feeling which has induced many gentlemen to contribute, may likewise prompt others to fulfil the same duty. I shall now be most happy to hear anything relating to the objects of the Society. (Much applause.)

The Minutes of the last meeting, held on the 26th of May, 1828, were read and confirmed.

NÆVUS—IN—KNEE—RICKETS—SPASMODIC ASTHMA.

Mr. LLOYD had not intended bringing forward the subject to-night of which he was about to speak, nor until he had got more cases than he was, at present, in possession of, to support his principle; but as gentlemen, in general, seemed rather unprepared, he thought he might, conditioned as he was, usefully call the attention of the Society to his late mode of treating *nævus maternus*. In all cases he had seen or heard of, in which *nævi* had been removed by the knife, ligature, or caustic, there had remained a scar; but by the plan of treatment he was now about to submit, no visible defect or mark whatever was left. The treatment consisted of injection into the *nævus*, of diluted nitric acid (from three to six drops of the acid to a drachm of water). Care was to be taken that pressure was made around the *nævus* at the time of throwing in the fluid, as if it got beyond the diseased struc-

ture, it ran with great rapidity into the adjoining cellular tissue. This pressure might be removed immediately, on withdrawing the syringe. It was also requisite to be cautious, that the fluid injected was *not too strong*. He had never been able to permeate the whole tumour by a single injection. After having used it two or three, and, in one case, four times, the *nævus* had entirely disappeared, the only mark of what had existed or taken place being a small round aperture, where the point of the syringe had penetrated, and which he believed, in a few years, would become wholly obliterated. Only very little pain or inflammation had attended, or followed the injection. He had had a particular syringe made for the purpose; but a lachrymal syringe, for instance, provided its tube were enlarged, would do very well. Never having had an opportunity of examining a case of this sort, soon after the injection had been used, he had not been able to ascertain precisely into what parts the injection got; but it did not appear to him, as seemed to some of the French surgeons, that *nævi* were made up of cells, but rather, as Mr. Lawrence had stated, of substance resembling the corpus spongiosum and corpora cavernosa.

Mr. KINGDON greeted with great satisfaction any thing calculated to supersede the operation of removal by the knife or ligature, which he thought at all times, if possible, ought to be avoided. He had effected cures by vaccination, but at times he had failed. He had, on occasions, succeeded by cataplasms, covered with *tartarized antimony*; but again, on others, failed; and he should certainly now give Mr. Lloyd's treatment a trial, in a case in which he had been foiled in his attempt at removal by vaccination. He had known a case, in which the arm, the whole of the neck and head, on the affected side, were very much enlarged—the *bones* greatly increased in size—the ear, the eye, the incision teeth, and so on, were all very much larger than those on the opposite side—here operation could not be thought of. The child died under the age of a twelvemonth, so that nothing was ascertained as to its state of intellect.

Mr. LAMBERT took Mr. Lloyd's principle simply to be that of inducing inflammation, though in a less degree than was necessary to produce suppuration. He felt sceptical as to attributing the curative effect to nitric acid; he was disposed to look upon any irritative substance at least equally calculated to bring about the same result.

Mr. LLOYD doubted not that gentlemen, or that he himself, might find out, in the course of time, an injection equal to, if not better, than the one he had mentioned; at present he only desired to communicate the

extent of his information, as yet, on the subject, leaving the society and the public to regard it as they might think it merited.

The President, and several members, expressed themselves highly gratified by what they had heard, many of them promising to give the plan a fair trial the earliest opportunity.

A Member wished to know the best mode of treating *in-knee*.

Mr. LLOYD said there were two modes of treatment; the one, that of keeping the patient constantly off his feet, (best to be effected by some sharpish probe fastened through the soles of the boots, on which he could not stand,) for a very considerable period; and the other, that of employing some mechanical apparatus, such as an iron or splint, to be kept constantly acting, and drawing the leg in an opposite direction.

The PRESIDENT wished to know whether, in the case of rickets, there was any truth in the prevailing statement, that absorption of bony matter took place, and that *phosphate of lime* might be detected in the urine.

Mr. LLOYD considered it placed beyond the shadow of doubt, the fact having been proved by the *experimentum crucis*.

Mr. LAMBERT inquired whether, in the opinion of the Society, there were any instances of *pure spasmodic asthma*, without organic disease? He himself believed in the existence of such cases, and that the disease was owing to a spasmodic contraction of the muscular substance surrounding the ramifications of the bronchia. He wished to distinguish this form of asthma from those which are evidently produced by structural derangement of the lungs themselves, as bronchitis, &c. The exciting cause of the spasmodic contraction of the bronchial tubes, Mr. Lambert considered might be remote; as, for instance, in the heart, or large vessels. In two cases of aneurism of the innominate which he had seen, the patients had died suddenly, without any rupture of the vessel, but apparently from suffocation. In many cases of spasmodic asthma, however, he, (Mr. Lambert,) had failed in detecting disease of the heart. In respect to the treatment, much would depend on the condition of the patient. In one case, where it was considered that the right side of the heart was gorged with black blood, the patient was bled to the amount of a few ounces, and brandy given at the same time—the blood flowing from the arm as thick as treacle. Where there was less prostration of power, great relief was obtained by giving a full dose of laudanum—even a drachm.

Dr. SHEARMAN's opinion was in accord-

ance with Mr. Lambert's. He deemed a strong dose of æther and opium most likely to afford relief.

The PRESIDENT very much objected to the indefinite terms the profession had got into the habit of using.

Mr. HONEYWOOD thought the affection might exist without organic disease. He had been attending a most painful case of asthma, which he had only been able to relieve by *galvanism*.

Mr. LIFF mentioned some cases in which the *smell* of certain substances, one in particular, in which the smell of *ipecacuanha* invariably brought on the most violent attacks. He had been told, that inflating the lungs with a pair of bellows, by introducing the nozzle into the mouth, during an attack, afforded great relief. He had not used this remedy, but recommended a trial of it to an old shoemaker.

Mr. LLOYD thought the plan an excellent one for speedily *blowing a man up*. (Much laughter.) In his opinion, the affection either sprang from organic disease, or, at all events, that disease existed in the course of the nerves supplying the organ.

ON AN ENORMOUS TUMOUR OF THE THORAX,
SUSPECTED TO HAVE BEEN EXOSTOSIS.

Communicated by T. PARKER, Jun., Esq.,
Woburn.

IN No. 215, Vol. I., 1827-8, p. 48, of THE LANCET, will be found the following report from the "HOSPITAL OF SURGERY:"

"Case of Enormous Exostosis of the Sternum.

"The following account will show to what a size pure exostosis can attain, and will likewise exhibit the difference between it and the true osteo-sarcomatous enlargement:—

—, about fifty years of age, was sent to the Hospital by Dr. Scott, of Barnes. Arising by a very broad attachment, from nearly the whole of the sternum, except the superior part of its upper bone, adhering to the cartilages of the ribs, and extending so far outwards as to elevate the papillæ, is a very large osseous tumour, measuring eighteen inches in circumference; its surface, which is smooth, and not marked by any of those protuberances which were a distinguishing feature in the case of osteo-sarcoma, is evidently composed throughout of the same solid materials, and does not afford to the finger that feeling of elasticity which was experienced in the other, at those places where the fleshy intermixture existed. The integuments covering the swelling are much stretched, and have become, at the most protuberant point, inflamed.—The disease is attended with little pain, and

is principally inconvenient from its size and weight. His general health is in a very indifferent state; he is dyspeptic, subject to rheumatic attacks, and occasionally suffers from dyspnœa.

"The tumour commenced nine years ago, without any apparent cause, with general enlargement of the sternum at that surface where it is now attached, which has gradually increased, till it has assumed its present immense size.

"The treatment recommended was, great attention to the general health, the use of alterative medicine, the repeated application of leeches to the tumour, and after the employment of these means, the insertion, at its base, of two or three small setons."

Within the last month, I have had an opportunity of making a post-mortem examination of the disease, and as its character appeared to possess considerable interest and instruction, I have drawn up a short account of the dissection, which I will be obliged to you to insert in the next, or any subsequent Number, of THE LANCET; with the observations and opinion as given at the time the patient presented himself at the hospital. Unfortunately for surgery, this case is strikingly illustrative of the fallibility of human judgment. The tumour, on examination, possessed no character of exostosis, or osteo-sarcoma; throughout, its texture was soft, though solid, and appeared to have been well supplied with vessels. To give a familiar idea of its appearance and consistency, it very much resembled adipocere, except in colour, which was, for the most part of a dingy red. On dissecting back the integument on either side, it was observed, that the left pectoral muscle was remarkably pallid and attenuated; the muscle of the opposite side presented nothing remarkable. The tumour was covered with a thin layer of adeps, without the appearance of any distinct capsule or investment. Supposing it to have originated from the sternum, I attempted to dissect it off entire, but finding it more deeply imbedded than the situation of the bone would explain, I opened the thorax in the usual way, expecting that the extent and connexions of the disease would be at once developed. This was by no means the case, and to satisfy myself as fully as possible, I extended the opening to the parietes of the abdomen, and thus found the apex of the tumour projecting with the diaphragm before it, within an inch of the umbilicus. Without disturbing any of the viscera, I endeavoured to trace it through its whole extent; this I was in some measure enabled to do, though not completely to my satisfaction. On passing my hand between the tumour and the arch of the ribs, considerable resistance was

offered from adhesions, "apparently of long standing. Having accomplished its detachment on both sides, as well as the upper part, which was also adherent in a slighter degree, I continued the examination to the diaphragm; here the tumour was in close contact with the tendon of that muscle, indeed inseparably so, and on detaching it, which I could do in no other way than by cutting through the diaphragm, I found the heart healthy, but small and compressed, without its pericardium, immediately behind the tumour. The lungs were much smaller than natural, and flattened, evidently from want of space. From the examination, it appears to me, that the growth of the disease must have begun in the pericardium, and this opinion is strengthened, from the circumstance of the tumour having a distinct investment, answering to the pericardium on its under and posterior surface. The sternum was completely absorbed, not even a vestige of it remaining, and the cartilages of the ribs were unusually soft in a man approaching to 60. For a week or more, previous to dissolution, the subject of this disease was distressed with continual hiccup and sickness; the bowels had been for some time irregular, either constipated or much relaxed, and the breathing difficult, more particularly on any exertion. It may not be unworthy of remark, that the body, 36 hours after death, was quite warm, so much so, as to create some inquiry on my part. The abdominal viscera were healthy, though the stomach, which must have been much pressed on by the tumour, was smaller than natural. The weight of the whole mass, when removed, must have been little short of twenty pounds.

Woburn, Sept. 16th, 1828.

EXPULSION OF A POLYPUS BY THE ERGOT OF RYE.

Two Cases affording additional Evidence of the power possessed by the Ergot of Rye, in exciting Uterine Contraction.

By WILLIAM GRIFFITH, Esq.

CASE 1.—On Thursday, June 5th, about 4 A.M., I was called to attend Mrs. —, of Eccleston Street, ætat. 43, of spare habit and short stature; she was in labour with her first child; pains very slight; os uteri sufficiently dilated to admit the finger, and very hard, rigid, and unyielding. In this state she continued for three days. Circumstances would not admit of venesection. On the Sunday, about half past seven, A.M., I directed an enema to be administered, and to be repeated in three hours. About 12,

the parts were considerably relaxed; at 3 P.M., enema repeated. Four o'clock, os uteri dilated to about the size of half-a-crown; pains very weak. I ruptured the membranes, and the uterus still remaining very inactive, I gave her half a drachm of the ergot of rye in powder, and infused two drachms more in six ounces of boiling water. A fourth part of the infusion was given at intervals of fifteen minutes, and in ten minutes after taking the second dose, the child was born, and the placenta quickly followed. The effect produced by the ergot on this occasion, induced my having recourse to it in

CASE 2.—On the evening of Wednesday, Aug. 6th, my attendance was speedily requested upon Mrs. L., who had been seized with a most profuse hæmorrhage. On my arrival, I was informed that she was three months advanced in pregnancy (a period at which, on two former occasions, she had miscarried.) On examination, I ascertained that the os uteri was very dilatate. As the hæmorrhage had lasted so long, and the patient was exceedingly reduced, I became anxious to expedite the delivery, and for this purpose, administered gr. xxxvj. of the ergot; in about ten minutes after, she complained of much pain about the pubic region. The ergot was repeated in two half drachm doses, at intervals of twelve minutes, and almost immediately after taking the last dose, a very large POLYPUS was expelled, (of which I have made a preparation,) and the hæmorrhage ceased. The polypus is of the fleshy kind, pyriform; has a pedicle, and being hollowed out, it contained a large quantity of congealed blood, with some fatty substance.

Lower Eaton Street, Sept. 25th, 1828.

REGULATIONS AT ST. BARTHOLOMEW'S HOSPITAL.

Hospital Attendance.—Mr. Earle has been in the habit, during the summer months, of visiting the Hospital at eight o'clock in the morning; and he took the opportunity of stating to the pupils, in one of the wards, on Saturday last, that after having maturely considered, the times when the surgeons ought to visit, most advantageously to the pupils, he had come to the conclusion, that the best plan would be for him to continue going through his wards at eight o'clock throughout the winter, and giving a *clinique* regularly once a week. By this arrangement the pupils would have the opportunity of going round with Mr. Lawrence at half-past twelve every Monday, Wednesday, and Friday; with himself at eight; and Mr. Vincent, at half-

past twelve, every Tuesday and Thursday ; and of meeting *all* the surgeons on Saturday at noon. He recommended this arrangement to the consideration of the pupils, who were to let him know their opinions in the course of a week, and with the wish of the majority he would cheerfully comply.

Apothecary's Airs.—Mr. Lloyd has lately, on several occasions, complained bitterly of the *non-supply of medicine* to patients, agreeably to the prescriptions. Patients have left the Hospital, and afterwards complained, that for many days they had not what was ordered for them. Others, yet in the Hospital, have been found in the same condition. On investigation, the abuse has been found to rest with *Master Wheeler*, the apothecary, who assumes to himself the right of making rules, with such *regal pomp*, that, unless such new-fangled regulations are sacredly complied with in all respects, were patients gasping their last, a particle of medicine is not permitted to pass from the shop ! The existence of these pedantic rules often remains unknown for a very considerable time, and, when disclosed, these laws are not only incomprehensible to the nurses and dressers, but, as they say, would require and even puzzle *Old Harry* himself to understand. Why is it that governors, surgeons, and dressers, are to be thus treated by this functionary, and the lives of patients tampered with in such a manner ? Does not this require the authoritative interference of the Governors ? If they are ignorant of the "growing evil," ought not the surgeons, who have a dignity to sustain, at once to call for their interposition ?

Post-mortem Examinations.—The pupils are unceasing in their complaints respecting the uninstructional manner in which this very important subject is regarded. Examinations are rare ; and those which do take place are conducted in the *most irregular manner*. Mr. Weekes, the house surgeon, on entering into office, tendered his services to make these examinations regularly at a given period of the day, and to keep notes of every case. Mr. Lloyd has repeatedly made a similar tender, yet this branch of instruction, it may be said, is wholly unattended to. Mr. Lloyd stated to the pupils, in the wards, the other day, that he should again make an offer of his services. He thought he should be able to prevail on the Governors to make an order, that *all* dying in the house should be examined ; if not, at any rate, that he should be at liberty to make the examination in all cases where it was possible to effect it without such an order, and that even then essential advantage would be afforded to the student. How desirable to the body of

pupils would this be ! On what ground, or pretence, is it that the Governors, who must be the only individuals to blame, do not pass such a regulation as will ensure to the pupils this important right, which they pay dearly for, and which justice alike to themselves and the community entitles them to demand ? Do the Governors entertain a dread of making the young men too well qualified to practise the healing art ? Some miserably morbid notion must exist in their minds on this point, which it is earnestly hoped they will speedily be relieved from.

Regularity in Dressing.—It has been considered, that it would be of great use to the pupils at large, if some particular period of the day were named for the dressers to begin their duties ; because then the pupils would know when they might have the opportunity by attending, of seeing, and examining any cases they might deem important. Some such regulation as this would, no doubt, be particularly serviceable.

ISLINGTON DISPENSARY.

DR. GARDEN, or GORDON, has resigned the office of Physician, and Mr. WILLIAM KINGDON that of Surgeon, to this institution. The Committee having resigned also, candidates for these offices had better address themselves to the GOVERNORS, through the medium of the newspapers ; otherwise, their applications may get into improper channels.

A CASE OF HYPERTROPHY AND RUPTURE, OF THE URINARY BLADDER.

By ARTHUR GARRY, M.D.

BENJAMIN MORGAN, æt. thirty-two, of the sanguineo-melancholic temperament, small in stature, but stoutly made, had a gonorrhœa about five years ago, of which he was quickly cured ; but shortly after, the stream of his urine became smaller than usual. It continued so for a length of time, but as he suffered no pain, he did not consider that any evil consequence would result. He continued in this state for more than three years, without any unpleasant symptom exhibiting itself, more than that he was obliged to increase his efforts to discharge the contents of the bladder. Within the last year, the difficulty in passing urine became much greater, and, at intervals, was somewhat distressing ; but it

never amounted to an actual stoppage till the present attack. During all this time he pursued his business—that of a newsman, serving newspapers at the houses of citizens and at public offices, his general health being pretty good. He occasionally indulged in the use of spirituous liquors, but was not a habitual tippler. He never took medical advice for the urinary symptoms, as he considered his disease to be gravel, which, though it might annoy him, yet he believed it would never kill; hence he neglected to take any remedy.

When I was called to see this man on Friday, the 25th ult., at 22, Charles Street, I learned the above particulars. I found him in great agony: his abdomen was greatly distended, and so painful that the slightest touch occasioned him to scream; there was at intervals, or when he took any drink, violent vomiting; his pulse was quick and tremulous, his countenance miserably anxious, and his breathing very much hurried. These symptoms, as I was informed, came on rather suddenly. The evening before, he was in his usual state of health, and went to stool, when, without any previous pain, he felt something, as it were, jump up suddenly in his belly; and from that moment he became unable to pass any urine, neither could he discharge the contents of the bowels. After some little time his belly swelled, and he was very sick. An apothecary was sent for, who introduced, or attempted to introduce, a catheter; for I could not learn whether the instrument had passed into the bladder or not. No urine, or fæces, had been discharged for nearly twenty-hours before I saw him. I attempted to introduce a tolerable-sized catheter which I had with me, but I found it impossible to get it in further than about two inches and a half, the urethra being hard and contracted within that distance of its orifice. From the great distention of the abdomen, the feel of fluctuation even as high as the epigastric region, and the man stating that he did not feel as if he had any water to make, I was led to suspect that the bladder had burst. While I went to obtain a small sized catheter, I ordered him to be bled, to have pills of colocynth, calomel, and opium, followed by a terebinthinate enema, and to have occasional doses of effervescing mixture. I also directed that a warm bath should be procured. On my return, I found that the medicines had produced one copious dejection, but no urine had passed; and he expressed himself much relieved by the bleeding and the discharge from his bowels. As a warm bath could not be procured, I tried without, to introduce a very small-sized catheter, which, after much resistance and some delay, I got into the bladder, but no water came. This confirmed my suspicion

that the bladder had burst. I felt something opposed to the end of the instrument, which, from its elastic feel, I thought to be a polypus of the bladder. I withdrew the instrument, and gave my opinion to his friends that his life could not be preserved. In the course of the evening all his symptoms became aggravated; violent stercoraceous vomiting came on, and he expired in the course of the night. I obtained leave to open the body the next day, when the following appearances were observed:—On cutting through the parietes of the abdomen into its cavity, there issued out about three quarts of urine. The peritoneum was much thickened with flakes of coagulable lymph dispersed upon it. The villous coat of the stomach was very vascular, and somewhat thickened. The lining of the duodenum was more vascular than natural; but, on the whole, there were little more than signs of incipient inflammation throughout the remainder of the intestinal canal, which was occupied entirely by flatus. I put down my hand into the pelvis, to feel for the bladder, and discovered it projecting a little from under the pubes, in the form of a hard, scarcely elastic mass, like to a schirrus uterus. By removing the intestines, I viewed it *in situ*, and on the posterior part I found it thin for about an inch square, in the middle of which was a hole with three flaps, evidently produced by rupture. There was no mark of ulceration. The sides, in all directions, with the exception of this small portion, were increased in thickness to about half an inch, hard, and almost as unyielding as cartilage. In cutting, it offered much resistance to the knife, giving a sensation to the hand as if the blade was passing through bundles of whip-chord. The interior presented large bundles of white strong chords, resembling small catgut strings, intersecting each other like the muscoli pectinati in the heart, but more prominent, and leaving the interstices more marked and deeper. The mucous covering on those was smooth and glossy, but scarcely thickened. The cavity of the organ was lessened in all directions, and could not contain more than four or five ounces of fluid. The space on the posterior part, which remained thin, was the only portion which was yielding, and this seemed to have been much stretched before it gave way. Round the spot where the rupture took place, the characteristics of the parietes of this organ were lost; as, by the slightest press with the finger, it would tear with edges, as if a cutting instrument had been applied. As I was anxious to get it away, for the purpose of making a preparation, I was obliged to effect my purpose clandestinely, and with expedition, and I cut it out, taking the prostate gland with

it. This gland was a good deal diseased, having a proportionable increase in size to the coats of the bladder. It was hard and unyielding, and cut like semicartilage. If cut from the bladder, by itself it would weigh about an ounce. There were several strictures of long standing in the course of the urethra, and it was these, and the diseased state of the prostate gland, which gave such resistance to the introduction of the smallest sized catheter. The ureters were enlarged to some distance up from the bladder. I did not get time from the friends to examine the kidneys, and all I could learn was, that the man never complained of any unpleasant sensation in the regions of these organs during life. I have made a preparation of the bladder and prostate, which I have presented to my talented friend, Dr. Davis, of this city, for the instruction of his pupils.

The only inference which I would venture to make from the preceding imperfect detail, is, that the strictures in the urethra were the primary cause of the increased growth of the bladder. They continued for more than four years, offering resistance to the passage of the urine, and consequently for the same space of time the muscular fibres of the bladder were excited to more than usual efforts to overcome by their force, the resistance which was made. Increased exercise of muscular fibres, caused them to increase in strength and growth. Here there was evident cause for the more than ordinary exercise of the muscular fibres of the bladder, and the result was a more than ordinary thickness and strength. I do not think it surpassing probability to believe, that, if the strictures had been attended to in time, and had been cured, that the morbid growth of the parietes, and the other morbid appearances of the bladder, never would have come on.

Upper Ormond Quay, Dublin,
7th August, 1828.

GUY'S HOSPITAL.

CASE OF PSOAS ABSCESS TREATED BY INJECTION.

JOHN COOLE, ætat. 23, by occupation a paper-maker, of spare habit, fair complexion, and serofulous appearance, was admitted into Lazarus Ward on the 21st of May, under the care of Mr. Key.

He stated, that about 15 months since, as he was tightening a screw, the instrument slipped, and in the sudden jerk which he received, he felt that he had wrenched his back, as he termed it. He was immediately

seized with severe pain, which obliged him to relinquish his work for a few days. The pain, which continued upwards of three months afterwards, became of a dull aching character, and extended downwards on the inner side of the thigh. At the expiration of about four months from the receipt of the injury, it entirely left him; but shortly afterwards, a tumour appeared in the groin. This continued to increase during eight months, and by degrees it extended itself low down upon the inner side of the thigh. Up to this time, however, he persevered in following his employment. At length his health became so exceedingly impaired, and he found himself so unable to work, that he consulted Mr. Castle, of Bermondsey, under whose care he remained a short time, and then applied to the Hospital.

At the time of admission, the tumour, which occupied the inner side of the thigh, was of considerable size, and easily dilated on coughing. The integuments covering it were soft, and yielding; and at one part red and inflamed. In a few days after admission, it burst, and nearly two quarts of purulent matter escaped. The patient was pale, and very much emaciated; the bowels were tolerably regular, but the appetite was defective; the pulse small, quick, and feeble; tongue white in the centre, but red at the tip and edges, and the papillæ were slightly raised. The cheeks were frequently flushed, the pupils dilated, and the countenance shrunk and wan. He had evening exacerbations and morning sweats, and, indeed, all the symptoms of hectic. The urine was high-coloured, and deposited a brick-dust sediment. He was immediately put upon a generous diet. Ordered to take of the sulphate of quinine one grain; eight drops of the diluted sulphuric acid, with two ounces of the infusion of roses, twice a-day, and wine and porter daily.

June 4. The opening in the abscess had nearly closed, and Mr. Key, on examining the part, found that the fluctuation heretofore felt on coughing, no longer existed, although there were 3 or 4 ounces of pus under the integuments. The bag of the abscess was thin and flaccid, and the secretion of the pus had evidently decreased. The patient said, he thought he felt a little better, but his symptoms were but very little ameliorated. The bowels were costive. Mr. Key wished that what pus was left in the cyst should be evacuated, and that a lotion, composed of two grains of the sulphate of zinc to two ounces of water, should be injected once a day into the cyst. The limb to be banded with a roller carried up to the groin, in order to produce, if possible, cohesion of the sides of the cavity. The patient was ordered to take two grains of the sulphate of quinine,

half a drachm of the sulphate of magnesia, 30 drops of tincture of henbane, and one ounce of water, twice a-day.

It was found, that the injection produced a slight accession of fever; it was, therefore, discontinued, and he was ordered to take a small quantity of the effervescent mixture every six hours, till the excitement had subsided.

June 26. A considerable part of the sides of the abscess has cohered, and the discharge has very much decreased. The hectic symptoms have abated, and the patient is decidedly better. The appetite has improved, the morbid appearance of the tongue is not so distinctly marked, and the morning perspirations have left him. The injection was again tried, without producing any ill effect.

July 13. The abscess has nearly healed, but he has become decidedly more emaciated. Within the last month he has suffered much from a pain in his back, and last week, a large fluctuating tumour made its appearance in the loins, on the opposite side from which the disease appeared originally to have commenced, but which Mr. Key believes to be connected with it. This tumour seems disposed to point externally. The hectic symptoms have again been established. The evening exacerbations are regular and severe, and the colliquative sweats very copious. On the 24th the tumour was opened, and not less than a pint and a half of pus evacuated. A piece of lint was inserted in the opening to prevent its closing, and a linseed-meal poultice applied. The tongue is now morbidly red, the pulse irritable and quick; appetite defective; nights sleepless, and bowels relaxed. Emaciation has increased to a great extent, and the poor fellow is gradually sinking. He was ordered to take chalk mixture, with laudanum, occasionally. He has a mutton chop daily, and an increased quantity of wine and porter. Notwithstanding the profuseness of the discharge, and the extremely reduced state of the patient, yet he lingered out till the 4th of the present month, when he expired.

The body was removed by the friends, and consequently no inspection took place.

MALIGNANT DISEASE OF THE BREAST.

Mary Hearn, ætat. 45, of middle stature, was admitted into Mary's Ward, Aug. 27, under the care of the Junior Surgeon. She stated that she had been unable to suckle with the right breast ever since a month after her first confinement, and from that time it had become hard and occasionally painful. She has had several children, and each time on the commencement of the secretion of the milk the breast had felt very painful. Since she had ceased to suckle it had become much harder and

more defined, and she occasionally felt severe lancinating pains, which were at times so acute as to cause her to start from her sleep. It was on account of these pains alone that she was led to consult the Junior Surgeon, who advised its removal.

The operation was performed in the usual manner, on Tuesday, the 2d of September, last. The elliptical incisions were made nearly in the transverse direction. The wound has since united by adhesion, and the patient is doing perfectly well.

The tumour, on dissection, displayed that striated appearance characteristic of scirrhous disease.

List of Cases admitted into Guy's Hospital, September 10, under the care of Mr. Morgan.

Job's Ward, No. 19.—Nathan Euscomb, ætat. 28, disease of the elbow-joint.

Lazarus, No. 12.—Daniel Cumming, æt. 36, ulceration of the leg.

No. 10.—John Williams, æt. 10, phlegmonous inflammation of the thigh.

No. 19.—John Croft, æt. 40, ulcerated leg.

Luke's, No. 20.—Thos. Paise, æt. 38, disease of the sterno-clavicular articulation.

The venereal cases were but of a mild character. There was one genuine case of lepra syphilitica admitted.

Mary's Ward, No. 1.—Eliz. Arnold, æt. 20, ulcerated leg.

Martha's Ward, No. 4.—West, æt. 5, disease of the thumb.

No. 1.—Louisa Hooke, æt. 17, scalded leg.

Chapel Ward, No. 5.—Jane Deeper, æt. 40, erysipelas of the leg.

Lydia's, No. 20.—Mary Peach, æt. 21, inflammation of the knee-joint.

MALIGNANT TUMOUR OF THE BREAST.

Elizabeth Pegram, ætat. 21, of spare habit, was admitted into Dorcas Ward, on the 15th of August, under the care of the "Senior Surgeon."

She stated, that about twelve months back, she accidentally discovered a tumour in her breast, which at that time was not larger than a nut. It was uniformly hard, and she occasionally felt a dull aching pain. Finding that it increased, she consulted a surgeon, by whose advice it was repeatedly leached, and a course of alterative medicines was pursued. Within the last two months the swelling increased more rapidly than ever, and the pain which at first she had only felt occasionally, was now more frequent, and of much longer duration. Under these circumstances, she came under the care of Mr. Key, who tried various means, but without any beneficial effect, and he then advised an operation; she ac-

cordingly came into the Hospital for that purpose. When admitted, the tumour was hard and firm, but was perfectly moveable. Handling it created a dull aching pain, which lasted for some hours afterwards.

The operation was performed on the 25th of August, and the tumour was found to be contained in a perfect cyst, which was also excised. A section of the diseased part presented a granulated appearance. It was excessively hard, but there were no appearances of striae, or of any deposit of that peculiar matter which is found in true scirrhous. Various opinions were advanced as to its nature; some asserting that it was a chronic enlargement of an absorbent gland, and others, that it was fungoid disease. It is certain, however, that it was of a sufficiently suspicious character to justify its removal.

On the second day after the operation, an erysipelatous inflammation attacked the wound, and speedily extended itself over the chest to the arm. The dressings were immediately removed, a cold bread poultice was applied to the wound, and a lotion, composed of the carbonate of ammonia, spirit of wine, and water, was ordered to be kept constantly applied to the inflamed parts. Five grains of calomel were prescribed.

28. The inflammation has increased considerably. The cheeks are flushed; pulse 120, quick, and hard; bowels relieved twice, and the evacuations exceedingly offensive. Tongue loaded with a light yellow fur; surface hot, sometimes a clammy perspiration supervenes. Ordered to take two drachms of the sulphate of magnesia in peppermint water immediately, and a saline effervescent draught every six hours after the bowels have been evacuated.

30. Has passed a restless night. The inflammation still continues; the wound is dry and inflamed; tongue loaded; pulse irritable and quick, and the cheeks much flushed. This morning vomiting came on, and she was ordered to discontinue the fever medicines, and to take ten grains of calcined magnesia, and two ounces of peppermint water every eight hours.

Sept. 1. She has had a very sleepless night. The skin is still clammy and hot; cheeks flushed. The stools are still excessively offensive. The erysipelatous inflammation has extended to the opposite arm and shoulder. Ordered to take three grains of calomel immediately, and a grain of opium at night.

3. The opium procured a good night, but the febrile symptoms are not abated. The bowels have been copiously purged, and the stools are less offensive. Ordered to take two grains of quicksilver and chalk, and two of the extract of opium, night and morning. There is a slight discharge of

puriform fluid from the wound, and less surrounding inflammation.

4. Much better to-day; last evening she had rigors, and suppuration is now established. The tongue less coated; pulse less irritable, and the inflammation very much subsided. An emollient poultice was applied to the wound, and she was ordered to continue her medicines.

Wine, and a generous diet.

5. Better in every respect, though she is much debilitated and nervous. The discharge from the wound is getting thicker, and is more copious; ordered four grains of subcarbonate of ammonia in water, three times a day.

11. She has continued improving to the present date; the erysipelas has entirely left her; healthy granulations are forming, and the wound is fast healing. Ordered to take a dose of calomel and rhubarb occasionally.

22. The wound has nearly healed, and the patient is now convalescent.

List of Patients admitted September 17, under the Care of the Junior Surgeon.

Dorcas Ward, No. 28.—Elizabeth Row, ætat. 15, glandular disease of the neck.

Naaman's Ward, No. 12.—Alexander Gladstone, ætat. 38, ulcer of the leg.

Luke's Ward, No. 27, John Cutts, ætat. 46, ulcer of the leg.

No. 21.—Paul Kingston, ætat. 30, contusion of the foot.

No. 19.—John Clalderbach, ætat. 57, fistula in ano.

No. 25.—Thomas Sweeney, ætat. 53, ulcer of the legs.

Job's Ward, No. 4.—James Lay, ulcer of the leg.

ST. THOMAS'S HOSPITAL.

List of Patients admitted under the care of Mr. Travers, Sept. 18th.

Lydia's Ward, No. 7.—Jane Tite, æt. 23, inflammation of the thigh.

Queen's Ward, No. 23.—Jane Haugley, ætat. 17, large ulcer of the fauces.

Ann's Ward, No. 14.—Mary Gadney, ætat. 49, external piles.

Mary's Ward, No. 4.—Matilda Mears, ætat. 18, ulcerated leg.

Edward's Ward, No. 11.—William Shrimpton, ætat. 32, contusion of the shoulder.

Abraham's Ward, No. 19.—Edw. Wright, ætat. 30, ulcerated legs.

George's Ward, No. 12.—John Foley, ætat. 57, inflammation of the leg.

No. 29.—John Connor, ætat. 46, chronic

enlargement of the testicle; ulceration of the tonsils, and pains in the limbs.

Jacob's Ward, No. 4.—James Casson, ætat. 46, fractured ribs.

Isaac's Ward, No. 9.—Frederick Carrick, ætat. 40, strumous ophthalmia—opacity of the cornea.

OPERATION OF LITHOTOMY BY MR. GREEN.

On Tuesday, Sept. 9, Mr. Green performed the operation of lithotomy upon a young man, about 21 years of age. The patient had had difficulty and pain in making water for ten years, but had never had medical advice; although, within the last two years, his sufferings had occasionally been very severe.

He applied to the Hospital on Monday, the 1st of September, at which time Mr. Green sounded him, and immediately detected a stone. He was taken in on the following Thursday, and the operation was performed four days afterwards. The stone was of large size, and twice receded from the grasp of the forceps. The operation was very well performed, Mr. Green, as usual, employing the gorget.

10. Passed a good night; the urine has flowed freely through the wound; there is no tenderness of the belly.

11. Slept the greater part of the night; the belly is soft and free from tenderness; some of the urine has escaped by the penis. The bowels not yet moved. Ordered a dose of castor oil.

13. He has passed rather a restless night. The castor oil produced much nausea and vomiting. He complains of considerable tenderness of the belly; the tongue is white, pulse jerky, and quick. Bled to ten ounces. Fomentations ordered to be applied to the abdomen.

14. He passed a good night; the bleeding and fomentations relieved the febrile symptoms. The pulse is softer and less quick than yesterday; tongue less furred, and there is no tenderness of the abdomen.

Sept. 22. We have visited him daily to the present date, and he is now fast recovering.

COMPOUND FRACTURE OF THE SKULL, WITH DEPRESSION OF THE BONE—LACERATION OF THE DURA MATER—LESION OF THE BRAIN.

Maclenary, a boy about seven years of age, was admitted into Henry's Ward on the forenoon of Saturday, the 13th of September, under the care of Mr. Green.

His friends stated, that he had fallen out of a first floor window, (a height of about 16 feet,) and pitched upon the top of his head.

He was immediately conveyed to the hospital, where, on examination, it was found that there was a large wound of the scalp, with an extensive fracture of the skull, just at the upper and posterior part of the os frontis, extending into the parietal bone. There was considerable depression on one side of the fracture, and a large piece of bone was found so loose and detached, that it was readily removed with the forceps. The wound was then dilated, and the depressed portion removed with a trephine. This portion of the bone had been so much driven in as to wound the dura mater, and lacerate the brain. When admitted, the child was insensible to surrounding objects; but he was sensible of pain, and in an hour afterwards was much more so. The pupils were much dilated.

After the operation, the wound was lightly dressed, and the patient placed in bed. He remained tolerably quiet for some hours: in the night, however, re-action came on, and early on Sunday morning he was bled in the neck to four ounces. The pulse was very rapid, and exceedingly small; skin hot, and dry. The pupils remained unalterably dilated; and he lingered out till Monday, when he expired.

Inspectio Cadaveris.

On removing the scalp, it was found that the fracture was of a radiated description, extending almost in every direction through the frontal bone, by several cracks, towards the nose, and likewise downwards and backwards to the occipital and parietal bones upon each side. On removing the calvaria and dura mater, there was found extensive abrasion of the surface of the brain beneath the fracture; there was considerable extravasation upon the back part of the right hemisphere, and on the anterior part of the left hemisphere a large abscess was found, containing nearly an ounce of pus.

SIMPLE FRACTURE OF THE CRANIUM, WITH EXTENSIVE DEPRESSION.

On Thursday forenoon last, another fatal case of fracture of the skull, with depression, was brought into the hospital.

The patient was a muscular old man, about sixty years of age. It appeared from the evidence given by those who brought him, that he had fallen a considerable height from a ladder, and had pitched first upon the vertex of his head, and afterwards, by a kind of rebounding motion, upon his back and occiput. When admitted, he was perfectly insensible. The pupils were dilated, breathing difficult and stertorous, pulse labouring and intermitting, and he had hæmorrhage from the mouth and left ear. There was no wound upon the scalp; upon

the vertex there was a little contusion, and extravasation beneath the scalp, and an indistinct crepitus was felt. Upon examining the occiput, however, a most extensive fracture was detected, and a large portion of the occipital bone could be felt to be driven in under the parietal. Reaction never took place, and the patient died in about an hour after his admission.

The body was immediately removed by the friends, and consequently no inspection was permitted.

ST. GEORGE'S HOSPITAL.

COMPOUND FRACTURE OF THE SKULL— OPERATION ON THE FOURTH DAY BY MR. R. KEATE—DEATH.

JAMES PARKER, a labouring man, of about 34 years of age, was admitted, on the 2d of September, under the care of Mr. Keate. It appears that, in an affray with some Irishmen, he received two or three violent blows on the head, which rendered him insensible, in which state he was conveyed home, and on the second day after the accident, was brought to the Hospital, still in an insensible state, but capable of being roused when loudly spoken to. On examination, there appeared a superficial scalp wound, over the posterior part of the parietal bone, and ecchymosis of the eye of the same side. He was extremely restless, and when disturbed, became very noisy; pupils dilated; pulse about 90, but weak; he was blooded to the extent of 16 ounces, which was repeated in a few hours, and 8 ounces taken away. An aperient draught ordered.

3. He was rather quieter when we first saw him to day, but towards the afternoon became very restless; during the night, he continued in a very disturbed state, so much so, as to require confinement; pulse 82; bowels freely open; pupils still sluggish. He was ordered saline medicine, with two drachms of sulphate of magnesia every sixth hour. He answers questions with great difficulty; complains of pain in the head.

4. In the same state as yesterday; endeavours to get out of bed, and exhibits other symptoms of continual restlessness; during the night he had two strong convulsions. Bowels open, pulse 90, and pupils fixed; the bandage slipped during the night, and he lost four or five ounces of blood.

5. Has had several convulsions; his breathing is now laborious, and he is incapable of being roused. Has again been blooded to the extent of 8 ounces. After

the bleeding, the pulse became more full; bowels open; pupils fixed; skin of a yellow hue.

6. To-day Mr. Keate enlarged the wound, and, on exposing the bone, a fracture was perceived, extending from the upper and anterior part of the parietal bone; three circular pieces of bone were removed, and a great quantity of blood was discovered lying on the dura mater. The integument was brought together by ligature. Some time after the operation, he seemed a little more sensible, and is capable of being roused when spoken to; the pupils are a little more active; pulse frequent, but small; bowels open.

7. More sensible when roused, but generally continues in a dozing state; at times, however, starting, and talking incoherently. Pulse, bowels, and pupils the same; tongue rather furred. Continue the medicine.

8. Pulse rising; skin hot; bled to eight ounces.

9. To day he is worse, but, when roused, still answers questions; pulse 110, and hard; skin hot; has been blooded to the extent of 12 ounces; blood inflamed.

10. Yesterday he had a shivering fit, which lasted upwards of ten minutes. To day he appears better; the wound is healing. Continue the medicine.

11. He was cupped yesterday, and six ounces of blood abstracted. Complaints of pain in head; pupils rather more active; bowels open; bled to six ounces.

12. Rather better.

13. Rather better, and answers most questions put to him. The sulphate of magnesia has been omitted in his medicine.

14. Has another shivering fit this morning, and now complains much of his head; pulse 150, and feeble; bowels open.

15. The shivering returned last night in a violent manner; the pulse this morning scarcely perceptible. About noon the man died.

On the *post-mortem* examination, it was found that the fracture extended to the left side of the head, as far as the petrous portion of the temporal bone, and there was great extravasation of fluid under the scalp. The dura mater was thickened, and matter formed on the surface of the brain, and also between the bone and the dura mater. The thoracic and abdominal viscera were healthy.

PRACTICAL MIDWIFERY.

To the Editor of THE LANCET.

SIR,—In justice to our British Accoucheurs, I feel confident you will receive and diffuse, by your widely-circulated Journal, these few lines.

In THE LANCET, No. 264, under the head "FOREIGN DEPARTMENT," there is a letter regarding the study of midwifery, as it is carried on in France. You seem to think, that the reproach contained in that letter attaching to the French schools, applies with equal force to our own. It is said—"In fact, in Paris, and in this country, for the most part, there are only theoretical courses, and no practical exercises under the eye of the teacher; and what is obstetrical instruction without the latter? However excellent the former may be, where will the student learn the art of observation? Where acquire the capacity of self-acting?" Now, Sir, I am happy in being able and ready, as many others are, by an examination before any competent forum, to bear testimony to the fact, that at least in "The London and Southwark Midwifery Institution," the art is practically taught by Mr. Waller, the Consulting Accoucheur. In his lectures, he omits no description of a practical point. He next exhibits, with the utmost minuteness, the different modes and stages of parturition on machinery. If he or his pupils deem it necessary, before they attend any labour, he gives them a private lesson at his own house, on the machinery. To those whom he believes to be competent to their management, he furnishes an unlimited supply of cases; but will not permit them to remain at the bed-side, without his presence, one moment longer than they fully understand every circumstance that transpires. As soon as any thing occurs beyond their comprehension, without waiting for difficulty in the labour, they are obliged to send off a messenger for him: he attends *instantly*, makes an examination, and either goes through with the conduct of the case, or gets the pupil to proceed with it under his immediate eye—he, Mr. Waller, explaining every event.

This must be greatly to Mr. Waller's credit, as it is most serviceable to the student. If this be not, "practical exercise under the eye of the teacher," I am totally at a loss to know what would be; as to any daily *visual* (if I may say so) examination, by a class, as pregnancy proceeds; if that is what is meant as taking place in the *Salle d'Accouchement*, I am satisfied that, in this country, not even the most depraved class of females would submit to it.

Sir, I have great pleasure in subscribing myself

A PUPIL.

PRIZES TO DR. MACKINTOSH'S PUPILS.

The following gentlemen, who attended Dr. Mackintosh's lectures in Edinburgh during the course of last year, received prizes.

Mr. Duncan Grant, of Inverness, two prizes—one for an essay, another for his examinations.
Mr. Band, of Leith, two prizes—ditto ditto.
Mr. J. P. Needham, of Yorkshire, for essay.
Mr. J. Duncan, Roxburghshire, ditto.
Mr. Colin Rogers, Perthshire, ditto.
Mr. J. Porteus, of St. Helena, for examination.
Mr. A. Tudhope, Roxburghshire, ditto.
Mr. F. Cooper, Durham, ditto.
Mr. A. Anderson, Selkirkshire, ditto.
Mr. J. Adams, Cheltenham, ditto.
Mr. J. McKay Cunningham, Ireland, ditto.
Mr. Dymock, Edinburgh, ditto.
Mr. A. McGregor, Leith, ditto.
Mr. W. Crambe, Edinburgh, ditto.
Mr. Thomas Ward, Edinburgh, ditto.
Mr. Geo. A. Munro, Huntingdonshire, ditto.
Mr. Geo. W. Jones, Warwickshire, ditto.

Dr. Mackintosh considers it better to give a number of small prizes to his pupils, than one or two of greater value; being better calculated to diffuse zeal and attention. His plan is also a good one, of giving some premiums for essays, and others for the examinations. He had 196 pupils, among whom 19 prizes were distributed.

SUBSCRIPTIONS

FOR THE DISTRESSED MEDICAL GENTLEMAN AND FAMILY.

Subscriptions already received	£ 187	4	0
J. S. Smith, Esq., Trinity Square..	1	1	0
W. English, Esq.	1	1	0
M. W. Short, Esq.	1	1	0
Edmund Dale, Esq.	1	1	0
Daniel Edwards, Esq.	1	0	0
C. Locock, M. D.	1	0	0
James Copland, M. D.	1	0	0
Archibald Billing, M. D.	1	1	0
J. R. Bennett, Esq.	1	1	0
James C. Somerville, M. D.	1	1	0
John North, Esq.	1	1	0
Thomas Willis, Esq., Baker Street	1	1	0
Thos. Jacomb, Esq., Upper York- street	1	1	0

ERRATUM.

At page 815, of our last No., for "Mr. Houghton," read *Mr. Houlton*.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, OCTOBER 11.

[1828-9.

EX LIBRIS
A LECTURE
ON
RUPTURE OF THE UTERUS;
DELIVERED BY
W. M. CAMPBELL, M.D.

Fellow of the Royal College of Surgeons, Lecturer
on the Practice of Physic and Midwifery, &c.
Edinburgh.

GENTLEMEN,

I COME NOW to consider an important set of cases, those in which the uterus is ruptured during parturition, an accident which almost always involves the life of the fœtus, and most generally, also, that of the parent. These cases confer a greater degree of responsibility on the practitioner than what arises from the Cæsarian operation itself; for by it, when early resorted to, the fœtus must very generally be saved; and of late years, it would seem by the periodical press, that on the Continent, in most instances, the life of the mother has also been preserved.

From the indifference with which that illiberal and intolerant junto, the College of Physicians of London, as well as some other physicians and mechanics of the profession, have affected to treat, not only midwifery, but those even who practise the art, I would not be surprised if, among my auditors, there might be some who, in imitation of a late celebrated professor, in a northern university, may think the art so simple, that the study of it is fit only for fools or illiterate old women; or who, like Sir Anthony Oyster, of recent stultiloquence, think, that the practice of it by men should altogether be relinquished, on the score of immorality. But, in consideration of the formidable nature of such accidents, and that their victims constitute the most interesting portion of the community, I trust you will study this department of your profession with that integrity which should distinguish men whose future lives are to

be consecrated to the cause of humanity, and that you will not suffer the babbling of fools to influence your better reason; or the dictates of envy and malice to guide your actions. I think I hear some one say, that such cases are of rare occurrence! Yes, truly, because the sympathy of relatives for the deceased is often an insuperable barrier to dissection, and the grave can tell no tales! But allowing that accidents of this nature do not happen above once in 2000 labours, or once in the whole course of a long and extensive practice, might not this solitary instance, if mismanaged, be followed by the loss of practice, and lasting disgrace to the medical attendant; or, if the efforts of the practitioner were crowned with success, what solace would it not afford to a circle of relations and friends?

Although this accident must have occasionally happened from a very remote period, yet we do not find any observations in the writings of the ancients which would lead us to infer that it was known to them. Albucasis, in his chapter *de Extractione Fatus mortui*, certainly relates a case, where, after the death, and retention of the fœtus in the abdomen, the woman again conceived, and, after a considerable interval, fœtal bones, and a considerable quantity of matter, were discharged at the umbilicus. Albucasis does not appear to have been aware of all the circumstances of this case, though, as you will soon be better able to understand, it was probably an example of the accident under consideration. To the French accoucheurs of the 15th century, however, the merit is due of having enlightened the profession on this subject; and, since that period, the accident has been frequently recognised by practitioners of other countries.

Laceration of the uterus has been met with in the early months of pregnancy, oftener, however, in the latter months, but more frequently still during parturition, from the commencement of uterine dilatation until the last moment of the expulsion of the fœtus. In the *Gazette de Santé*, for March 1824, a case is recorded, where a woman, ætat. 33, in the fourth month of her fifth pregnancy, had her uterus ruptured

No. 267.

D

from a fit of passion, and subsequent violent exertion; she died of hæmorrhage fourteen hours after the accident was supposed to have happened.

Malformation and narrowness of the pelvis, contraction of the vagina from callus or cicatrix, and enlargement of the cranium from disease or overgrowth, are the causes which usually predispose to this accident. The exciting causes are not so numerous as they were at one time supposed to be; extraordinary motion of the fœtus, external violence, the injudicious use of instruments, and violent uterine action, have been mentioned. In regard to the first of the latter class of causes, I am not acquainted with any case, either from the literature of the profession, or from any other source, in which rupture of the uterus could be ascribed to the struggles of the fœtus; and as to the second, although I know of several examples, both from my own and from the practice of others, where women, near the full time, suffered severe external injuries, yet the uterus was not lacerated. One of the most extraordinary I have read of, is detailed in the 12th vol., Lond. Med. Chirurg. Trans., where a woman, in the last month of pregnancy, was run over by a stage coach, to which accident she fell a victim in twenty minutes. In a quarter of an hour after life was extinct, the abdominal cavity was opened to save the fœtus. It was then discovered, that although the liver had been rent through the centre by the crush of the wheels of the coach, yet that the uterus was uninjured by the accident. On the 14th of April, 1822, I was called to a woman who, while in the last month of pregnancy, received from her husband so severe a kick upon the centre of the abdomen, as to cause a separation of about one-third of the placenta from the uterus, and consequent death of the fœtus. On the third day after this injury, the woman died of inflammation of the abdomen, and, on dissection, we could not discover the slightest lesion of the uterus. In the summer of 1820, a young gentleman, at that time attending my lectures, delivered a woman, who, between the beginning of the eighth and termination of the ninth month of pregnancy, tumbled down a long staircase three times, yet she went on to the full term, and was delivered of a stout living child. By adducing these important cases, I do not mean to deny the possibility of the uterus being lacerated by external injuries, but merely, that the accident rarely happens from this cause. In the 49th vol. of the *Dict. des Scien. Med.*, p. 235, there is a case related where a woman, in the seventh month of gestation, had the uterus ruptured, from having been squeezed between a carriage and a wall. In the same volume of that work, and in

Hull's defence of the Cæsarian section, there are cases related, in which the abdominal and uterine parietes were torn by the horns of outrageous animals.

If you will call to remembrance the observations which were offered at an early period of the course, in speaking of the structure and condition of the gravid uterus, you will readily understand how this organ escapes unhurt, where females have been exposed to severe injury. During the whole of pregnancy the uterus is not tense, but appears quite relaxed, which, with its plastic structure, enables it to yield when violent pressure is exerted upon the abdomen, whereby it is less liable to injury than if it were in a state of complete distention. The uterus and fœtus are still further protected externally by the abdominal parietes; and, internally, by the counter-pressure of the membranes of the ovum and *liquor amnii*, which latter is nearly incompressible, and therefore admirably calculated to defend the fœtus from violence.

As to rupture of the uterus from the injudicious application of instruments, this may very possibly arise when a practitioner persists in the introduction of forceps into a pelvis, where the brim is scarcely capacious enough to receive even the head. I am happy to say, however, that I know of only one instance of the kind, which occurred nine or ten years ago, and that, too, under circumstances so unwarrantable and disgraceful, that it would almost be desirable to see, in print, the name of the rash practitioner. The circumstances were the following:—An experienced accoucheur was requested to attend a poor woman in labour, whose pelvis was ascertained to be too narrow to admit the transit of a living fœtus. He retired from the bed side to make arrangements for using the perforator and crotchet. While thus engaged, another practitioner called, who, *sans cérémonie*, proceeded to apply forceps; and, after having been once or twice foiled, he at last succeeded in extracting a still-born fœtus, whose head was so much crushed, that one eye was squeezed out of its socket, and the mother escaped with a rent in the cervix uteri, vagina, and perineum. She was so rudely treated, that a person who saw her soon after in a public institution, said that they had made minced meat of her.

By far the most frequent cause of laceration of the uterus is violent action of the organ itself, which may be induced, first, by premature rupture of the membranes; and, secondly, by disproportion between the fœtus and the pelvis, i. e. the fœtus may be large, and the pelvis below the natural standard, or actually deformed. When the action of the uterus becomes preternatural, that of the abdominal muscles is excited

by consent, whereby the accident is hurried on. You can easily understand how either of these causes leads to this injury. When the membranes of the ovum are prematurely burst, the *liquor amnii* escapes, and therefore the foetal head comes into immediate contact with the uterus, which, as it is now pressed between two bodies firmer than itself, must sooner or later give way where this pressure is most exerted, or where the uterus is weakest.

When parturition has been much protracted, and the uterus long pressed between the head and an exostosis, or the brim of a contracted pelvis, inflammation and ulceration of the peritoneal surface of the uterus may ensue, and terminate in rupture of this organ. When the accident happens from violent and long-continued action of the uterus, such cases have been styled spontaneous laceration, but as this term must lead to an idea that the uterus may be injured without cause, it should be exploded.

My own experience in this accident is limited, and has been acquired where laceration arose from the cause which I have just discussed. On the 21st of Nov., 1824, I was requested, by my friend Mr. Scott, of Broughton, to see a patient he was then attending; she was thirty-six years of age, the mother of several children, and had suffered little in her former confinements. Her labour, on this occasion, commenced about eight or nine at night; uterine action was moderate, and suddenly, between one and two, her bearing-down efforts almost entirely ceased. I saw her at three in the morning, and found her with a rapid, indistinct pulse, an anxious appearance of countenance, excruciating pain in the abdomen, on the least pressure, and a slight oozing of blood *per vaginam*. In this condition, Mr. Scott and myself thought it imperative on us to deliver the woman immediately. Though the head had not entered the brim of the pelvis, a lengthened pair of forceps were applied in a few minutes, but the head, after a cautious trial with the instrument for about half an hour, could not be brought down, and at last it slipped. The perforator was then pushed through the cranium, when a considerable quantity of fluid escaped, which led us to a knowledge of the true nature of the case: the fetus was immediately brought along, and an extensive breach was discovered in the posterior part of the *cervix uteri*, extending upwards into the body of the uterus, as far as the fingers could reach. Dr. Duncan, jun., obligingly visited the patient, when she laboured under very formidable symptoms, such as black vomiting, &c., but she ultimately recovered. The foregoing case taught me—first, that the uterus may be

ruptured when its action has been neither severe nor protracted; secondly, that when the cranium fills the brim, there will be no great hemorrhage; and thirdly, that unless the laceration be in the body of the uterus, its action will not cease entirely.

The next case I am to speak of is one of which the particulars were communicated to me by a Gentleman who saw the patient when she was in *articulo mortis*, and who afterwards witnessed the dissection of the body. In this, as in the case last narrated, the head of the fetus was hydrocephalic, and there was an exostosis on one of the pelvic bones. Labour had been suffered to continue for many hours; the patient died undelivered, and without an attempt to extract the fetus; and, on dissection, several rents had been found in the uterus—an extensive one in its body, through which the whole of the fetus, except the head, protruded among the intestines. This rough sketch, which I traced with the pen, the day on which the Gentleman who communicated the case to me witnessed the dissection, will afford you some idea of the different lacerations, and their situation in the uterus.

The last case of which I am to give you an outline, is one which occurred on the 14th of January last, in the hands of the pupils of a contemporary teacher. It was the woman's third confinement; she was about thirty-three hours in labour, and died undelivered, without any one but mere students seeing her, and, consequently, without an attempt to extract the fetus, although, from the accounts I received, she must have lived for nine hours almost after the accident. I knew nothing of the case until the friends came to my Dispensary to request that I would come to open the body. Dr. Knox and Mr. Lizars, with pupils belonging to each of us, were present. The examination of the body, which was conducted by Mr. Lizars, was most interesting. The rent was very extensive, situated in the fore part of the body of the uterus, and permitted almost the whole of the body of a pretty large male fetus to pass through it; the fundus uteri was well contracted. The head was firmly fixed in the brim of a narrow pelvis. The casts which I now exhibit to you were, at different stages of the dissection, taken by Mr. Lizars from the body of this poor woman. The position of the fetus was exactly the same as that represented in the beautiful plate published by the amiable Denman in 1815, but the rent was differently situated.

What would that canting old hypocrite Sir Anthony Oyster, what would the intolerant fellows of the London College of Physicians, say to these two cases? Would they withdraw their ungenerous opposition

to this branch of the art of healing being placed upon the same footing with physic, or any of the other departments, and acknowledge that it was full time the legislature should enact such laws as would compel candidates for public favour to prove, by examination before competent judges, that they were worthy of being trusted with the lives of their fellow creatures, in situations of all others the most responsible? If a man is transported beyond seas for the whole period of his natural life, for committing a rash act during a moment of irritation, or in self defence, what punishment should be awarded against men who, in their sober judgment, suffer their fellow creatures to die without an attempt to render proper assistance. The courts of law in England have long been accustomed to award damages against members of the medical profession for a variety of delinquencies; and I must say, that if a similar course were adopted here, it would add to the respectability of our members, and the happiness of the community. The law, in so far as it regards the medical profession, however, is, in some respects, remarkable only for its inconsistency; for you may experiment upon the living with impunity, but to touch the dead is felony. (A laugh.)

That celebrated mechanical teacher of midwifery in London, Dr. D. D. Davis, who has invented such a number of instruments, that the collection in Dr. Slop's green bag, must have been trifling in comparison to them, (a laugh,) has with them promulgated a piece of information, which, in my humble opinion, must tend to render the subject of this Lecture one of more frequent occurrence; and the same sentiments, or something of similar tendency, have been echoed by the Edinburgh Medical and Surgical Journal. Dr. Davis says, that "*by means of artificial subjects, both maternal and foetal,*" of which you have before you an exact representation, "*he has been enabled, for some years, effectually to teach his pupils the dry or pure mechanics of the art.*" In the Number for October, 1825, of the Journal referred to, page 395, there is the following passage:—"Too much time, we conceive, is employed by students in attending common midwifery cases." On passages, so absurd in themselves, and so dangerous in their tendency, I will not now comment, having done so already in the proper place. In reference to the latter passage, however, I must observe, that Dr. Duncan, junior, who, until the last year or two, was editor of the Edinburgh Medical and Surgical Journal, and whose opinions justly have great weight with the profession, always in any conversation which I have had with him, strongly impressed on me the necessity of affording as many opportunities of practice as possi-

ble to my pupils. I am, therefore, bound to believe, whether the article containing the passage in question, was published while the Journal was under the management of Dr. Duncan, or since it has fallen into the hands of the respectable individuals who at present conduct it, that those sentiments must have escaped their notice in the hurry of publication, or that they would never otherwise have been inserted.

Besides the causes which have been discussed, incautious management during the version of the fœtus, and, according to M. Capuron, schirrosis of the *cervix uteri*, may lead to rupture of this organ. I can easily believe this, but I have no knowledge of such cases.

The rent may be seated in any part of the uterus, from its aperture to its fundus, and it may take an oblique or transverse direction. Most generally, the injury is situated in the back part of this organ, at that point which, during parturition, is liable to be in contact with the promontory of the sacrum. Laceration in the anterior is less frequent than in the posterior parietes of the uterus; but whether it happens in the one or the other, it generally has a transverse direction.

The symptoms may be divided into premonitory and concomitant. It is of the first moment to remember both, because it is by early and active interference only, that any good can be done. By attentively watching the first class of phenomena, you may often prevent the occurrence of the accident altogether. In every case where you are requested to attend a patient, you should take an opportunity of ascertaining the nature of her previous labours, if she has had children; and if you find that she has suffered much, that the crotchets has been required, or that she has given birth to still born children, you should watch her with more than usual diligence; you should also do so where the pains continue very powerful, without advancing the presentation, even after the *os uteri* is fully dilated, where there are scarcely any intervals of ease between them, when they seem as if centred in one particular part, as the sacrum or pubes, and where there is a sensation of cramp in the abdomen between the pains; and, lastly, where there is great restlessness, flushing of the countenance, and rapidity of the pulse.

You are not always, however, to expect these precursors, for the accident has happened, not only where the patient was not long in labour, but where even uterine action was not remarkably strong, as in the case in which Mr. Scott and myself were concerned. We can speak with far greater confidence of the concomitant symptoms, or those which denote the presence of the

accident. Whenever it happens, a feeling is conveyed to the mother of something having given way within her; so obvious, indeed, is this sensation, that in some instances, not only the sufferer, but the medical attendant even, have been said to have heard a noise when the uterus was lacerated; the woman experiences excruciating pain in the injured part; and if the lesion be in the body of the uterus, the pains will cease, but if in the cervix, labour will continue in a very partial degree; blood oozes *per vaginam* in profuse or limited quantity, according to the proximity of the rent to the placenta, and the extent to which the brim of the pelvis is occupied by the head; except when the *cranium* is wedged, the presentation recedes; the countenance is pale, anxious, and displays a peculiarity of aspect which no one who has once witnessed it, can mistake in a future case; a vomiting of dark-coloured fluid follows, with convulsions and syncope, which, when the hæmorrhage is profuse, soon proves destructive to life. When the peritoneal coat of the uterus is torn, the blood flows into the abdomen, and very little *per vaginam*, and, as already noticed, the external effusion will also be limited, when the head is fixed in the brim. If you place the hand upon the abdomen, the patient will complain of great tenderness; and when the *fœtus* has been forced in among the intestines, you will be able to trace distinctly its limbs, and all its other more prominent parts.

Our prognosis, in every case of this kind, must be guarded, and more especially if much time have been suffered to elapse before proper assistance has been afforded to the patient. Profuse discharges of blood *per vaginam*, the escape of the *fœtus* from the uterine into the abdominal cavity, the total cessation of uterine action, indicating the laceration to be in the body of the uterus, protrusion of a portion of intestine into the uterus, black vomiting, convulsions, and syncope, should be viewed in the most unfavourable light. A more favourable opinion may be delivered when the patient has been early and scientifically treated after the accident, when uterine action is present, though but in a trivial degree, and when the pulse is little affected. In some instances, the patient sinks in two or three hours after the accident, while there are other cases in which they have been known to live for several weeks. When the case terminates favourably, recovery is generally attended by a lingering convalescence. The fatal event may be ascribed to a variety of causes,—as hæmorrhage, inflammation of the peritoneum from laceration, or from the effusion of blood, or *liquor amnii*, into its sac; protrusion and strangulation of a portion of intestine, and the total escape of

the *fœtus* into the abdominal cavity, where, in some instances, it has been known to continue for many years, with little inconvenience to the patient; but whence, more frequently, it is discharged by extensive abscesses, which evacuate their contents, at different points, through the abdominal parietes, *per vaginam* or *rectum*. Of such cases you will find some published, by several of our own countrymen, in the Edinburgh Medical Commentary, Edinburgh Medical Essays, and in a very interesting pamphlet, published in 1810, on *Retroversio Uteri*, by Dr. Merriman, of London. Similar cases have also been recorded by Astruc, Bartholinus, Littre, and others. Death, from the protrusion of a fold of intestine into the uterus, has been less frequent. One fatal case has been related by the distinguished Baudelocque; and a most extraordinary one, in which the patient recovered, by Dr. M'Reever, of Dublin, in a very useful little work published by that gentleman in 1814. In this instance, a stout young woman had the uterus ruptured during severe labour, which continued thirty hours, and nearly four feet of intestine protruded into the vagina, and sloughed off on the 6th day after the accident. For almost two years, the patient voided all the *fæces* through the breach in the uterus, *per vaginam*. At the conclusion of that period they took their natural course; eighteen months afterwards the woman conceived, and has since, at the full time, been safely delivered of a small female child. This last case proves what may be accomplished by an active practitioner, while it must, at the same time, convince you of the propriety of effecting the delivery of your patient, however unfavourable may be the condition in which you find her; for it is impossible to foretell the advantages which may arise to the parent from the extraction of the *fœtus*. You should strain every nerve to prevent a patient dying undelivered, for it creates a great uproar among the attendants, and others of the sex; and, under most circumstances, there are few, if any, practical errors that can more indelibly stain the character of the medical attendant.

In regard to the treatment, when symptoms are evolved which would lead you to apprehend rupture of the uterus, the action of this organ must be moderated, in order that the head may be more progressively moulded to the pelvis, or that an interval of ease may be procured, to enable the practitioner to adopt such measures as the case may require. This object you should endeavour to obtain by bleeding the patient to approaching syncope, and by exhibiting from 80 to 120 drops of the *tinct. opii*, according to the vigour of the sufferer. When these remedies have not been successful,

try the effects of intimidation, which, from its powerful influence over the uterus, may prove a valuable agent in diminishing the violence of its action. You may call out that you dread the bursting of a blood-vessel. When rupture has actually happened, let it ever be impressed on your minds, that nothing but early delivery can save the patient; and how this is to be effected, must now be determined. Should the uterus be lacerated during the version of the fetus, the delivery, by this method, must be persevered in. The same practice must also be pursued when the accident happens before the *os uteri* is sufficiently expanded to permit the use of forceps, provided the aperture is dilatable, and open to such extent, as to justify a practitioner in proceeding to introduce the hand. When the uterus is injured while the head is wedged in the pelvis, whether from disproportion, exostosis, or a tumour, the perforator must be used; but when the brim is sufficiently capacious to permit the head to pass, the short or long forceps must have the preference.

It is my firm impression, that in every instance where the uterine dilatation is adequate, and where the head presents, whether above or below the brim, that forceps, long or short, should be used, in preference to turning, as, by this last method, an extension of the rent is inevitable.

When the fetus completely passes from the uterine into the abdominal cavity, two modes of relief have been resorted to: first, to accomplish the delivery by the natural passage; and, secondly, by the section of the abdominal parietes, or gastrotomy, as it is termed. Let us now consider which of these merits the preference. In regard to the first, it is proper to state, that unless the accident has been attended by profuse hæmorrhage, the uterus, and consequently the rent, except it be in the cervix, will, in a few hours, contract so greatly, that the practitioner can neither introduce the hand through the *os tincæ*, nor the laceration, without some degree of force, and consequent extension of the latter opening. There are several well-authenticated cases, where the fetus, at the lapse of a considerable period even, had been brought through the breach into the uterus, and extracted *per vaginam*. In one of these, in which the late celebrated Dr. W. Hunter was concerned, the fetus had been allowed to remain among the abdominal viscera for three days before it was withdrawn. Mr. Goldion, in his pamphlet on this subject, relates a case where the fetus was not removed from the abdomen for twenty-four hours after the accident. As Dr. Hunter's patient lived for upwards of three weeks after her delivery, and then, as it was supposed, fell a victim

to her own imprudence—and as there are also several cases recorded, where the fetus continued in the abdominal cavity for many years with comparatively little inconvenience to the patient, who enjoyed good health, got rid of the retained fetus by suppuration, and ultimately recovered; or who, while the extra-uterine fetus was still retained, conceived several times—it has been recommended when the fetus has been ejected by the uterus into the cavity of the abdomen, to leave matters to nature. As to the practice of extracting the fetus by the natural passage when extra-uterine, I regret to say that it has been so unsuccessful, as completely to discourage us from attempting it, since every woman, in whom it was followed, whether late or early after the accident, has died. If there be any example recorded, where the fetus was extracted from among the viscera of the abdomen with ultimate success to the parent, I strongly suspect that the rent was not in the body, but in the cervix of the uterus, or upper part of the vagina, for these parts are not endowed with so much contractility as the body of the uterus, nor is laceration of them at all so dangerous to the patient. Professor James Hamilton of medicine and midwifery in this University, relates among his Select Cases, published in 1795, one, in which he says that he removed a fetus from among the abdominal viscera, and that the mother recovered. Now, I know that some weak-headed people are inclined to be a little sceptical regarding this case, because all others of the kind have been fatal; but this merely proves that every practitioner is not equally dexterous; and if the fetus were by any chance to burst into the urinary bladder, what would hinder the professor from extracting it *per urethram*, by means of Sir Astley Cooper's forceps? (A laugh!) To me, such a case would not appear half so extraordinary as another which the professor is accustomed to relate, where a woman, in the latter months of pregnancy, supported for a fortnight, the trifling loss of a large chamber-pot full of blood daily, and at last died. Secondly, although the fetus when ejected among the abdominal viscera has been, at some future period, successfully discharged from the living body by abscess, yet this fortunate termination would not justify us in leaving such a case to nature, since a far greater number of patients so circumstanced, have sunk under the most painful and protracted sufferings. And, lastly, in regard to those individuals who, we are informed, conceived during the retention of the fetus, your own good sense must teach you, that such cases are far too marvellous for belief.

Gastrotomy, the second mode of relief, from its near resemblance to the Cæsarian

operation, is a formidable expedient; yet it would seem that many women who submitted to it have had a complete recovery, even when it was performed at the lapse of many hours after the uterus had been lacerated. The first well-authenticated case in which it was successful, is to be found in the third volume of the *Journ. de Med.* for 1763; the fœtus was still born. You will find in the second volume of the *Pathol. Chirurg.*, the case of a woman who had been twice successfully operated on; the second time, the fœtus continued to live for half an hour after its extraction from among the viscera. In the second volume of the *Quarterly Journal of Foreign Med.*, there is a case in which the operation proved successful to the parent, although it had not been performed for twelve hours after the accident. And, in the first Number of the *Edinb. Journ. of Med. Science*, p. 118, there is a fifth operation, by which both mother and child were saved. From the result of gastrotomy in these five cases, or at least operations, when the extraction of the fœtus from among the abdominal viscera has not been attempted immediately after the accident, the preference must certainly be given to the section of the abdominal parietes; and the same practice must be adopted, when the fœtus is ejected among the intestines, before the uterine aperture is sufficiently dilated to receive the hand of the practitioner, with a view to the operation of turning. In a case where a considerable quantity of blood, or *liquor amnii*, has been effused into the cavity of the abdomen, gastrotomy, by affording an outlet to these matters, will be attended with further advantages to the patient. Once more let me remind you that when this operation is thought necessary, it must be performed with as little delay as possible.

Where, after the removal of the fœtus, a portion of intestine insinuates itself into the uterus, and where this organ has contracted so much that it cannot receive the hand to reduce the intestine, Pignatelli, the friend and favourite pupil of Ambrose Paré, recommended gastrotomy; and I think his recommendation must be acted on, for I see no other way by which, in such cases, the object of the practitioner can be attained. These, however, are desperate cases; and, generally, we may not be aware of the nature of the patient's complaint during life. Baudelocque relates a case, which, much to his credit, he does not believe himself, where one of his countrymen, three days after the accident, introduced his hand, armed with a bistoury, into the uterus, enlarged the rent, and reduced the intestine. But if any part of this statement be correct, the laceration must have been in the vagina, and not in *utero*. To prevent strangulation of the intestine by

the uterus, I would recommend that, after the delivery, the hand should be introduced and retained in this organ, until it is properly contracted.

Finally, as in a few females who recovered from rupture of the uterus, the like accident has recurred in their succeeding labour; it was first proposed in 1709, by Dr. Douglas of London, to extract the fœtus by the feet in the subsequent labours of such individuals, to prevent the action of the uterus being violently excited. This I conceive to be a wise measure, and one which has since been successfully followed by Dr. Douglas, and other gentlemen; but if the head be far advanced through the brim before we are called, or the pelvis narrow, this practice cannot be adopted.

ON THE

ORGANIC MATERIALITY OF THE MIND;

The Immateriality of the Soul, and the Non-identity of the Two.

By G. D. DERMOTT, Esq.

BEFORE I commence this subject, it must be fully understood, (and, in fact, in the course of reading it will be clearly seen,) that my sentiments do not at all tally with those of Drs. Gall and Spurzheim.

I feel completely convinced, that the cortical part of the substance of the brain is only subservient to the medullary part, inasmuch as the former is the seat of birth to certain qualities, which afterwards become diffused or circulated through the medullary part of the brain, and even nervous system, and in which their effects become perfectly developed; hence it is the medullary part of the brain to which my observations refer, and which possesses all the distinguishing living properties peculiar to the brain, as living brain.

I know that there are certain masses or portions of the brain, individually possessing their peculiar properties or functions; thus there is one particular portion of the brain which is the region of perception, another the region of thought, another for memory, and another for judgment; for, we take away the cerebrum, and we take away at once the perception, thought, and memory; we take away the cerebellum, (without the cerebrum,) and we take away the judgment; this is a fact fully established by M. Flourens and Professor Rolando, because these actions (*mental*, as they are com-

monly called,) are nothing else than the *organic functions* of these several parts of the brain, as it is the peculiar living or organic function of the stomach to digest; for, by taking away the latter, we take away the function of digestion, and we should simply produce this effect, if we could do it without producing injury to the nervous or vascular systems, or the system at large, by breaking the harmony which must be naturally existing between the functions of the different viscera to constitute a perfect body.

It is in vain to state, that what I have now ventured to affirm is untrue, upon the strength of an assumption founded upon ignorance and prejudice, and frequently made—that the mental properties are totally different from the known properties, and all established ideas of matter. For our ideas are founded upon our knowledge of *dead* or *inorganic* matter, to which, and theology, the divines, and every sensible man not connected with our profession, should confine their speculations. On the contrary, the knowledge and pursuits of the properties of organic matter, or animal life, is a knowledge of itself; organic life having properties so totally different from inorganic matter, that our ideas as to the nature of the former, must not be at all fashioned by those as to the nature of the latter; hence, what is demonstration to a physiologist, cannot be conceived to be clear demonstration to a divine, unless that divine has an elaborate and an unnecessary degree of insight into the nature of physiology: for instance, who would suppose *a priori*, judging merely from the properties of *dead* matter, that it could be the peculiar living property of the stomach to carry on the incomprehensible function of digestion; for the intestinal canal to be one of the chief means of making blood; for the arteries to be *living* tubes, and for these living tubes to be circulating a living fluid, to be producing equally incomprehensible effects on every part of the body; and again, for the nerves to be possessed with peculiar sensibilities and living powers, so beautifully shown by Bell and Magendie; and again, for the brain to be possessing the organic functions, which have hitherto been invariably denominated mental. If further proof were wanting, than the actual abstraction of the certain portions of the brain, as to the identity of function of certain parts of the brain, I might only observe, that the cerebral, or mental functions, are, by every person, seen to be as intimately associated with the system at large as the organic function of any other viscus. If we derange the stomach, the lungs may be sympathetically affected by the influence of the par vagum; if we derange the lungs, the stomach may be reversely affected; if we lessen the nervous energy of the system,

all the animal functions are correspondently debilitated; and if we unnaturally excite the sanguineous system, the animal functions are correspondently deranged. I need not say how much these effects are seen in the brain; now, by exciting the circulation in the brain, the nervous energy* of the brain is invigorated, i. e. its functions, or mental powers are quickened; if the velocity of the circulation be increased to a greater degree, then coma, or paralysis of the brain, will be produced by the mechanical pressure of the dilated vessels on the substance of the brain, or the effusion of serum: on the contrary, if the natural strength of the circulation is materially lessened, and along with that, as a necessary consequence, the energy of the nervous system, the arteries of the brain, along with all the other viscera, become proportionally weakened; the mind becomes imbecile, the necessary harmony between the functions of the different parts of the brain, probably becomes perverted; the thoughts falter with the tongue, nay, more, if animal depression still goes on, insaction supervenes, and the brain, as a component part of the animal system, becomes inactive, and syncope is succeeded by death: the mind is gone—gone with the power of digestion—with the power of chylicification—with the power of sanguification—with the power of respiration, &c., because the proximate cause was itself the organic action of the brain, and properties inherent in their different portions, as living parts.

But to take up the argument on fresh grounds, it is undoubtedly the peculiar living property of the nerves to feel, i. e. a property of organic matter; and by the distribution of which through the different parts of the body, every part is possessed with sensation, and carries on its just actions, and by which peculiar, living, material property existing in the nerves, all sensations and impressions are conveyed from the different parts of the body to the brain, this (which is a property of *matter* it must be understood) produces *perception* of the sensation—it *excites* the action of perception in some part of the brain; now this action of perception must be an *action of living matter*, to be produced by the sensation thus conveyed to the brain by the nerves, i. e. they must be both material, because material and spiritual things are so different and incompatible, that one would not be the direct effect of the other, or the two principles could not be so existing contemporarily, and in a coeval state of development, in the same viscus. The same may be said of thought, which is the immediate

* I call it nervous energy, or influence, for reasons I shall hereafter show.

sequence of perception, and, therefore, not immaterial; and the same may be said of memory, of judgment, and of all other mental operations, the sequences of the last mentioned. If we look, on the other hand, to comparative anatomy, there I have very considerable, and, I think, incontrovertible facts to support my doctrine. In the most perfect animals, where the senses are the most numerous and perfect, we have nerves extending between them and certain medullary portions in the lower part of the cerebrum; and so that there is a medullary mass of the brain corresponding to, and continuous with (through the medium of the medullary part of the nerves) an individual sense; and we have the intellectual part, or the higher part of the brain, corresponding in size, so as to be commensurate in its development with the understanding, and with the necessities for these senses thus numerous and perfect. This is the state of man, whose brain and mind* are most perfect. As we look through the inferior gradations, and as we are proceeding lower, we shall find that all, or most, of the senses become less perfect or less numerous; here the corresponding parts of the brain are less developed, or as the senses become fewer, so the corresponding parts to the senses in the brain will be necessarily fewer; in a ratio to these defects, the intellectual or mental part of the brain, as it may be termed, will be less in size, because there are fewer agents, or fewer senses, to excite the sensitive mass into action, and its operations are proportionately more limited, bearing a parity with the senses, and the necessities of the animal. In animals still lower, we may have a very imperfect system of nerves, and a correspondingly imperfect brain surrounding the top of the œsophagus, in the form of a large ganglion, but this is only commensurate with the comparative non-complexity in the frame of the animal at large, and its less necessitous condition. If we go still lower, we find the sensitive or nervous essence pervading the polypus, like so many granules or spots; nay, if we go still lower, we have a symptom of this essence existing in a modified state, in close association with the organization of the sensitive plant. But to review the statement that I have just made, for the purpose of showing that *all these animals have, more or less, a mind*.—The training of the dog, the breaking-in of the horse, and the laugh-

able feats of the elephant, are the education of these animals, and no system of education could possibly be carried into effect, without a mind to work upon, or in which that is to be inculcated. A man strikes a horse, he feels the pain produced by the impression of the whip on his back, that impression is conveyed from the part, through the medium of the nerves, to the brain; the impression begets perception, perception excites thought, thought excites memory; he recollects what he has been taught—the whip excites; his judgment then teaches him to direct an impulse, through the medium of the moving nerves, to the voluntary muscles, for the purpose of quickening his pace. A horse knows his way to his master's stable; this is by dint of memory, or, what is the same thing, by his education. But I will ask any philosopher or divine, can this elephant, this horse, this dog—nay, we will say, a spider, a lizard, a snake, or a cockle, be possessed with an *immortal soul*; and if so, (for we have undeniable proofs that all nature is imperfect, and, consequently, that animals partook of the fall of Adam along with man,)—forsooth, by parity of reasoning, if we consider God just, which he certainly is,—these should all have a bible—a revelation—ministers—religions—and a future state; but such an economy would be an unmerciful extravagance in the Creator, and would be derogatory to all the attributes of the Deity, as well as the dignity of man, who is asserted to be "*after his own image*." As such a principle as a soul is undeniably acknowledged—is it not, I would say, an absurdity to suppose, that the last-mentioned passage in scripture refers to any thing else? If a spiritual principle does exist, it must be totally different from matter, and incompatible with matter, in a certain sense; i. e. organic matter could not have its operations fully developed *cotemporally* with those of the immaterial principle, the soul, in the same frame, or we should necessarily know more of the exact properties of the soul, or the nature of spiritual things. As long as organic life continues, so long, I maintain, the soul must remain dormant; but, on the other hand, as soon as the life of the body ceases, so soon the soul enters into a state of development, or into a state of actual (I may say sensible) existence; because, as we are taught, it is intended for a spiritual world; material and spiritual things cannot be existing in a state of intimate association, because they must be as different in nature as two extremes can possibly be; and, consequently, their state of sensible co-existence would be incompatible, and their

* For there is no reason why the term mind may not be applied to the functional operations of the brain, taking them as a class of operations to distinguish them from the operations of digestion, chyliification, &c.

* For memory is only the accumulation of past thoughts, or past ideas.

union of function an impossibility; we know nothing of the spiritual world; let divines and philosophers say what they please, we only gather, and never shall gather any more, by researches into human knowledge, than that the works of nature are wonderful, and carried on by a concatenation of cause and effect, and that there must be a great and almighty first cause, or, in other words, an omnipotent creator,—a God. Man gathers his religion from other sources than the natural creation—the Bible and revelation, for faith is declared by our established church, to be the “foundation of our religion;” if the Bible is true—if revelation is true, as is acknowledged—if these are sent by the Almighty as our sources for religious information, and as means on which we are to place implicit dependence, it would be both unjust and irrational to seek out for sinister evidences, with the view of supporting the imagined deficiencies of the former; in short, although it is for man’s good to believe in the existence of a future spiritual world, and it would be daring folly in a person to deny it, because he cannot comprehend its nature, and impious, as well as ignorant, in the extreme, to treat such a thing with ridicule; yet he only knows the *existence* of such a thing upon the strength of the testimony of scripture, but we know nothing accurately as to the *nature* of a future state, nor have we any conception whatever as to the nature of spirits, nor can any human language convey to the mind any just idea as to their nature, or as to the properties with which they may be endowed, because our language is not calculated for a spiritual existence, but is appropriated precisely and solely to express our ideas of matter around us in this material world; and, therefore, I hold, as spirit and matter are so totally different, that even the widest extremes, or the most elaborate composition of our language, which refers to matter, should never be attempted to be used to express the *nature* of spiritual things, because we have neither language nor ideas so to do.

We do every thing from breeding and education, and without which there would be neither conscience or judgment; or, that is, a knowledge of knowing what is doing right, or what is doing wrong. For instance, suppose a man brought up in a barbarous state, and in a distant country, and supposing it were in accordance with the political and religious laws of that country, that a man, to prove himself valiant and virtuous, (for virtue, according to the notions of barbarians, consists of brutal courage,) should of necessity perpetrate a certain number of murders, and should be in possession of the heads of his victims, as trophies to testify his having consummated

the commands held out by the doctrines of his barbarous religion; this man, till having performed these duties, will feel an inward dictation, from the knowledge of the known tenets of his religion, that he had not performed those things which rendered him, in the eyes of his surrounding fellow-barbarians, equal in virtue to most of the rest of them; or he would, perhaps, be regarded in an immoral point of view by his fellow-countrymen, more especially if he had not acted with his wonted bravery when certain opportunities offered; he would feel degraded, restless, unhappy; or, more decidedly speaking, his *conscience* (fashioned by his barbarous birth and education,) would condemn him till he had fulfilled those duties. But, on the other hand, we, bred in a civilized and Christian nation, have our ideas of right and wrong—our judgment—that is to say, our *conscience*—fashioned altogether by the train of thinking our minds have been subject to in the course of this religious Christian education,—we take the doctrines of our religion as a scale—as a means of judging between right and wrong—of determining the duties that ought to be performed by man; and the comparative merit which each man has for scrupulously adhering to the principles which have been taught him for the reputation of his character, and the comparative demerits also of others. We condemn a man for murder; but supposing a people existing possessed with such a religion as the one first alluded to—they would condemn a man for perpetrating no murder, and both might be considered, (belonging to these two very different nations,) under these different circumstances of birth and education, equally guilty; both might feel *equally condemned in their minds*, and both might have entailed upon them, by the sentence of the laws of the two nations, a great punishment, in consequence of their supposed immorality.

I only wish to prove, by the above-mentioned supposition, that *conscience* is *totally a relative term*, a sensibility of the mind, an impulse dictatory to the mind, as to what is right and what is wrong; which inward monitor is only the production of an accumulation of knowledge or known facts and doctrines, or entirely the effect of education: in fine, conscience is knowledge—knowledge is conscience. Conceive a man separated from the world altogether from the very moment of his birth, that he had a communication with no human being, that it was possible for him to be brought up and fed abstractedly from the world,—that man would have no more knowledge, no more language, no more conscience, than a beast: he would naturally, but unconsciously, possess all the

powers of a man, but which powers had not been brought into action: "it is education that forms the mind," or, what is nearly the same thing, calls it into action.

There is one more observation I would make, before I close this paper, as to the constitutional or original capacity of men to attain different degrees of knowledge and mental excellence. I maintain, that all men's brains are not born alike, any more than their hands, their feet, or other organs; i. e. as there are "constitutional peculiarities" in men, speaking of their bodies in a general manner, so there are functional peculiarities of particular parts;—one man's stomach may naturally digest better than another's; one man's liver may produce a greater secretion of bile than another's—one man's kidney may secrete a greater quantity of water than another's; one man's circulation may be naturally quicker than another's; some men's nervous sensibility may be more acute than other's;—and some men's (for I believe that they are but one living principle under different modifications,) cerebral sensibility is greater than that of others. In other words—the powers of the mind, (the brain,) are greater; one man, where the animal functions are carried on constitutionally slow, shall, perhaps, naturally have a dull perception, and a slow succession of thoughts, indicated by a slowness of animal action, his thoughts never rising above the bounds of mediocrity, or scarcely equalling them; another man shall naturally have his functions carried on with a much greater celerity—he shall be quick in his perception, shall be the subject of a rapid succession of thoughts, much more numerous, and much more vigorous in their creation, than in the preceding case; in fact, the brain shall carry on its functions with twice the vigour, which shall open to the mind a boundless imagery, and which may be accompanied by the finest and most effective figures of speech.

I believe, then, that although all men's minds, or methods of thinking, are fashioned by education, and communication with people around them; yet there are differences existing as to the natural powers of mind. Thus, I believe that Sir Isaac Newton might have had originally, previous to his receiving any degree of education, a mind more adapted for the prosecution of his elaborate philosophical researches, than an ignorant clown who follows the plough. I believe also, that different degrees of intellect are observed in all classes, from the highest rank in society down to the lowest.

FOREIGN DEPARTMENT.

ON BRONCHIAL VESSELS IN THE FŒTUS OF MAMMALIA AND BIRDS.

IN Oken's *Isis* for 1827 and 1828, and in *Meckel's Archiv*. for 1827, there is a description of bronchial vessels which have been discovered in the fœtus of birds and mammalia. We give a detailed account of this discovery, which will be the more interesting, as, in many respects, it confirms the ideas of M. Kilian with regard to fœtal circulation, (vide No. 262 of THE LANCET.) It is, at the same time, another remarkable proof of the ingenious theory, that the embryo of higher animals, during its development, goes through the type of those formations which form the anatomical character of the lower animals.

Malpighi first observed, that the aorta in the incubated egg, divides into three branches, which afterwards unite again, and then represent the aorta descendens. This was confirmed by Bojanus and Pander. Rathke, of Dantzic, and Professor Huschke, of Iena, discovered, that from the third to the seventh day of incubation, on each side of the neck three fissures are visible, which lead into the œsophagus, and thus exactly correspond to the bronchial apertures in fishes. The highest is the largest, and the lowest is the smallest of the three. The gelatinous masses between them are to be considered as bronchial arches, and it is very probable, that the uppermost is the rudiment of the lower jaw, and the lowest that of the os hyoides. It appears further, from the observations of MM. Huschke and Rathke, that instead of the three branches formed by Malpighi, the aorta sends a branch to each of the lateral apertures, so that there are altogether six vessels going from the aorta. On the 4th day, the highest bronchial artery divides into two branches, one anteriorly, which is the future carotid, the other posteriorly, which anastomoses with the next bronchial vessel. This and the third bronchial artery also anastomose, and the union of all three with those of the other side, form the trunk of the aorta descendens. No other ramifications seem to take place from the bronchial vessels. On the 5th and 6th day the bronchial apertures begin to contract, and, at the same time, the vessels undergo some very important changes. The third bronchial artery of the left side, which from the beginning was the smallest of all, disappears; that of the right side remains, but ceases to anastomose with the middle bronchial artery, and becomes the future right pulmonary artery, the left being formed by the middle bron-

chial artery of the left side. The middle vessel of the right side loses its connexion with all the vessels, except with the aorta descendens, and thus forms the arcus aortæ. The highest bronchial arteries cease to communicate with the middle branches, and become the future innominata. During this metamorphosis, the trunk of the aorta ascendens is gradually shortened; the left middle and right third bronchial arteries thus approach more and more to each other, and, lastly, having united completely, form the trunk of the pulmonary artery; the innominata (originally the highest bronchial arteries) also approach gradually, till they at last become branches of the arcus aortæ, formerly the right middle bronchial artery. Thus, according to these discoveries, the whole arterial metamorphosis corresponds exactly with that visible in several amphibia, especially in the Batrachii. The observations on the incubated egg were followed up by the examination of the fetal pig at a very early period, and the fissures at the side of the neck were distinctly seen, as from the similarity which obtains between the arterial arrangement of the principal arteries in birds and mammalia, might have been anticipated. The only difference seems to exist with regard to situation, as, in birds, the aorta descendens lies on the right side of the œsophagus, and in mammalia on the left; in the latter, the middle left bronchial artery will consequently represent that of the right side in birds. The ductus arteriosus in mammalia, is the remains of the anastomosis between the middle and third bronchial arteries of the left side; in birds, it is the same on the right side. The accessory ductus arteriosus in birds, is, originally, the anastomosis of the bronchial trunk behind the œsophagus. After the 7th day, every trace of the bronchial fissures has disappeared.

In Meckel's Archiv. of 1827, Professor Baer, of Königsberg, makes some very interesting remarks on the bronchial vessels in the fetus of birds and mammalia.

At the earliest periods, no bronchial apertures are found in the human fetus; they do not appear before the fifth or sixth week. At this time there are three fissures which lead into the œsophagus, and which cannot be discovered externally; they become, however, very distinct, if the lateral portion of the neck, viz., that part of it which lays before the first aperture, and which covers it and the others, is lifted up and drawn towards the head. They are, also, very well seen, if the œsophagus is opened. It seems, even, as if there were five apertures, but not at the same time. Each of the bronchial vessels sends a branch to form the aorta descendens. In the incubated egg, on the third day of incubation, four vascular

arches are visible on each side, which anteriorly come from the bulbus aortæ, and posteriorly compose the aorta descendens. These vascular arches are gradually formed; the highest begins to appear about the middle of the second day. On the commencement of the third day, the fourth bronchial arch is very small, at the same time the fissures between the arches become very distinct; that above the highest bronchial arch is the exit of the œsophagus. The *mestus auditorius externus* is formed on the 5th and 6th days, and has no communication with any of the fissures. During the 3d and 4th days, the bronchial apertures enlarge more and more; the highest vascular arch, from which at this time the carotid has arisen, begins to disappear, and is, lastly, obliterated entirely, and the carotid is supplied with blood from the next bronchial vessels. After the complete disappearance of the highest arch, a fifth is formed under the fourth. The second bronchial aperture begins also to decrease, and is, on the fifth day, closed by the increased deposition of gelatinous matter, while the third and fourth enlarge more and more. From the end of the fifth day, the other fissures become also gradually filled up by organised matter, and, at the same time, a very remarkable metamorphosis takes place in the heart and the bulbus aortæ. In the former, which, until this period, was a simple cavity, the septum is forming, by means of which the blood is more and more divided; in this manner a double current of blood begins to take place, till at last, instead of the single vessel, which existed hitherto, two separate canals are formed, which represent the aorta and the trunk of the pulmonary artery; at the same time the bronchial fissures are closed the vascular arches are shortened, and gradually retract into the thoracic cavity. After the complete obliteration of the two highest bronchial vessels on the fifth day, three vascular arches are left on each side. The blood, the current of which is perfectly divided at this period, is distributed in the following manner:—from the right cavity of the heart it passes into the lowest bronchial vessel of each side, and into the middle artery of the left side; the blood of the left cavity goes into the highest bronchial vessel of each side, and into the middle artery of the right side. The lowest bronchial artery of the left side being gradually obliterated, and the blood of the right cavity is carried into the lowest artery of the right, and the middle artery of the left side, the latter of which was originally the fourth. This direction of the blood, it appears, is formed entirely on the changes which the heart undergoes in anatomical arrangement, and on a sort of rotation in its different parts.

The further development of the arteries corresponds exactly with the description given by MM. Huschke and Rathke. Repeated examinations of the fœtal pig and dog, as well as of the human fœtus, have convinced Professor Baer, that in the fœtus of mammalia, the process of arterial metamorphosis takes place in the manner as observed in the incubated egg.

UTERINE HÆMORRHAGE.

The introduction of the hand into the uterus is a very general practice in those cases of uterine hæmorrhage which occur soon after delivery, and depend principally on a complete atony of the uterine fibres; it is but too well known how often our purpose of exciting contraction fails, and in how short a time the patient, in spite of all our endeavours, will sink under the effects of depletion. In such alarming cases, Ploveret first recommended pressure on the abdominal aorta through the parietes of the uterus, or by pressing on the belly; we think that the following cases will impress our readers with a favourable opinion of the practice.

Dr. Eichelberger was called to a lady who had been attacked very soon after delivery with profuse hæmorrhage; he found her almost swimming in blood, with a pallid face, cold sweat, senseless, and in convulsions; the pulse could not be felt, the extremities were cold, &c. Cloths dipped in cold water had been applied to the belly, but without any effect. Dr. Eichelberger introduced his hand into the uterus, and with his fingers compressed the aorta, the pulsation of which was very distinctly felt. The hæmorrhage was instantly stopped, but the uterus showed no disposition to contract. The hand was accordingly retained in its position, and tincture of opium and cinnamon given internally. After an hour the uterus began to contract, and the hand could be safely removed. Dr. Eichelberger followed the same practice in two other cases of alarming hæmorrhage, and found it equally successful. The relaxation of the uterus was so great, that the hand could be easily moved towards any part of the abdomen, and the rolling of the intestines could be distinctly felt.

Another case of uterine hæmorrhage, where compression of the aorta was employed with success, occurred in the obstetrical clinic of Berlin, under Von Siebold's superintendence. The child had been turned, and delivery had been very difficult; after the removal of the placenta, a most alarming hæmorrhage took place; cold water to the belly, injections of water and vinegar, the internal use of ether, tincture of cinnamon, and phosphoric acid, had been employed without any effect, and the pa-

tient was evidently very near her dissolution, when one of the assistants began to compress the abdominal aorta by external pressure on the abdomen. The hæmorrhage was staid almost instantly, and the patient very slowly recovered.—(*Vide Siebold's Journ., Geburtshuelfe, &c.*)

REMARKABLE CASE OF POISONING WITH BELLADONNA.

A man, forty-six years of age, swallowed by mistake forty-four grains of the powder of belladonna; an hour afterwards he was attacked with violent headach, especially over the orbits; the eyes became of a red colour, which quickly extended over the face, and at last over the body, so that within a few minutes the whole skin exhibited an intense uniform redness, such as is observed in scarlet-fever; at the same time the patient felt violent pain and heat in the throat, and along the œsophagus, and, on examination, the fauces were found strongly inflamed. These symptoms were accompanied by a very painful irritation of the urinary passages, especially of the neck of the bladder, with a constant but fruitless desire of making water. Copious bleeding, emollient clysters, fomentations on the belly, and twenty-five leeches to the hypogastrium, relieved the patient in some degree, and within twenty-four hours he was perfectly recovered.—(*Nouv. Biblioth. Méd.*)

REGENERATION OF THE TEETH AFTER CARIES OF THE UPPER JAW-BONE.

A boy, eleven years old, was, after the suppression of tinea, affected with a painful swelling of the upper jaw-bone of the right side; the teeth became loose, and numerous abscesses formed, through which a probe could be passed into the antrum. The right nasal cavity was compressed by the swelling of the bone, and the eye forcibly pushed upwards. The canine and first molar teeth being extracted, and an abscess at the internal angle of the eye opened, there was an abundant purulent discharge, which was followed by the exfoliation of the os unguis, and of part of the processus nasalis maxill. superior; the abscesses in the gums discharged also osseous fragments. In this manner seventy-two pieces of bone were exfoliated; their total weight was 126 grains, and they consisted of the alveolar process; the anterior and external paries, and the nasal process of the upper jaw-bone; the os unguis, and the nasal bone of the right side. After four months, the ulcerations began to heal; the patient's general health improved; the swelling of the face subsided, and the eye regained its natural position; in this state he remained for eight months, when he was again attacked with pain in the pos-

terior part of the alveolar process, and with swelling of the gums; after an incision in the latter, the pain diminished; no pus was found; but within a few days, three molar teeth were protruded; and two months afterwards, another appeared. Since that time the patient has enjoyed very good health; no more teeth have been formed, but the new ones have remained in good condition.—(*Graefe u. Walther's Journ.*)

CASE OF GALACTORRHEA AND ANOMALOUS MENSTRUATION.

A female, who, with the exception of some tendency of the blood towards the head, had always enjoyed good health, married in her fourteenth year; the menses appeared a year afterwards, and returned regularly, but were always accompanied by violent pains in the belly. In her sixteenth year, she became pregnant; the menses, however, continued until after the second month, when they ceased; but, in the seventh month, reappeared. Her labour was very easy, and there was an abundant secretion of milk. Two months after delivery, she again menstruated; at this time she was attacked with illness, induced by violent mental emotion, from which she recovered after the occurrence of bleeding from the nails and the gums. During this illness, however, she suckled the child, and continued to do so for two years, during which time the menses flowed regularly. After she had weaned it, a real galactorrhœa began; the breasts continually secreted milk, which was abundantly discharged by day and night. Her general health did not seem to be affected, and the menses continued regular. In this state she remained for six years, having, in order to get rid of her burden, constantly suckled several infants. A practitioner, to whom she applied at this period; bled her very freely from the arms and feet; the flux of the milk was almost immediately arrested; but, in its stead, blood began to be discharged from the breasts, with violent pains extending to the shoulder and neck, and increasing if the bleeding only ceased for a short time. The blood was very dark-coloured, thin and fetid; it flowed almost continually, day and night, as the milk had done. The menses, which remained regular, had no effect on its quality and quantity, and her general health was unimpaired.

When Dr. Jacobson, who relates the case, saw the patient, she looked very healthy, and even plethoric; the breasts had, since the time when the galactorrhœa ceased, considerably diminished in size; they were soft, and without any sign of inflammation, but so extremely sensible, that they could hardly bear the pressure of the clothes; the nipples were well formed and

indolent; the quantity of blood discharged daily was from three to eight drachms; it could not be squeezed out of the mamme, the pains in which were almost intolerable, and, whenever the discharge of the blood ceased, or the weather changed, increased to such a degree, as totally to deprive the patient of rest; the pulse was slow and soft, the skin dry, and the bowels regular. Menstruation, which had always regularly appeared, having now, for the first time, failed to do so, violent congestions in the head ensued, followed by hæmoptœ and hæmatemesis, with vertigo, and painful tension in the pelvis. Cooling medicines relieved these symptoms, but did not prevent their recurrence. Leeches to the labia pudendi, and bleeding from the feet; semicupia and foot-baths; digitalis, prussic acid, and aperients, were employed without any effect; and not only during the menstrual period the hæmatemesis and hæmoptœ regularly continue, but they also occur on the least affection of the mind. From these hæmorrhages, the patient always very rapidly recovers, and her general health does not seem to have suffered from them.—(*J. Complem. July, 1828.*)

ON FOOT LAMENESS IN HORSES.

By Mr. CHARLES CLARK, *Veterinary Surgeon.*

In the *Sporting Magazine* for August last, there appeared a long article on foot lameness, by Nimrod, its chief contributor, whose opinions on such a subject are supposed to be highly valued by a certain class of his readers, because he is considered to understand the *science of fox-hunting*, and, of course, all that in any way appertains to it. The veterinary profession will be willing to bow to this mighty hunter's skill as a sportsman, but when he comes forward to pronounce on the causes of foot lameness, or lay down dogmas respecting shoeing, he becomes a poacher, amenable to the laws of criticism, and must be treated as he would treat an unqualified person sporting on his own manor.

Nimrod, whoever he be, is a man of facts and close observation, but, for want of understanding the true construction and elastic nature of the foot, a knowledge of which can alone enable us to reconcile the difficulties of shoeing, he is led into the wildest reasoning, appears to be without principles, and, in a heap of assertions, mystifies the matter. He several times speaks of being bewildered; as for the thinking part of his readers, I conceive they were never at a greater loss in their lives, than how to account for foot-lameness when they had read his essay. Now it has been truly observed, that men puzzled are half persuaded; and,

setting this aside, if the opinions of this writer are erroneous, his experience and gratuitous knowledge will give them undue influence; while, on the other hand, should they be really valuable, a few comments will do them no injury.

Nimrod begins by announcing his intention to take rather high ground, having paid particular attention "to this branch of grooming," meaning, I suppose, "foot lameness." He wisely adopts also the dialogical style, which gives a writer who pursues no settled argument or course of reasoning, a convenient opportunity of changing his ground whenever he rambles into difficulty.

Page 273, "Why should I be deprived of vanity, that choicest gift of heaven? We are all subject to speculative errors, and, doubtless, I am not without my share; but here I shall speak the powerful and practical language of experience, and facts shall be the basis of my reasoning."

Page 274, "No horse ever was, or ever will be lamed, from merely wearing an ill-constructed shoe." "*Bad shoeing* will alter the natural form of the foot, but not once in a hundred times will it of itself produce lameness." Here we see the folly of those ill-defined and optional terms, *good* and *bad* shoeing. The fact is, that as contraction and lameness ensue in consequence of confining the elastic foot in a fixed iron shoe, it matters not greatly whether this piece of iron be rough or smooth, (i.e. *good* or *bad*;) for, if the nails are driven as usual, the same effects will inevitably ensue from either. Therefore it happens, that many gentlemen of great practical experience in horses, pay least attention to their shoeing, on finding that no care or expense on their part can avert the evil, and that some secret cause, which they do not understand, is operating to thwart their best endeavours. Nimrod's observation has so far taught him right; but now, to what causes does he proceed to attribute foot lameness, "principally to these, natural mal-conformation, or, rather, weak organisation of the internal parts of the hoof; inflammation and fever, produced by excitement of high feed, and hard riding or driving; concussion from beating the ground on the road and *at grass*; irregular and unprepared for work; improper position of the limb, occasioning an uneven tread, and, above all, *the pace*,—"it is the pace that kills." Amidst all these plausible excuses, not one of which he can explain, the true reason, the unnatural confinement of the common shoe, is completely overlooked. I shall inquire whether we are justified in imputing diseases which never occur to horses in their state of nature, to *natural mal-conformation, weak organisation, or improper position of the limb, &c.* As to "concussion from beating the ground on the road and *at grass*," it

would never take place, if the foot were not prevented from relieving itself in its natural way of expansion, by the vile fixed shoe, which, a little further on, he states "is not the general cause of foot lameness." Great men are often singular in their opinions. Nimrod seems to prefer a contracted foot for work, and has "never seen a solitary instance of contraction occasioning lameness." "Asses, mules, and ponies," he observes, "bear me out here, for they are never lame in their feet, though they are contraction exemplified." After this, there can be no doubt that he does not know a good foot from one that is contracted, at least it is evident by his comparison of the feet of these inferior animals, asses and mules, which are hard, upright, and *naturally* narrow, with that of the noble horse, wide spreading and elastic by nature, and only contracted by *artificial* means, that he is wholly ignorant of its true form. The veterinary profession must be at a low ebb; when a writer, without even the rudiments of foot knowledge, can set up to decide on its diseases.

With such slender information to rest on, he does right to assume *high ground*; pretensions are nothing, unless maintained with confidence. Thus he tells his imaginary inquirer, A, "I mean to imply this, you shall keep your horse five years without shoes, and doing nothing but running wild in his pasture; I will keep my horse shod, doing work, and in the stable, and at the end of five years, the feet of my horse shall be not only as sound as those of yours, but in a firmer and better state," &c. All which may do very well to tell a Cockney sportsman, and might lead him to believe that Nimrod has the secret. Shoeing, that is, his mode of shoeing, he also defines to be cultivating, following, and embellishing Nature!! Passing over much redundant language about feet defective from birth, we arrive at his opinion, that it is the "telling pace," and not the iron defence of a shoe, that lames one half of our horses. As this is a plausible and very popular excuse, I shall take the trouble to provide the explanation for it. That horses in fast work have the worst feet, is a correct observation, and for a very sufficient reason, because they are generally light made, well bred horses, and, as a necessary accompaniment, have invariably highly elastic feet, which suffer from the contracting tendency of the shoe and nails in a far greater degree than the coarser horses employed in slow work. Nimrod, and such superficial observers, looking only at the fact, ascribe mischief to the pace they go at, which is, in truth, the result of their more delicate organisation. There are many blood horses that do but little work, and are yet ruined as speedily as those that do, and,

on the contrary, we find many of coarse breed that go a fast pace, the mail cart horses, for instance, yet are rarely lame in the feet; in fine, the difference in suffering will be found dependent on this rule of comparative elasticity. Therefore I care not what pace the horse goes, let him be properly shod in expansion shoes, and his feet will not contract at any work, or in any place that Nimrod can put him, provided the foot is uninjured when they are first applied.

Nimrod considers a perfect foot "as one of the finest specimens of the plastic art;" his recipe for a good foot is curious and concise: "it should be made of firm materials, and able to resist disease.* This, however, can only be proved by experience." Then of what value is this advice to choose a good foot of firm materials, and able to resist disease, (that is the contracting tendency of the common shoe,) and give no rule by which this good foot is to be known or chosen?

In speaking of expansion shoes, the ideas of this writer are most crude and ill-digested, but expressed in off-hand and sportsman-like phrase, taking little pains to conceal his ignorance of these subjects, on which he assumes, nevertheless, an unbounded right to pass judgment. It is the business of all men who write with fluency on a subject they do not understand, to level all distinctions in one unmingled censure, and then proceed to erect the superstructure of their own opinions, with the materials they find among the ruins.

For instance the following: "that there is no general system to be pursued in shoeing, is best proved by the well-known fact, that all system-mongers and their systems have gone to pot together, and we now hear no more of them." Further on the dialogue continues.

"A. But is it not generally supposed that concussion, increased by the resistance of an iron shoe, is the general cause of foot-lameness?

"B. I should soon bewilder you and myself, (that is to say, he can neither disprove nor explain it,) were I to enter fully into this subject. Mr. Bracy Clark has told us, that so long as we have an inflexible unyielding substance affixed to a flexible elastic foot, so long shall we have lame horses, and Mr. Bracy Clark does not stand alone here.

"A. Why, then, has not the ingenuity of man found out a remedy for the evil, by inventing elastic shoes, giving way to the extension of the foot?

"B. What! have you never heard of the various patent expansion shoes of Mr. Bracy Clark, and others?

* Query; ought not the whole body to be formed on the same principles?

"A. What is become of them?

"B. Did I not tell you that the systems and system-mongers were all gone to pot together? Expansion shoes have been tried, and not found to answer; therefore it is fair to conclude, that mere concussion is not the root of the evil. Furthermore, 'never having tried them, I can give no opinion of the effect of what are called expansion shoes!'"

"Never having tried them." It is sufficient, most mighty hunter! without this admission; that you have asserted more than you know, is manifest in every line. You read the funeral service with much *sang froid* over all the systems, but whatever may have befallen others, the *expansion shoe* of Mr. Bracy Clark, greatly improved, but not altered in principle, is used more extensively than ever; and without being at any pains to prove that principle right, I openly challenge any person who doubts its truth and utility, to contravene them. For the practical proof, let him make fair trial (not upon diseased feet only) of the effects of this system, and be guided in his judgment by the result. This, and this alone, can give a man a right to speak positively on such a subject, and a capacity for doing it without making blunders. When Nimrod tells us of the "various patent expansion shoes of Mr. Clark;" it must be supposed that he has some ground for so speaking? The fact is, that Mr. Clark never took out a patent for an *expansion shoe*, though strongly pressed to do it by many who saw the value of the invention. Above twenty years ago, he secured the patent right of a certain kind of removable defence for horse's feet to be taken off at night, or in the stable, and for a share in which he was offered considerable sums, but never attempted publicly to promulgate it. Indeed he observes, p. 33 of the *Stereoplea*, "I used many of them on the road with considerable satisfaction, but thought them, on the whole, too complex to recommend for general use." This also was before his discovery of the structure of the foot, upon which is founded the present system of expansion shoeing, and for this, I repeat, he never took out even a caveat to justify the statement of "various patents" imputed to him by Nimrod.

Another passage, and I have done with this part of the subject:—

"I very well remember the noise that was made about Mr. Bracy Clark's *jointed shoe*, which was to preserve horses' feet to the latest periods of their lives; on the principle, a *just one truly*, of imparting to the shoe the same degree of elasticity that the foot itself possesses. This was to have formed 'the basis for the repose of the profession,' but the dream was of short duration."

This style will never do, Nimrod. Mr. Coleman must quietly bear the sarcasm.

that you pass on his frog-pressure system, because, I believe, he cannot answer it; but I have strong proofs of vitality to oppose to your pretended post-mortem observations on the *expansion shoe*. The hope expressed, at the conclusion of Mr. B. Clark's work on the foot, that the principle he had there explained respecting it, "might form a basis for the repose of the (shoeing) art," had no direct reference to the expansion shoe (Nimrod has copied the phrase from a misquotation); but, in either case, it is literally fulfilled; the French and continental veterinary colleges* have adopted his nomenclature and exposition of the foot; these principles are admitted and practised in Russia, and no where denied but in England, which is a further proof that a prophet is not without honour, save in his own country. Moreover, as a slight accessory fact, it may be observed that I am personally engaged in shoeing horses on the expansion principle, am well supported by the public, and do not even despair of making Nimrod a convert to the system. At present I am well pleased with his admissions, p. 280, "that he has never tried expansion shoes;" and, 282, "that the principles of their application is just;" this is enough, and may form the basis of a better understanding on both sides.

With the frog-pressure system, which comes next under "the hunter's ken," he observes rather more ceremony, bringing various proofs of its fair trial and universal failure, which are wholly dispensed with in his previous summary judgment on the expansion shoe. The agency of the shoe in producing foot-lameness, Nimrod has, in great measure, denied; and gone near to assert, that contraction of the foot is beneficial; it is not fair, therefore, to quit this article without examining some of the arguments he brings forward to account for it. The chief of these appears to be, p. 286, that nature has, in many instances, given the animal "badly constructed limbs," or "twisted forelegs," but it is a fault "not always visible," and so uncertain a criterion to trust to, that until the ruin of the horse nothing can be known, "as it is possible that, despite of the twist in his forelegs, the tread may be even, and thus his feet have been preserved." This is on a par with his previous sapient advice to choose a good foot, but giving no rule to do it by; it actually amounts to nothing; for the present, therefore, I shall attribute foot-lameness, be the forelegs twisted or straight,

to mischievous art, and exculpate Nature. Such assertions are excellent loop-holes for ignorance; but, in default of all these, rather than admit the real evil of contraction, he has adopted that famous and conclusive decision of the ancient farriers to wit:—that "when diseases of the feet cannot be traced to any specific cause, they are fairly attributable to ailment of the whole system dropping into the legs!"

As I before tried, Nimrod, like most men who have tried many plans, all having the same common principle of fettering the foot, and, consequently, the same bad effect, is inclined to attribute but little of foot lameness to shoeing. After recounting various other imaginary causes, "the twisted legs, the telling pace, the high keep, &c. &c.," he thinks to settle the matter by referring to the hind-foot, which is, he says, "more unfavourably shod;" and yet it is not upon record that a horse was ever groggy, or foundered in a hind-foot. "Now, I think, no one will dispute these facts: first, the hind-foot is a *fac simile* of the fore-foot." By no means, Nimrod; they differ as much, comparatively, as the human foot and hand; and for the same, or a similar reason, because their purposes are very different. Anatomical demonstration can alone show this properly; however, it is very easy to see, in a trotting horse, that the fore-feet perform the more arduous part of bearing the chief weight, and receiving the shock of the animal, while the hinder ones fulfil the simple office of projecting the body forward. The former are found naturally flexible, spreading, and highly elastic, the latter more upright and concave, much less elastic and smaller, so that any man accustomed to handle the hoof, ought readily to know them apart in the dark, and the argument would disgrace any veterinarian. I shall argue no further with a man whose knowledge of these things is so shallow, as to lead him to assert, that two organs so different, and performing such opposite functions, as the fore and hind foot of the horse, are *fac similes* of each other. He challenges any one to dispute it, calling it a *fact*, and using it to support a bottomless theory of his own. Could Nimrod suppose that Veterinary Surgeons, we whom he enrols in a late number among the "curses of horseflesh," would allow him, a mere sportsman, to intrude on our department without reproof? or did he imagine that the same language which passes current on sporting subjects, would carry him through when treating of matters relating to our profession? On practical points, it is more than likely that his remarks may be worth hearing, and he should have confined himself to these.

Stamford Street, Blackfriars.

E

* See the works of MM. Girard et Vatel, Professeurs de l'Ecole Royale Veterinaire d'Alfort, also the "Recueil de Medicine Veterinaire."

THE LANCET.

London, Saturday, October 11, 1828.

WE are sincerely desirous of witnessing, and, as far as our efforts can have such a tendency, of promoting, the prosperity of the Medical School in the London University, and it is because we are sincere well-wishers to that establishment, that we feel it right to call attention to a tirade, directed by one of its Professors, partly, as we are given to understand, against ourselves and the great body of medical reformers, and partly against a distinguished member of the profession, who has rendered himself obnoxious to the corrupt few, by his disinterested and enlightened efforts to restore the independence and respectability of medical practitioners. We stated, on a former occasion, that Dr. CONOLLY, the Professor of the *nature* and treatment of diseases, as he somewhat inaccurately styles himself, was an untried man; and we trust that we shall not be called upon, in justice to the University as well as to the public, to state, that he has been tried, and found wanting. Certain it is, that he has commenced most inauspiciously. Instead of avoiding, as any man of common tact and discretion would have avoided, in the outset of his career, the introduction of topics calculated to excite party feeling, he has seized the very first opportunity of manifesting his individual opinions, if not of gratifying his personal resentments, on the question of medical reform,—thereby committing, as far as in him lay, the interests of the University, and exposing the new establishment to the ill-will of a large majority of the medical profession. We would willingly persuade ourselves that the attack on medical reformers, which Professor CONOLLY had the taste to foist into his introductory Lecture, was not dictated by a more unworthy motive than the gratification of his vanity, or the desire of propagating his own opinions without reference to the interests

of the University; but we are bound to state a fact of which we were not aware, when we formerly alluded to this gentleman,—namely, that he was once the editor of a medical journal, and that he modestly ascribed his failure, in that capacity, to the ignorant and unjust preference evinced by the profession and the public for THE LANCET.

Professor CONOLLY piques himself, it should seem, on the composition of his introductory Lecture,—for he has thought it good enough to print,—and we shall, therefore, transfer to our pages, and make a few observations, in passing, on the peroration which contains the tirade in question. The Professor will probably marvel at our intrepidity; or, as his piety and his vanity seem to go hand in hand, he may, peradventure, weep at the obduracy of men who are not only unmoved by the perusal of his masterly philippic, but who are ready to give it a circulation which it would never, except through the medium of this Journal, have obtained.

“You commence your studies,” says the Professor, “when our professional body is agitated by many matters of great interest. Some of you may, perhaps, be persuaded, before your studies are completed, to take a part in proceedings or discussions, having for their object certain changes in the medical constitution. On the propriety of these changes it would be unbecoming in me to offer any opinion, in this place. But let me advise you to approach these subjects calmly, and not to give way to any feeling but a desire to do good to, and to protect, the whole body of the profession, and to benefit the public, of which that profession forms a part.”

“Beware how you allow your passions to be influenced by any, who, on the just ground that old establishments need occasional alterations, would really engage you in the destruction of what is useful as well as venerable. Hear the opinions of the old as well as of the young; compare one with another; and judge for yourselves. Leave, for the present, to others, the care of changes demanding time, which you have not to spare; experience, which you cannot be supposed to possess; patience, which does not belong to your age. Do not waste valuable hours, and neglect your present

opportunities, in endeavouring to effect what only your seniors can effect,—hours which you can never recal, and opportunities which will never present themselves again; but will be looked back upon, if lost, with pain and regret as long as you live.”

On this part of the Professor's address, we have but few observations to make. It is not true that the medical profession is in an agitated state; on the contrary, we maintain that the members of our profession enjoy all the tranquillity which belongs to a consciousness of their strength, and to a conviction that they will soon be emancipated from the tyranny by which they have been so long oppressed and degraded. Dr. CONOLLY talks of the medical constitution, and of the venerable fabric which the friends of medical reform seek to destroy, as if the College Charter, obtained by the Surgeons' Company in the reign of his late Majesty, were as ancient as Magna Charta. But if it were as ancient as Dr. CONOLLY supposes it to be, a Professor of the London University should have known that it is the utility, and not the antiquity of an establishment, which constitutes its title to our respect. The Doctor's remarks would have been far more appropriately uttered in a College lecture-room, where the Professor receives a premium for the perfunctory discharge of his duty, than in the theatre of an institution, whose avowed object it is to get rid of all absurdities which are tolerated, merely because they have long existed. But the opinions of Dr. CONOLLY, as an individual, are of little importance; and what we mainly object to is the indiscretion of entering at all upon topics calculated to provoke angry feelings, and entirely unconnected with the subject on which he was called upon, in his official capacity, to address the students. He has himself acknowledged the indecency of discussing such topics *in that place*, and the reader will see from the following passage, how far he stands self-convicted of this indecency:—

“And, Gentlemen, above all things, when you are urged to any particular line of

conduct, let your first inquiry be concerning the character of those who are most active in it, and who are to be your associates. Ask yourselves if they be truly *honest* men. If they are not, have nothing to do with them in *any* cause, for they will corrupt the best. In all countries pretending to civilisation and morality, people have long been convinced that the end, however laudable, does not justify unholy means. It may be your duty to endeavour to reform, but only if you can reform by honourable efforts. *An ancient edifice may require repair, and repair might conduce to its safety; but if the few skilful workmen who alone could undertake this experiment of preservation, be surrounded by a passionate and unscrupulous multitude, their wise efforts will be overborne, and no good effected.* If you forget these truths, and become committed to the cause of injudicious, or selfish, or reckless, men, be assured you will find, even in your own profession, a spirit which *will not tolerate you*; and by the public sense of this country, you will be opposed and defeated in every step of your proceedings.”

This is the passage, we suppose, which is aimed at ourselves, and the medical reformers generally. How far Dr. CONOLLY may succeed as a “professor of the nature of diseases,” we are rather at a loss to conjecture, because we confess that we do not exactly know what it is * to *profess the nature of diseases*, but the perusal of the foregoing, and other portions of his Introductory Lecture, has satisfied us that the Professor is, at least, a master of that branch of rhetoric, which has been aptly denominated *twaddle*. The Professor, as our readers must have observed, cannot divest himself of his reverence for antiquity, or of his notion that the College Charter is as old as the hills. The “ancient edifice” we take to be the College Charter, or, perhaps, what the Professor calls “the medical constitution;” the “few skilful workmen” are evidently the council, or surgical oligarchy, in Lincoln's Inn Fields, and “the passionate and unscrupulous mul-

* A man may profess the science, or branch of science, which has for its objects the nature and treatment of diseases, but to talk or write of professing the *nature* of diseases, is, with all submission to so profound a rhetorician, to talk or write nonsense.

titude" are the medical reformers, or, in other words, the great body of the medical profession. Of a truth, we feel at a loss whether most to admire the justness and liberality of the Professor's sentiments, or the richness and beauty of the allegory in which his sentiments are veiled. Hitherto, the Doctor's remarks appear to be aimed rather at the great body of medical reformers, "the passionate and unscrupulous multitude," than at any particular individual; but his satire becomes more pointed towards the close of his harangue, and the following temperate and judicious effusion is, we understand, levelled at that most obnoxious, because most upright, independent, and uncompromising reformer, Mr. LAWRENCE.

"The time has gone by, when, in the comparative ignorance of the community at large, want of principle was occasionally tolerated because connected with highly-cultivated talent. You live in days when not *knowledge* alone, but *character* is power; when knowledge without character can procure no more than temporary and very transient pre-eminence, and cannot save from final exposure and disgrace. Unjust suspicions may attach to an innocent man; the general consistency and integrity of his life will wipe them away; the imprudencies of youth may be repaired by the circumspection of middle age; but if you justly lose your reputation for probity and honour, you may struggle, and resist the great decree of public opinion; but you will find, whatever your attainments, whatever engaging qualities or natural endowments you possess, that your influence in society is gone, and that you are, in all respects, lost and ruined men. We have reason to congratulate ourselves, Gentlemen, that we do live in a country, and in times, so favourable to the exercise of virtue. Let it be your constant ambition, then, to be esteemed and distinguished, when esteem and distinction are not conferred even upon intellectual greatness, except when combined with, and elevated by, some approach to moral excellence."

The vituperative part of the above passage we should have been perfectly willing, estimating, as we do, the value of the Professor's censure, to take to ourselves; but the laudatory portion of it—"the engaging qualities," the "high endowments," "the

intellectual greatness," &c., we cannot, of course, appropriate, however cheap we may hold the Professor's praise; and we are, therefore, constrained to believe that the whole passage was aimed, as it was generally understood to be aimed, at an individual whose character is far beyond the reach of the Professor's calumny, and whose talents even the Professor's eulogy cannot depreciate.

We here take leave of the Professor; and we trust, not for his sake, but for the sake of the establishment to which he belongs, that so injudicious and indecent an effusion of weakness and venom as that with which he disgusted his hearers at the close of his introductory Lecture, may never be repeated within the walls of the London University. We know that the conduct of the Doctor, on this occasion, has excited the strongest feelings of dissatisfaction among his colleagues generally, and among many of the most influential members of the Council.

On the Curative Influence of the Southern Coast of England, especially that of Hastings; with Observations on Diseases in which a Residence on the Coast is most beneficial. By WILLIAM HARWOOD, M. D. London, Colburn, 1828, pp. 326.

DR. HARWOOD has selected a subject pre-eminently calculated to excite attention in this our "sea-girt isle;" for we believe there is scarcely a country in the world which, like England, presents the example of the great mass of its inhabitants annually migrating to the sea-coast; performing a pilgrimage, as it were, at the shrine of Neptune. Sea air has, indeed, from time immemorial, been regarded in this country almost as a panacea for all the numerous ills to which flesh is heir; and yet we venture to say, that the practice of sending invalids to the sea coast, has been pursued, even by

medical men, rather from a kind of prescriptive right, than from reflection upon the circumstances, the co-operation of which is necessary to ensure benefit. In saying this, we would not be thought to underrate the advantages, and certainly not the pleasures, of a temporary sojourn on the coast, doomed as we are throughout a great portion of the year, to inhale the smoky and murky air of the metropolis—air which, as our medical poet beautifully expresses it, “reeks back from a thousand lungs”—we fully appreciate the invigorating breeze of the ocean, and acknowledge its animating influence. The question, however, now before us is, whether in any, and in what, cases of *disease*, a residence upon the coast is beneficial? To the investigation of this subject, Dr. Harwood's book is professedly directed.

After some general observations on the varied nature, or “medical peculiarities,” of our coasts, the author proceeds to treat of the causes which affect the temperature of coast situations, and more especially that of the southern coast of England, which he considers as the most eligible, “not less from the advantage it derives, in common with all others, from the influence of the sea, than from its latitude, and other peculiarities.”

Dr. Harwood regards it as an established fact, that the sea, having imbibed a large portion of caloric from the sun's rays, has the power of equalising the temperature of the air in its vicinity, from the well-known property which heat possesses, of equally diffusing itself through contiguous bodies. Hence, he argues, arises the difference found to exist between the temperature of coasts and that of the interior of extensive continents, although placed in the same latitude.

In respect to the temperature of the southern and western shores, our author hazards the following opinion:

“The increased temperature of our

southern and western coasts, has also been thought to be influenced by the agency of the stream of water which flows towards Europe, from the Gulf of Mexico, occasioned by a material difference between the level of the gulf and that of the Atlantic Ocean.”

Again:—

“It is also very probable, that an additional elevation of temperature on our coasts, may more frequently be influenced by the current issuing from the Bay of Biscay, which is thought to be dependent on a similar penning up of its waters, and is stated to flow generally north-west by west.”

These preliminaries settled, the Doctor proceeds “particularly to notice the vicinity of Hastings.” There is nothing like leather, said the honest currier—there is no place like Hastings, says Dr. Harwood. It is adapted either for a summer or winter residence. In the former case you may live upon hills, “two or three hundred feet above the level of the sea, visited by the prevailing breezes;” and, in the latter case, there are numerous habitations, below the cliffs, “most effectually sheltered, at all seasons, from the more piercing winds.” So says the resident physician of Hastings; but in Dr. Good's *Study of Medicine*, where treating of phthisis, we find the following opposing (and perhaps we may say *posing*) remarks:—

“The topography of a situation about to be chosen, is of equal importance; for if it be strongly marked by lofty cliffs or mountains, the air will seldom circulate freely, but rush in currents in some parts, and be obstructed and become stagnant in others. *Such is the state of Hastings*, on the Sussex coast of our own country. The shore is skirted by two enormous cliffs of sandstone, that rise between two and three hundred feet in perpendicular height. The old town is built in a deep ravine opening towards the north-east, that lies between them and the new town immediately under the cliffs, fronting south and west; and hence, while the air is rushing in a perpetual current through the former, it becomes

stagnant, heated, and suffocative, in the latter."—Vol. iii. p. 307.

The author next makes some judicious observations upon the effects of sea air, and then enters into a consideration of bathing, and its effects on the constitution. In respect to cold bathing, we meet with the subjoined remarks, which especially merit attention.

"I think I may venture to observe, that, while much of the beneficial action induced by the warm bath on the system, is primary, and mechanically dependent on the agent—that of the cold is secondary, and dependent more on the energies of the system itself; a circumstance which, in the practical treatment of disease, is of the highest importance; for it is obvious that the latter demands a certain degree of power in the system to effect its completion.

"Too many instances are, however, presented to our notice, in which, from the weakened and impaired state of the animal powers, this cannot be attained; in such cases, therefore, the tendency of the cold bath is directly opposed to the one which is desired.

"In them, the nervous system receives an impression with which it is unable to contend, the blood being determined inwardly, and it being long before the heart and arteries recover sufficient energy to propel it back into the extreme vessels on the surface; hence arise continued shiverings, and an unpleasant sensation of cold; the countenance appears pallid, while any internal organ affected by disease, especially if that disease be of an inflammatory nature, is unfavourably influenced by this derangement in the circulation.

"That a certain degree of energy in the circulation is necessary, to derive due advantage from sea-bathing, though less is required by it than the cold bath of fresh water—a fact of great importance—is no less obvious from its prejudicial influence when too frequently had recourse to by debilitated persons, in whom it may be really indicated."

We have long been convinced that cold-bathing is too indiscriminately recommended and adopted. As the author justly observes, cold-bathing requires a certain degree of power in the system, and this power is seldom found in invalids of any description. On the subject of warm-bathing, there is much misapprehension prevalent: from an

entirely-mistaken notion, the warm bath is almost universally looked upon as a relaxant. Dr. Harwood has so well expressed himself in accordance with our opinions, that we cannot do better than transcribe his remarks.

"I may observe of the warm sea bath, that while it is capable of invigorating, by equalizing the circulation throughout the entire frame, its action is no less that of a soothing stimulus to the nervous system, producing, by its external operation, that kind of influence which is derived from the more grateful aromatics, or mild cordials, when taken internally.

"But it has this very decided advantage over the latter, that the slight exhilaration it produces, is not succeeded by that depression which is usually induced by other classes of stimuli; its action being less powerful, and the impressions it produces more general and permanent.

"On the surface of the skin, by relaxing the cuticle, and rendering pervious the pores, (the cuticle, which is a mere insensible shield to the true skin, and perforated by the exhalant pores, is acted on by external agents, much in the same manner as dead, disorganized matter, though the same by no means applies to the cutis or true skin,) it has the healthful tendency to remove every obstacle which impedes the due performance of the superficial secreting organs, whether of sensible fluids or insensible exhalation; while, on the circulation, its immediate operation is like that of the re-action occasioned by the cold bath; summoning into the extreme vessels on the surface, a free and equable distribution of their fluid."

Of the second part of the volume, "Observations on Diseases in which a Coast Residence is most beneficial," our notice must be brief. The diseases of which our author treats are multifarious. First and foremost stand those fruitful sources of fees—indigestion and hypochondriasis—and further in the list, we observe asthma, consumption, gout, and rheumatism. The author treats the whole of these subjects with much acumen, and although his observations are obviously written (as stated in the preface) "with a view of imparting useful information to the invalid," the professional man will read them with advantage.

Dr. Harwood has, upon the whole, pro-

duced a clever and well-written book; and although it may be that the fable of the leather-seller and the besieged town will occur to most persons, in perusing the Doctor's praise of Hastings, it will not detract from the useful and interesting information spread throughout the volume.

LONDON MEDICAL SOCIETY.

October 6, 1828.

Dr. HASLAM, President, in the Chair.

INTERESTING CASE IN MIDWIFERY—DOUBLE UTERUS—EFFECTS OF FEAR—INFLUENCE OF THE EMOTIONS OF A MOTHER'S MIND ON HER FETUS IN UTERO—HERNIA WITHOUT THE USUAL SYMPTOMS.

THE Minutes of the last meeting having been read,

Mr. WALLER commenced the business of the evening, by reading to the Society a paper on a midwifery case, which he had found extremely interesting while the patient lived, as well as the *post-mortem* examination productive of useful information. About three weeks ago, he was called to see the lady in labour with her first child, under the care of a neighbouring surgeon. She was well made, though short; abdomen remarkably prominent, and the child's head lying over the symphysis pubis, pressing the bladder before it. The finger met with some obstruction; was obliged to be elevated, and carried over a rough surface, before it reached the os uteri. On further examination, the os uteri was found to be a little dilated, but the other soft parts were not much relaxed, nor was there much pain. Ordered an enema. In the evening the pains were slight, the labour somewhat advanced, the soft parts a little more relaxed, and the os uteri more open. *Secale cornutum* ʒss. in infusion, which greatly increased the pains for about twenty minutes, but they then abated, and two repetitions of the *secale* failed to reproduce them. From this time, till the following evening at half past nine, the pains were hardly perceptible, though the head had descended considerably, the os uteri being fully dilated. The forceps were now resorted to. During the operation, two or three doses of the *secale* were administered, but without effect. The os externum was exceedingly small, and the head very large, which occasioned much difficulty. After the birth of the child, the

placenta was detached with the fingers, no uterine contractions having taken place to expel it, though an hour had been occupied in using friction, pressure, and stimulants, with the view of exciting the contractions. No hæmorrhage followed, the womb somewhat contracted, and the patient was left with a pulse about 70, to all appearance doing well. On the third morning she was found labouring under severe symptoms of the head, pulse 125, scalp preternaturally hot, and countenance somewhat flushed. The pain in the head ceased occasionally. Ordered the head to be shaved, kept cool, with evaporating lotions, and *three grains of opium* to be taken every two hours for three times. No relief was produced; and, in the evening of the next day, she expired. Mr. Waller had called in the aid of Dr. Blundell. On examination after death, the bowels were found highly inflated. There were slight adhesions, of a pale colour, between the omentum and corresponding abdominal surface, but whether recent or not was uncertain. The bladder was slightly adherent to the intestines. The omentum slightly adherent to the fundus uteri, and two or three folds of the intestine behind. Under these adhesions, the uterus appeared of a pale red colour, not unlike *boiled veal*, and the peritoneum thickened. About six or eight ounces of fluid were floating in the abdominal cavity, with a great many globules of animal oil in it, as red as the abdominal muscles. The neck of the uterus, the ovaries, and vagina, perfectly sound and healthy. On the right of the recto-vaginal portion, there was a tumour as large as a hen's egg, with two or three tubercles growing from its exterior. This tumour contained a cavity, lined by vascular membranes, and having small shreds of a soft red substance, resembling an attempt at the formation of the tunica decidua. A probe readily entered from the tumour into the vagina. On examining the opening narrowly, it was found large enough to admit the point of a finger, organised, and exactly resembling an os uteri; no doubt remained that this tumour was a *second uterus*. No distinct set of ovaries was observed; the external genital organs and mammae remarkably well developed, but no tendency to doubleness of structure. The uterus was large, and not thoroughly contracted, containing within its cavity about three or four ounces of red bloody-like substance, partly solid and partly fluid. The whole internal lining membrane was of a deep red colour, probably stained by the lochia. The neck of the uterus, and upper part of the vagina, were covered with flakes of the colour of soot, which could be sponged away with some difficulty. On opening the head, the dura mater had many bloody points on it,

and its surface was much more moist than natural. The pia mater had ossific patches on it of the breadth of small split peas, and somewhat rough. There was an opaque white granular appearance near the falx. There were a number of lines and points observed, on slicing through the brain. About three drachms of water in each ventricle, as well as a little blood and water-like fluid in the spinal canal. Mr. Waller regretted that no efficient means of treating head affections, coming on on the third or fourth day, had yet been found. This lady had been, for many years, the subject of severe attacks of headach, and just at the part where the ossific deposition was found.

Mr. SHIRLEY related the following case, which he considered curious, and showing very distinctly the curative powers of fear. A coach-maker, in the Borough, had a large hydrocele, which was tapped by Sir Astley Cooper. The tumour enlarged again in the course of three weeks. Sir Astley Cooper then told the patient it would be necessary for him to be confined to bed for a week or two, as Sir A. Cooper would have to tap it again, and use an injection to produce adhesive inflammation. Mr. Shirley had not seen the case, nor did he know that, on the second occasion, Sir A. Cooper had actually carefully examined the tumour; but the patient was a most respectable man, on whose word Mr. Shirley could depend, and he knew that Sir A. Cooper had determined on operating on the day after he saw the coach-maker, therefore he took for granted that he had examined him. The statement of the surgeon so alarmed the patient, that he went home in a state of great agitation of mind, and from that moment the tumour gradually disappeared. This Mr. Shirley considered, absorption, from the effects of fear.

Mr. CALLAWAY looked upon it as a very unscientific way of accounting for the disappearance of the intumescence. There was no distinct proof whatever before the Society, that the second enlargement was a return of the hydrocele.

The PRESIDENT thought, Mr. Shirley, to maintain his position, ought to be able to show, that the fear was operating, and commensurate with, the absorption, which he had not done, and which would be difficult.

Dr. UWINS recollected, that a case was mentioned in the lectures, either of Mr. Cline or Sir A. Cooper, where doubt existed for some time, whether an enlargement was aneurismal, or merely a common tumour; at length an operation was determined upon. The next day the patient was placed on the table, but no vestige of the tumour remained, and this was brought forward as an evidence of the effects of fear.

Mr. SHIRLEY's firm persuasion was, that

in the case he alluded to, hydrocele existed, and that it was absorbed through fear.

Dr. THORNTON had seen two or three cases in which hydrocele had become perfectly absorbed, without any assignable cause whatever, they having been once punctured previously.

Dr. STEWART wished to know, seeing many accoucheurs present, whether there was any foundation for supposing that surprise, desire, or any emotion of the mind of a mother, could have any influence or effect on her child in utero. The subject had been a good deal before the public of late, through the medium of the newspapers. Should it be ascertained, that children could be born with their father's name, for instance, distinctly written in their eyes, or on their foreheads, this might produce a very serious result as to a number of those yet unborn. (Laughter.)

Mr. WALLER considered the notion to be wholly without foundation; first, because of there being no nervous communication between the mother and the child; secondly, because many women were frightened, and had desires of different sorts, whose children were born without any marks; and, thirdly, because marks were found upon fœtuses at all periods of gestation, and where no particular emotions of the mind could be distinctly traced to have occurred in the mother.

Several Members spoke on this subject, and many cases of marked children were brought forward; some of them ludicrous enough. A woman, for instance, *on the day before her delivery of a nine months' child*, was frightened by a sailor mendicant raising the stump of his right arm before her, the arm having been amputated, and the child was born without its right arm! A goose ran cackling at another woman, a month before her confinement, and the child, though the mother denied having been frightened, was web-fingered! Another child had the figure of a mouse on its face, and whenever a cat entered the room, that part of the image on the face which was considered to be the mouse's tail, curled up! (Great laughter.) The conclusion was, that the fact of children being born with these marks, is indisputable, but that the cause which produces them is involved in profound mystery.

Mr. CALLAWAY, late one evening, was called to see a lady upwards of seventy years of age, who, for three days before, had had no evacuation from the bowels. She complained but little of uneasiness; she had no vomiting, no hiccup; pulse full and broad; no anxiety of countenance, and but little pain at the pit of the stomach. The medical gentleman previously in attendance,

failing in his means to open her bowels, and not satisfied with the patient's description, passed his hand under the clothes, and, in the situation of femoral hernia, felt a small tumour. Mr. Callaway was then sent for, but, on arrival, did not think the symptoms such as to warrant an immediate operation. He ordered an enema, and promised to return again in three or four hours. Returned, but still saw no urgent symptom. On the following morning she had had no motion, nor any vomiting, except, as she then recollected, on the first day of being taken ill, her stomach had rejected a little broth. He now deemed it right to operate. On cutting down, he found a small knuckle of intestine most firmly embraced by stricture—the firmest stricture he had ever seen. It was with great difficulty a small-grooved probe was passed through it, for the purpose of division; and the black appearance that presented itself, satisfied the operator that the incarceration must have existed for a long time. At the moment, he was almost led to conclude that gangrene had taken place. This case, he remarked, was well calculated to show how careful young practitioners ought to be, not to be misled by the absence of certain usual symptoms, nor to delay operating for too long a period.

by a physician, with no permanent benefit; frequent hæmorrhages, to a greater or less extent, had taken place. The pains were increased, and a quantity of bloody offensive matter had passed some weeks previously, per vaginam. On examination, I found that ulceration had taken place to a small extent, on one side of the os uteri. The general health was evidently impaired. In this state, she determined to undergo the operation that had been proposed to her in 1827, which, however, I thought would be unjustifiable, as no boundary to the disease could be felt by the most careful examination, the hardness of the neck appearing to extend to the body of the uterus, as far as could be ascertained. In this state she continued until the beginning of August, when I mentioned to her the operation of Dr. Blundell, with its dangers; informing her, at the same time, that his patient had recovered. She consented to its performance, and requested it might be done without delay.

The operation was therefore performed at noon on the 2d of September, with the assistance of the following Gentlemen:—

Dr. Renwick	} of the Liverpool Infirmary;
Mr. Bickersteth	
Mr. Dawson	
Mr. Halton	

and my colleague at the Dispensary, Mr. Wainwright.

The patient being placed on her back, as in the operation for lithotomy, but without binding the hands and feet, Weiss's speculum vaginæ was introduced, and held by an assistant; a strong hook was then passed into the anterior part of the cervix, and the uterus drawn down, with little difficulty or pain, to about half an inch from the os externum. A strong aneurism needle, (with a handle,) having its extremity pointed, and armed with a double ligature, was then passed through the neck of the uterus, the hook withdrawn, and the ligature held by an assistant, whilst the speculum was also removed, and the labia held out of the way by those on each side. I then made a semi-circular incision on the inferior part of the cervix, through the vagina and peritoneum, and widened it with a hernia knife from one broad ligament to the other; afterwards, a similar incision was made at the superior part, and extended as before, so that the broad ligaments and fallopian tubes only remained to be divided. To accomplish this, I first passed the index finger of the left hand through the upper opening, and the middle finger through the lower, including the right broad ligament between them. I then carefully made an incision, with a scalpel, between the fingers and uterus, close to its body; the nearest part of the included portion was thus divided, and was attended with slight hæmorrhage. Some time was

CASE OF EXTIRPATION OF THE UTERUS.

By JOHN MAURICE BANNER, Esq., Surgeon to the North Dispensary, Liverpool.

In May, 1827, I was first called to Mrs. J., on account of retention of urine. On inquiry, it appeared she had suffered occasional shooting pains, from pubes to sacrum, for near two years; that these had become more frequent, were accompanied with pain across the loins, sense of weight within the pelvis, and bearing down, and that she was much troubled with dyspeptic symptoms; I examined the os uteri, and found it painful on being touched, thickened, hard, and irregular. Catamenia were irregular.

The patient was 44 years of age, had enjoyed good health to within the last four years; was married at the age of 21, and had had two children. In a few years her husband died, and since then she has led a very irregular life. She states that her father died of a cancerous affection; that it was twice extirpated from the breast, and subsequently once from the axilla; that at length he died, after suffering severely for several years.

The removal of the neck of the uterus was now proposed, but not assented to.

In July, 1828, I was again requested to visit her. Various remedies had been used,

lost in endeavouring to secure the bleeding vessel, which, however, proved unsuccessful. The hæmorrhage not being very profuse, I proceeded with the operation, but finding my former plan of dividing the broad ligament tedious and difficult, I brought down the fundus, by passing two fingers through the upper incision, and then the strong hook between them and uterus; the point of the hook was easily pressed into the fundus, and thus the object was quickly accomplished. The fallopian tubes and remaining part of the broad ligaments were now distinctly seen, and by passing the fingers beneath them, were divided with the common scalpel, close to the uterus. This was by far the most painful part of the proceeding.

During the operation the patient lost about six ounces of blood, and was much troubled with retching. The intestines did not protrude, nor interfere with any part of the operation. Immediately after the patient appeared as well as could be expected; there was a very slight oozing of blood, but apparently of so little consequence that she was removed to bed. In the course of twenty minutes, or half an hour, she vomited severely, and became very faint; a coagulum of about eight ounces was expelled; vinegar and water were applied to the abdomen and upper part of the thighs; she then rallied a little, and after complaining some time of pain at the lower part of the abdomen, the vomiting recurring, another coagulum, rather larger than the first, was expelled. She now fell into a state of syncope; the retching remained severe, and almost incessant. One hundred drops of laudanum were given, but immediately rejected; small quantities of brandy were administered, the cold cloths continued, and the patient kept in the horizontal position. The hæmorrhage did not return after the expulsion of the second coagulum, and the pain in the abdomen subsided. She again rallied, and, in the evening, as the vomiting continued extremely distressing, two grains of opium were given, which relieved for two hours; the sickness then returned, and four grains were given, with the same effect as the first dose.

Sept. 3, *mane*. Has passed a very restless night; countenance pale and dejected; pulse 96, and weak; skin moist, and of a natural temperature; slight pain in the abdomen and back; vomiting less frequent.

Meridie. Slight distention of the abdomen, especially over the pubes; has not passed any urine since the operation, nor had any evacuation from the bowels. The catheter was introduced, and twelve ounces of high-coloured urine drawn off; afterwards the tension was much diminished.

Vespere. Bowels purged freely by injection,

and small doses of sulphate of magnesia in infusion of roses; vomiting and pain relieved.

Sept. 4, *mane*. Has passed a better night, having slept a little; general appearance as yesterday; pain in the abdomen slightly increased on pressure; little or no tension; pulse 94, rather fuller; vomiting much the same; tongue slightly furred; complains of great thirst; bowels freely open; passed urine twice.

Meridie. Pulse 106, harder; pain and tension slightly increased; bowels open; 24 leeches were applied.

Vespere. Pain little abated; pulse remains quick, and rather hard; about twelve ounces of blood were taken from the arm, when syncope supervened.

5, *Mane*. Has passed a restless night; pain much relieved after the bleeding; the abdomen remains slightly distended, and somewhat tender on pressure; has had two evacuations, and passes her urine freely; vomiting continues, and appears to produce great exhaustion; pulse 120, small and weak; the mustard cataplasm was applied, which gave relief in about twenty minutes.

Meridie. Pain and tension less; vomiting and thirst much abated.

Vespere. The symptoms above-mentioned worse; pulse very quick and weak; countenance anxious; cold sweats.

6. After passing a very restless night, and the symptoms continuing with great violence, died at six, A.M.

The above are the most prominent symptoms that occurred. I have thought it unnecessary to make a longer detail of the treatment, as it was not attended with a fortunate result, and was only that usually employed after hernia, and similar operations. It of course consisted of general and local bleeding, with the exhibition of purgatives, as far as the condition of the patient appeared to warrant.

The Appearances of the Uterus.

The uterus was much larger than in the healthy state; several tubercles of various sizes were loosely attached to the body and fundus, they were round and very hard; the cervix and body were considerably thicker and harder than natural; ulceration had taken place on the os uteri, particularly the lower lip. A section of the uterus exhibited the common appearances of scirrhus; a circumscribed hardness was very perceptible, extending from the cervix to the body on the left side: several small, round, hard tumours were imbedded in the substance of the fundus.

Examination of the Body five hours after death.

On exposing the cavity of the abdomen, the omentum and intestines were found

highly inflamed, and adherent to each other by an effusion of lymph. Several folds of small intestines filled the pelvis, and were more inflamed and adherent than those above. The lowest convolutions were firmly adherent to the cut surfaces made in the operation and to each other, so as completely to close the aperture from within; only a small quantity of serum was effused. The bladder was natural. The peritoneum, lining the pelvis, had, in general, a greenish and somewhat dull appearance, which, by some present, was thought to be of a gangrenous character, but its texture was perfectly firm and unyielding. The ovaria were retained in their usual position by the remainder of the round and broad ligaments. The fimbriated extremity of the left fallopian tube was found closed, and distended with serum, nearly to the size of a hen's egg, and gradually narrowing along an inch of the tube to a point, where it was again closed. The ovaria were, as is usual in persons who have borne children, flattened and corrugated, as if covered with cicatrices. The duplicatures of peritoneum, forming the broad ligaments, were more separated below than above, where they inclose the ovaria, and were thus kept in union. A very careful examination was made to discover, if possible, the sources of hæmorrhage. The arteries were probably retracted, as none could be found divided, but the mouths of several considerable veins were seen distinctly on the right side, where the layers of the broad ligament were separated, and traced to the plexus at the side of the pelvis. The branches of the internal iliac on this side, and the spermatic arteries, were examined, but no irregularity as to size or distribution was discovered.

The following are a few observations I beg to offer on the above operation, and its consequences:—

1st. I think it due to myself and the profession to state, that it was not done precipitately. I had been in attendance, more or less, for sixteen months; the woman was in great and almost constant pain, rendered unable to follow any occupation, and was extremely anxious to have some method of relief attempted; the disease was advancing, the operation and its dangers were fairly explained, and she persisted in wishing its performance. These circumstances appear to me absolutely requisite to warrant the performance of so formidable an operation. Dr. Blundell appears to have taken the same view of his case.

2dly. The operation performed on this occasion, I conceive, admits of more safety and expedition than that performed by Dr. Blundell. There was no difficulty, nor much

pain, in bringing down the cervix uteri within sight, when two important parts of the operation were performed, without any danger of wounding either the rectum or the bladder.

The fundus uteri was drawn down through the upper opening, which, as it was thus brought in the direction of the round ligament, appears preferable to bringing it through the inferior or lower one. Whether it would be better, in a future operation, to divide the broad ligaments *in situ*, without bringing down the fundus, which certainly commits a degree of violence to the parts, I leave for experience to decide; I found it more difficult than I had anticipated, from the great depth I had to reach, and, after making one or two attempts, and wishing to shorten the operation as much as possible, I desisted.

3rdly. The hæmorrhage, at least as far as a careful examination of arteries uninjected may be depended upon, arose, not from the division of any vessel that ought not to have been divided, but chiefly from those common to the uterus. One or two rather large veins, coming off from the plexus at the side of the pelvis, were found divided; and when it is remembered that these veins have no valves, it is not unlikely a very considerable hæmorrhage may have proceeded from this source alone.

The operation lasted twenty-five minutes, and would have been much shorter, if some time had not been lost in endeavouring to secure the bleeding vessel.

EXTIRPATION OF THE UTERUS.

By MR. LIZARS.

To the Editor of THE LANCET.

SIR,—Since my last communication on amputation, which you was kind enough to insert in your valuable Journal, I have the satisfaction to inform you, that I witnessed, this day, Mr. Lizars extirpate the whole of the uterus, after the scientific manner pursued by that profound physician, Dr. Blundell, and I have every reason to expect the patient will recover.

I have prevailed on Mr. Lizars, who is much occupied with his different avocations, to send you a detailed account of this most interesting operation.

I remain, your much obliged,

SCOTUS SECUNDUS.

Edinburgh, Oct. 2, 1823.

QUERY: GLASGOW INFIRMARY?

To the Editor of THE LANCET.

SIR,—You will perhaps allow me, through the medium of your Journal, to inquire of your readers, and the profession at large, what they would think of the following case, if it occurred in a hospital, and of the following treatment, if adopted in such a case, by a hospital surgeon?

We will suppose then, (for I go no farther than supposition,) that some one or other of the female nurses of a royal infirmary, (and there are royal infirmaries alike in Dublin, Edinburgh, Aberdeen, and GLASGOW)—we will, I say, suppose that some one of the female nurses, (let it be No. 1, 2, 3, or 4, if you like; or, perhaps, we may as well say No. 5,) by some accident falls in such a manner as to injure the right hip joint, and give rise to a considerable degree of inflammatory action in that part. We will next suppose her confined to bed for the space of three days, without consulting either of the surgeons; but that, at the end of that time, a certain surgeon-physician, who may chance at the time to be one of the visiting surgeons, and in attendance on that ward, among others, in which this unfortunate nurse lies, is consulted. We will still go on to suppose that this certain Doctor, after all due inquiry and examination, pronounces this inflammation of the hip joint to be a "dislocation of the head of the femur into the foramen ovale," and accordingly uses the pulleys, for the purpose of reducing this supposed dislocation, without success. We will, in the next place, suppose the patient returned to bed, and, at the expiration of a few days, again dragged into the operating theatre, to have the reduction of this imaginary dislocation effected. Conceive the surgeon still foiled, and then fancy him retiring for a while, (during which time his patient is left in the theatre), to consult Sir Astley Cooper on dislocations, and returning, in the course of a few minutes, as wise as when he left her. Imagine him sending her once more to bed, but not till after he has the second time made a great and heroic attempt (with the assistance of his pulleys, and some four-and-twenty men of strength,) to give the poor unfortunate, relief. Suppose him next, (after a few days more have elapsed,) to have assembled, under the name of "a consultation," a mighty cohort of the learned and the wise. Picture to yourself the wretched patient once more (*i.e.* for the third time) brought out, and stretched upon a bed on the floor, with the dread implements of our art spread around her, and in momentary fear of a renewal of all her

former sufferings, by having these implements most barbarously employed.

Fancy, now, that you see the several members of this very imposing consultation, in regular succession, take up their rules of admeasurement, and ascertain most accurately the length, and breadth, and depth, and circumference, of every point of matter, which may go to assist in the composition of their patient, from her navel downwards, even unto the points of her toes; fancy all this, I say, to be at length got through; and, if it will not tire, just imagine the whole to be *once more repeated*. This too being, "in the fulness of time," brought to an end, you must behold, or rather think you behold, this mighty company retiring to one side of the room; and being there surrounded by something less than half a score of clerks, (all starving for lack of knowledge,) standing with wide-stretched eyes, and gaping mouths, and their "long ears pricked forward," apparently determined to see, and hear, and swallow, every thing that is intended for them, and as much more as may chance to drop from the lips of the learned and the true.

Just suppose yourself sitting in anxious expectation, during the time this precious host is standing "in council solemn and deliberation deep," to decide on the nature of the case before them, and the treatment which ought to be pursued. Fancy yourself quietly hoping for a treat, in seeing the pulleys presently employed, and tell me what must be your surprise and astonishment, when, the Council being dissolved, you are coolly informed that its members are uncertain whether there "*now be, or ever have been, any dislocation!!*" What, let me ask, must the public, as well as the pupils, think of such a surgeon? And allow me to inquire, if such be a suitable man to fill the situation of a hospital surgeon, where he has not only the education of his pupils to direct and complete, but the health, and happiness, and life, perhaps of hundreds, under his peculiar and immediate care? And tell me, ought not this kind of treatment rather to have been expected in those times, when our profession was considered as a "mystery," than to take place in the present day, when it is looked upon as "an art," and as "a science?"

I am, Sir,
Your obedient servant,
THOMAS CARTER.

P.S.—A few words to Messrs. Wood and Co. in my next.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF A LARGE UNMANAGEABLE TUMOUR
ON THE SCAPULA.

THOMAS SELLWOOD, ætat. 35, of short stature, ruddy complexion, and healthy appearance, though not of strong constitution, was admitted into Magdalen Ward, under the care of Mr. Earle, on the 31st of July, 1828.

The patient stated that he had been coachman to Lady Stapleton, near Henley, and that about fifteen months ago he was crushed against a wall by a horse. He thought he had sustained no serious injury, and, for a time, took little or no notice of what had passed. The first time his attention was drawn again to it, was by the detection of a swelling of about the size of a pullet's egg, projecting from the *inferior angle* of the left scapula, and which he concluded must have been forming for some time before he perceived it. It gave him no pain, but increased rapidly in size; and from the inconvenience arising from its bulk, he was, at length, under the necessity of applying for professional advice. He was put under the care of Dr. Tuckwell, of Oxford, who, after paying attention to the state of the patient for some time, was induced to state, as his opinion,—"I think this tumour would be better away, but I do not like to remove it." Sellwood was then sent to town with a recommendation to get under the care of Mr. Earle. The tumour is now as large as the head of a full-grown foetus, rather oval-shaped, perfectly smooth, and when grasped, (which may be done forcibly, without occasioning any pain whatever,) feels as hard as bone. It would appear to be firmly connected to a great portion of the dorsum of the scapula. The glands in the neck, on both sides, and left axilla, are enlarged; those in the neck to about the size of a filbert; those in the axilla, not to so great an extent. Mr. Earle got Messrs. Vincent and Stanley (Mr. Lawrence was not in town) to examine the tumour with him; and, in the result, informed the pupils, that but for the enlargement of the glands, he should have undertaken the removal of the growth forthwith. In consequence, however, of such enlargement, he deemed it prudent, at any rate, to wait the event of a short period's attention to the patient's general health.

August 5. He enjoys excellent health. The tumour, particularly within the last fortnight, has much increased in size, but is still free from pain, even on pressure. Mr. Skey (attending during the temporary absence of Mr. Earle) feels disposed, from the

increased enlargement, to attempt the removal of the tumour, but wishes Mr. Lawrence to see it first. Mr. Lawrence is of opinion, that the growth proceeds either immediately from the scapula, or, that it is in very close contact with it. Notwithstanding its firm consistency, from its rapid production, general appearance, and the otherwise sound constitutional health of the patient, he cannot think it is bone. Its removal would be an operation no one ought to be ambitious to perform; and, therefore, in his judgment, Mr. Skey will act wisely to defer the use of the knife, at all events, until Mr. Earle's return. He looks upon the case as one likely to terminate unfavourably. Mr. Skey, in compliance, has relinquished the idea of operating.

Sept. 17. The patient thinks his general health is better now than it ever was, and that it has daily improved since he came to the hospital. No remedies have been resorted to, except attention to the general health. The tumour is, at least, *one-third* larger than when first seen here. There is now, occasionally, felt an aching pain in it. The covering integuments are greatly increased in vascularity. In the most depending part of the enlargement, there is a slight fluctuation felt, as if there was a small portion of fluid contained in a cyst. Mr. Earle had passed an acupuncture needle into its substance, before he left town. His opinion now is, that if cut into, the tumour would probably present a mixed medullary and scirrhous appearance. From its increased enlargement, the unfavourable appearance of the covering integuments, the state of the patient's chest, and the condition of the glands, he thinks the disease malignant; also, that as the operation of removal would be an extremely painful one, and from which no equivalent advantage could be fairly expected, it ought not to be performed. Discharged incurable.

CASE OF EXTENSIVE FRACTURE OF THE
SKULL, WITH DEPRESSION OF BONE.—
DEATH.

— Browne, ætat. about 40, was admitted into the hospital, under the care of Mr. Earle, on the 30th September. He was in a state of extreme intoxication when admitted, and remained evidently under its influence for a long period afterwards. He was quite insensible; and, on examination, there was found a most extensive fracture of the skull. As nearly as possible, *one half* of the left parietal bone was driven in upon the substance of the brain. Mr. Earle, at three o'clock, P.M., (soon after admission,) elevated and removed this portion of bone, and the patient then showed some sign of sensibility.

Soon after the operation, he shrunk when pinched. Mr. Earle thought the fracture extended not only across the whole skull-cap, but into, or across, the whole base of the skull. There was an opening of *three lines* in the coronal suture, on both sides. Hardly any effusion appeared to have taken place, on elevating the depressed portion of bone. From so extensive an injury, no hope whatever was entertained of recovery. The patient had been sitting on the shafts of a cart, from which he fell while driving the horse, with his head upon the street, close to the hind-legs of the animal. Whether the injury arose from the fall alone, by a kick from the horse, by the wheel passing over the head, or by either or all of these circumstances combined, could not be ascertained. In the course of the evening he became extremely irritable and restless, which continued during the night. Ordered an enema, and a dose of calomel and jalap, immediately.

October 1. Very little alteration has taken place, except that he is more quiet than he was during the night. Pulse full; venesection at six, A.M., ad xxx ; at eight, P.M., repeat venesection, ad xxiv .

2. He spoke indistinctly yesterday at twelve o'clock; since which he has not been heard to articulate. There is hardly any protrusion of the brain, but the tumor from it is extremely offensive. Suppuration and sloughing are going on. Pulse sharp, and 150. Two o'clock, P.M., the breathing has become laborious, and he is evidently fast approaching dissolution.

3. He lingered till seven this evening, and expired. After death, the fracture was ascertained to have extended very nearly across the whole of the base of the skull; but the examination was conducted so irregularly, and with so little attention to the edification of the pupils, that, when the fragments in the dead-house were to be seen by most of them, there was no possibility of tracing any further effects from the injury.

GUY'S HOSPITAL.

EXTENSIVE LACERATION OF THE ARM.

ROBERT MARTIN, *ætat.* 42, a muscular man, was admitted into Cornelius's Ward on the 9th of August, under the care of the "Senior Surgeon." He stated, that at Camberwell fair he incautiously put his hand through the bars of a lion's den, and was patting the animal's head, when it struck at him violently with its paw, and severely lacerated his arm. He was immediately conveyed to the Hospital, where, on exami-

nation, it was found that the integuments covering the back part of the forearm were lacerated to a great extent, detaching the fascia, and exposing the muscles, some of which were also partially lacerated. There had been but very little hæmorrhage, and no large vessel was wounded. When admitted, he was rather faint. He was immediately placed in bed; the lacerated parts were supported, and kept as nearly in apposition as possible with adhesive straps. The arm laid upon a pillow, and the spirit wash ordered to be kept constantly applied. A dose of house medicine.

10. He has passed a restless night, and this morning is rather feverish. He complains of great pain in his arm. The dressings were removed, and the spirit wash alone applied. Very little inflammation had as yet been set up. In the evening the parts were re-dressed with lint, and supported with adhesive straps, loosely applied, and over these the lotion as before.

16. Since the last report, suppuration has taken place; he is now much better, and is free from pain. Ordered to apply lint dipped in nitric acid lotion to the wounds, and the forearm to be covered with a linseed meal poultice.

21. The wound is partially granulating, but the edges are still sloughy and ragged. Ordered to apply lint dipped in a solution of the chlorate of soda, and over this a warm bread poultice.

27. The parts are now perfectly free from any sloughs or unhealthy appearances. The discharge of pus is copious and healthy, and the granulations increase. Ordered to take two grains of the sulphate of quinine, in two ounces of the infusion of roses, three times a-day, and to continue the applications as before.

Sept. 6. Improved in every respect.

16. The granulations are now on a level with the surrounding parts; in some places cicatrization has commenced.

29. The wounds are nearly healed.

POPLITEAL ANEURISM—OPERATION OF TYING THE FEMORAL ARTERY.

Thomas Digby, *ætat.* 25, a muscular and healthy-looking young man, was admitted into Naaman's Ward, on the 14th of August, under the care of the "Senior Surgeon."

He stated, that about five weeks back, in wheeling a barrow loaded with clay along some planks, his foot slipped off, and his heel was suddenly placed upon the ground, and he felt something give way in his ham, or, to use his own expression, he heard it "crick." He was immediately seized with a numbness of the whole limb, and an aching pain in the ham. In about five days afterwards, he felt a small lump in his ham,

and his attention was more particularly directed to it, by its being attended with a distinct throbbing sensation. This swelling so rapidly increased in a few days, as to completely incapacitate him from walking. In this state he applied to the Hospital; when admitted, the aneurismal tumour was considerably larger than a pullet's egg, and completely occupied the popliteal space. The patient said, that it had increased rapidly within the last ten days. Its pulsation was strong. Pressure upon the artery at the groin completely restrained the pulsation, and the tumour then became almost obliterated. He was ordered to keep his bed. Some mild aperients were administered, and he was bled to 18 ounces. The operation was performed on the 26th Aug. There were two nerves closely in contact with the artery, where it was taken up. The nerve upon the inside of the artery was external to the sheath, and that upon the outer side of the artery was within the sheath. After the operation, the patient was placed in bed, a flannel stocking was put upon the leg, and it was laid upon pillows, slightly flexed. In a few hours the temperature had increased; the patient was free from pain, and only felt a little tingling sensation in the integuments of the leg.

27. He passed a good night. The stocking was removed. There was no pulsation in the tumour.

30. The limb is now of the same temperature as the opposite. The tumour remains much the same. The wound was dressed to-day for the first time; the upper part has firmly adhered.

Sept. 6. Since the last report he has been rapidly improving; the wound has healed at every point, excepting where the ligature is placed. The tumour has considerably diminished.

29. The ligature came away last Tuesday week, being 35 days after the operation. The wound has everywhere healed; the tumour is less than half its original size.

WESTMINSTER HOSPITAL V. WESTERN HOSPITAL.

To J. G. Guthrie, Esq., Surgeon, 2, Berkeley Street, Piccadilly.

SIR,—Although I have been repeatedly informed, within the last few weeks, that you have taken every opportunity of speaking disrespectfully of the Western Hospital—moreover, that you have actually stated, "it should not be recognised by the College of Surgeons;" I took no notice of such

illiberality, not only considering it as the mere effect of that jealousy for which—pardon me, Sir—I am conscious of daily giving ample cause, and as the production of the littleness of mind of a private individual; but deeming the source from which such conduct could proceed, beneath my notice. But now that I understand you have become a *public officer*, I feel it my duty *publicly* to inform you, that I do not consider such observations at all becoming one who has been, on entering his new office, *sworn* to impartiality; one who is only a *junior* surgeon to an hospital* that contains only about seventy beds; one who, to obtain that very appointment, had to solicit my vote.

I am, Sir, your obedient servant,

W. W. SLEIGH.

25, Upper Seymour Street, Portman-Square, October 2, 1828.

IRREGULAR ATTENDANCE OF THE SURGEONS AT THE BOROUGH HOSPITALS.

To the Editor of THE LANCET.

SIR,—As you have invariably evinced a laudable readiness to publish, in your Journal, any communication calculated to advance the interests of the medical pupil, I am induced to request the insertion of the following:—

In consequence of the appearance, in last week's LANCET, of Mr. Earle's proposal to make his visit at Bartholomew's Hospital at 8 A.M., for the purpose of enabling the pupil to observe the practice of each surgeon, many of the Borough students, perceiving the advantages of such a regulation, are exceedingly desirous that a similar one should be adopted at one or both of the Borough Hospitals. Such a regulation appears particularly suited to the Borough Hospitals, as the visits are made usually on the same day, and at the same hour, at each; so that the privilege of attending the practice of both, does not exist in reality; yet the surgeons never fail to announce this fallacious privilege in their advertisements.

The adoption of such a regulation would not only be an act of justice to the pupils, but would be one of great personal convenience to the surgeon.

Should this intimation of the feelings of a great number of the pupils meet with proper attention, you will enjoy the gratification of having promoted in this instance, as

* This hospital is recognised only *per favor*. Vide Regulation the 2nd, of Royal College of Surgeons.

in many others, the interests of medical students.

I have the honour to be, &c.

A BOROUGH STUDENT

[We have received several other letters on this subject, some of which complain bitterly of the non-attendance of the surgeons at the appointed hour for operating on Tuesday last; in consequence of which, many of the pupils were prevented from hearing the anatomical Lecture at St. Thomas's Hospital. The pupils have the remedy in their own hands; they have only to act with spirit and discrimination, and the evil will be instantly removed. They should meet, and present a REMONSTRANCE to the surgeons; should this have no effect, they can demand, and legally recover, their entrance fees.—ED. L.]

TO CORRESPONDENTS.

COMMUNICATIONS have been received from Dr. EDWARDS—Mr. R. LANYON, JUN.—A CONSTANT READER—Mr. J. FROGGATT—A READER OF THE LANCET—Mr. J. HOULTON—Mr. DE LA FONS—Mr. T. ROLFE—Mr. J. FEDDON—MEDICUS—Mr. W. COOPER—Mr. W. JOHNSON—"THAT'S ALL"—ALUMNUS GUYENSIS—HOMUNCULUS ACCUSATOR—Mr. J. CURTIS—A PUPIL—LENNOX.

Mr. CATLETT's letter, with his subscription of £9 16 6, for the distressed Medical Gentleman and Family, in our next.

The medical department of the London University has assumed a most promising aspect; the number of pupils already entered, has far exceeded the expectations of the most sanguine of its supporters. The accommodations for the pupils are admirable and unrivalled, and a STEWARD has been appointed who supplies excellent dinners, breakfasts, soups, &c., at less than one half of the charges at the inferior coffee houses; indeed, the arrangements for the instruction and comfort of the students, cannot be sufficiently praised.

The removal of Mr. Charles Bell from the Windmill Street School, must prove the ruin of that miserable establishment. Mr. Bell, we are told, sold the good-will of the concern (thus the pupils are bartered like

a flock of sheep, or a herd of swine,) to the MIDDLESEX OWL for 1500*l.*, of which sum he has refunded 400*l.*, in consequence of his appointment in the London University.

"Panope" has our thanks; the subject is one of interest, and shall receive adequate attention.

We will endeavour to find a place for at least a portion of the letter signed *Αληθεια*.

Δ—The inquiry shall be instituted.

We are obliged to "Medicus" for his excellent critique on the Lectures of a Dr. Chambers; but we do not consider that the Doctor or his Lectures are worthy of notice.

The letter signed "W. Cooper," was surely intended as a hoax.

A Subscriber suggests, that great caution should be exercised in electing a surgeon to the Hospital Ship "Grampus," as the late surgeon sent his "lithotomy cases" to the London and other Hospitals.

"Medicus" is referred for "the mode of treatment" to THE LANCET, No. 256, page 524.

It is not likely that we shall publish the outline of Geology.

Our "first" Glasgow Correspondent is requested to forward his reply to Messrs. Wood and Co., as soon as possible; the letter of his "friend" shall be published next week.

We published the "Introductory Lectures" four years ago; the same lectures are delivered now, and the same lectures by many persons have been delivered these twenty years; under these circumstances, it is surely unnecessary to publish them again.

"Observer" complains of the depredations of a BAT among the morbid "specimens" and preparations in the Birmingham Hospital; the creature, it appears, is not only a Bat, but a cormorant; if its flights to the said hospital be not less frequent, and less annoying, we shall clip the little animal's wings.

"C.S." next week; will he favour us with his name, confidentially?

The Middlesex Hospital is not beneath notice, but the surgical practice is. The OWL, we hear, has sent his beak through a strangulated gut—where was the coroner?

Thanks for the notice of the case of Tetanus, but we have no relish for benighted Oysterian Surgery.

We will endeavour to procure the Formula inquired for by a "Constant Reader."

"F.B.D." is requested to call in Bedford Square, before twelve o'clock.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, OCTOBER 18.

[1828-9.

A LECTURE ON MUSCULAR ACTION, DELIVERED BY MR. SHELDRAKE.

As all the diseases, distortions, or defects, which it is now proposed to cure, to correct, or to alleviate, are believed to originate in a derangement of the natural muscular action; and as it is now proposed to remedy those defects, by restoring that action to its natural course; it is proper to begin by endeavouring, at least, to discover what muscular action is.

It is a remarkable fact, that there is not a living being in whose body the most wonderful actions are not continually going on, "*palpable to feeling as to sight*;" yet none have taken the trouble to ascertain what they are, or how their visible effects are produced. Those whose lives are supported by these very actions, do not seem to know that they exist; and the learned, whose province it is presumed to be, have made no rational investigation on the subject, at least none that I have been able to discover. This being the case, it remains one important subject for investigation that is still untouched. As it lies directly in my way, in that course which I have pursued, I shall, perhaps, be excused for attempting to examine it; certain, that if I produce no information myself, I shall afford an opportunity to some who may be better qualified to correct me, and to produce that information which I may not be able to communicate.

Muscular action, if it can be arranged in a manner similar to that in which Nature has arranged the muscles by which its effects are produced, may be placed in two divisions, first, muscles, whose action is involuntary; and, second, muscles whose actions are subject to the will of the animal in whose body they exist.

Of the first, the chief are the muscles of the heart; their actions seem to

depend upon their containing within themselves the principles of action, which in them are equal and opposite to each other. These muscles are thrown into action the instant the heart begins to live; they grow with its growth, and strengthen with its strength, so long as the animal of which they form a part continues in health; their action diminishes in regularity as health decreases, and finally ceases with the extinction of life. What the wonderful power is, by which these effects are produced will, in all probability, never be known by any living being; at all events it is not intended, in this investigation, to enter into the inquiry.

There are four conditions or states of the muscles, which it will be proper to understand, and, so far as it may be done, to explain:—

First, the state of absolute rest; as when a person lies down in a horizontal position to sleep, or to remain in any other state of positive inactivity. When the muscles are in this state, every voluntary action ceases, and nothing goes on but the circulation of the blood, and such other functions as are necessary to continue life in the body. If, when a man lies in a sound sleep, you raise his hand, or any other member, the instant you let it out of your hand, it falls as if it were lifeless. If a man who is fast asleep could, without disturbing him, be raised and set upright upon his feet, the instant you let him go, he would fall to the ground as if he were dead. Sleep is, indeed, the perfect image of death.

The second state of muscular action, is what I shall venture to call positive muscular action, of which I will give this one example. When the anchor-smith raises his hammer, whirls it round his head till it has acquired its full power, and then strikes it upon the hot iron with all his force, he is in *positive action*. The experience of every one will enable him to recollect many examples of the same condition of the muscles. The third condition of the muscles is that which exists while the muscles are passing from the state of action to a state of rest, or *vice versa*; it is the most fugitive or versatile of any, and can only be perceived

F

in the action of any muscles, during the brief time of their progress from the state of action to the state of rest.

The fourth condition or state of the muscles I shall venture to call suspended, or regulated, muscular tension or action; although it is the most important of all the conditions in which living muscles exist, no writer that I know of, has taken the least notice of it; it has fallen to my lot to be the first to offer it to notice, and attempt to explain its properties; I trust that, if in so doing I should fall into some errors, I shall be excused, from the novelty of the subject, and if any one will suggest a more appropriate title for that condition of the living muscles, which I shall endeavour to describe, I shall willingly withdraw that which I have given, to substitute a better in its stead.

If a strong man grasps any thing firmly in his hand, all the muscles of his arm become very firm while he holds it fast, but he cannot hold it so long; if he attempted to do so, some of the muscular fibres would relax, others would follow, a tremulous motion would appear in the arm; that motion would increase till, in the end, the muscles would become quite relaxed, and the object that had been held would fall to the ground. If the man who held it was determined to maintain his grasp as long as possible, he would grasp it again when he found his hand giving way; this action would be frequently repeated, each time weaker than that which preceded it, till, at last, the hand would quite lose its power of holding the object, and it would fall to the ground. It is quite impossible that any muscles should maintain themselves in any one action for any length of time, without varying its application, so as to renew their strength; this is the first principle upon which all muscular action depends.

It is recorded of the Crotonian athlete, Milo, that so great was his strength, that he would stand upon a metal shield which had been plentifully covered with grease, with such firmness, that he successfully resisted the efforts that were made by several strong men to push or to pull him from the station on which he had fixed himself. This is, of course, a fable; but, like most of the Grecian fables, it was made to explain, enigmatically, a fact. The Grecians knew more of the action of muscles, in all the exercises in which they passed their lives, than has been known by any people who have existed since their days; and their invention of this story of Milo, proves they knew that this principle, which I have called regulated muscular tension, was either itself muscular strength, or one of the principal causes of it.

We may bring this subject still more

within our own knowledge. If we were to take a strong young man, of given size and weight,—a feeble old man, whose size and weight should be the same,—and a statue, or even a dead and stiff corpse, whose size and weight were equal to those of the others,—and place these different objects quite erect in the same position, then push the dead figure with as little force as will derange the equilibrium in which it is placed, and it will fall to the ground; a gentle push will throw down the feeble old man; but it will require great exertion to overthrow the very strong man. Why are these things so? What is this principle, which, acting upon matter, counteracts the immutable laws of gravity? It is not, itself, matter, for it has no weight. If a man were weighed, immediately killed by suffocation, and weighed again, he would be found to weigh more, after he was dead, than he did when he was alive; yet it is *something* that is abstracted from the living body when death takes place; for it is a well-known fact, that, if a weight is suspended to one or more dead muscles, that weight would tear those muscles to pieces, which, when they were alive, would have borne it without inconvenience.

This principle is certainly something that connects the mind with the body, at the same time that it exists independent of either, when under peculiar circumstances; for example, when some parts of a body become diseased, or deranged by many accidents, the mind cannot exert its influence to bring those parts into action, however desirous the person may be to do so. It is not, itself, life, for life often exists in parts of a body for many years, without the sufferer having the least power to bring those parts into action, although he may have the strongest desire to do so; but the most extraordinary of all the proofs that this principle is something distinct from mind and from matter, is that which was mentioned by John Hunter. He said, "That when muscles had, to all appearance, lost all their power of voluntary action, he had often restored that power, by forcing them, for a length of time, to act by means of an assistant, in the same way that they would act if they had their natural power." This very extraordinary fact was mentioned by Mr. Hunter, as having been proved many times within his own knowledge; and the impression his information made upon my mind first led me into these investigations, and has produced important proofs of its success, which must put an end to all doubts of the reality of the fact, as well as of its importance.

Having established the reality of regulated muscular tension, as an abstract principle, it will be proper to mention some

proofs of it that may be entitled to observation.

First. When a man is going to run a race, he stands prepared at the starting-post, and looking earnestly for the signal, which, being given, he dashes off instantly, and does not lose a moment till he arrives at the goal. He has placed himself in a proper position; his muscles were so far braced up, and kept in the proper state for action, that, upon receiving the signal, he had only to dart his will into them,—if I may be allowed to use the expression,—to set off without loss of time, and proceed till he had arrived at the end of his course. The practice which had qualified this man for his race, had taught him to know the exact state in which every muscle should be kept, that it might be instantly used to the best advantage.

Second. Two wrestlers engage in a contest; they stand up to, and grasp, each other; all their muscles are kept in that state of tension that I have endeavoured to describe; they attempt, by almost imperceptible degrees, to feel each other's strength, till one, finding his opportunity, by a violent and unexpected exertion, gives his opponent a fall.

Again. Two pugilists engage in a contest; they stand up to each other—each, in his own attitude, is, in all respects, prepared to give, or to avoid, a blow. This is regulated muscular tension, by which every muscle that exists in the two combatants is kept in a state of preparation to act with all possible velocity, in whatever manner the will directs: he watches for his opportunity, and, so soon as he sees it, puts in his blow. That is the action; all the rest was preparation to act.

Many other examples might be mentioned, to show the reality of this principle of regulated muscular tension; but those which have been described will be sufficient. I shall now endeavour to show its importance in all actions of the human body, and its importance in creating defects when it is deficient, and in removing those defects when that deficiency is supplied.

When, in the earliest stages of life, children make their first attempts at locomotion, those attempts are but momentary; whether they are, or are not, successful in their attempt, they immediately sink into a quiescent state, till they have recovered from the fatigue which the attempt has occasioned; they repeat the attempt, or engage in others; and thus proceed, increasing their powers by repeating their attempts.

It was a favourite expression with Mr. Hunter, that muscular motion increases muscular strength. This is saying, in other words, that performing any action produces strength, which enables the party to repeat it. This is true to a certain extent, and no

more; for, if any muscular action is too frequently repeated, debility is produced, and injury sustained. Hence it is evident, that it is sometimes necessary, and always advisable, that, when young people are employed in exercises that are intended to improve their health, or produce any other specific effect, they should be superintended by some one who is, from actual knowledge, competent to teach and advise them what to do, and what to avoid.

In the ordinary occupations of life, this is not the case. The son of a labouring artisan follows the same occupation as his father; by degrees he becomes acquainted with the tools and practices of his father, grows up in the use of them, acquires his habits, and becomes possessed, at last, of all the peculiarities of his class.

The son of a cottager, is, soon after he can stand, set to drive sparrows from the corn, then to attend the horses at plough; he at last follows the plough, and becomes a ploughman himself, with all the same peculiarities that attend the other individuals of his class.

But the case is very different with the children of gentlemen; it is expected, and justly, that they shall have none of the peculiarities, either of person or manner, that necessarily, and almost naturally, attach to the children of the lower orders; that they should have every perfection of person and manner that the best instruction can convey. Where so much is expected, the system of instruction should be begun at the very earliest period of their lives, before they have any opportunity of learning anything that it will afterwards be necessary for them to unlearn.

To promote this object, I have, in the preceding lecture, laid down a system of treatment, that, if strictly followed, will prevent the accession of those peculiarities which, in consequence of negligence, is productive of serious injury in early life. As the rules which are there laid down were extended for the use of persons who are not professional, I have avoided all technicalities in the rules that have been given; but it is to be presumed that there are other cases of similar nature, in which the attention will be more strictly professional; to meet these I shall now give the details of treatment that will be quite intelligible to professional men.

I must premise that an erroneous opinion has very generally received more attention than it deserves, because it has been attributed to Mr. Hunter. He is reported to have said, "I am convinced that people get awry by the endeavours of parents to keep them straight; that parents were continually watching their children, and making them sit in a particular attitude, and that these

children so watched, when unobserved, would naturally sink into another way of sitting to have a little ease. Besides, *that is keeping in action one set of muscles, and not allowing the other to act at all, whereas, every set of muscles should be kept in action.*" He said "you don't see boys grow awry anything like so often as girls, nor yet girls in a low situation in life."

Again, Mr. Hunter said, "If it be necessary, from fashion and so on, to carry the person in any particular manner, this habit may be attained at any period of life, and quoted this instance: you see a ploughboy, while plodding at the plough, an awkward fellow; but he enlists; then he is put under a drill sergeant; and then observe with what care and precision he marches, after he has been under the care of that sergeant for a time. Now this shows that, if the body is well-formed, it may carry any fashion, but there is certainly no counter-acting nature."

Mr. Hunter said, "you should dress your children lightly and loosely, let them run about and exercise all their muscles equally, and then they would not grow awry. To this parents have a sort of objection: which is, that children will grow round shouldered, and so on. Now I have endeavoured to refute that absurdity, by saying, that if children were suffered and allowed to do as they please, the body would be formed according to that pattern which nature designed it should be."

I have placed these opinions together, because they were the opinions of Mr. Hunter, and, as such, are entitled to much respect. Trusting to my own memory for correctly remembering these opinions, as I heard him deliver them, I think there were shades of distinction between his real opinions, and what are here given as such; yet, with this abatement, they may be taken as the best opinions that were entertained upon these subjects in those days.

That the drill-sergeants, in Mr. Hunter's time, frequently transformed very awkward, clumsy, and even stupid, clowns, into smart, active, and clever soldiers, is undoubtedly true, and proves that the opinion of those who say that such defects cannot be cured even after the patients have arrived at maturity, is erroneous. In those days I passed much of my time on the south side of St. James's Park, where I gained both knowledge and amusement, by observing the effects that were produced by forcing military knowledge into raw recruits.

However awkward, clumsy, or ill-formed, the recruit might be, there was but one process used to convert him into a well-made active soldier: the mode of conducting that process might vary according to circumstances when it was applied to differ-

ent men, but its essential qualities were, in every case, the same; that was, to force or strain himself by whatever exertion it might be necessary for him to make, till he had twisted himself into that shape and position which his sergeant determined that he should assume; a task which was very difficult, and attended with great pain and difficulty to the unfortunate recruit. I have seen a man undergoing this discipline roaring with pain, like an unfortunate child that had been severely beaten. Yet I always saw that the sergeant was victorious, and converted his pupil into an effective soldier; his recipe was infallible; it was punishment, or, at least, the fear of it. The recruit knew full well that if he did not do what he was directed to perform, he would certainly be punished according as he was deficient, and the business did not end here; for, if he again failed in executing the required manœuvre, he would be again punished, and so on, till he did execute what was required of him: this was an infallible method of fixing knowledge in the minds of those who were obliged to learn; but as it cannot be applied to the sons or daughters of gentlemen, it cannot be of the least use on the occasions that we are now contemplating.

Mr. Hunter's opinion, that "if it be necessary, from fashion, and so on, to carry the person in any particular manner, this habit may be attained at any period of life," if it be true, it is only in a very limited sense, and the circumstance that he mentions to prove the correctness of his opinion directly proves its fallacy; I mean the effect that is produced by the drill-sergeant, who transforms awkward countrymen into clever soldiers; and, as the investigation of this opinion will lead to a knowledge of the facts which ought to be understood, I trust that I shall be excused for employing some time in the investigation.

During, and after the time of the riots in and after the year 1780, and during the revolutionary war, volunteer corps were formed throughout the country: men of every rank, from the highest to the lowest, were engaged in them, and were instructed in military manœuvres by the same sergeants who drilled the military recruits. All these persons performed their military duty well, and it need not be doubted that, if they had been called into action, they would have performed their duty as became high-spirited Britons; they were drilled with as much care as the military recruits, and executed their military manœuvres in a becoming manner, but this was the full extent of their qualifications: when they laid aside the military dress, they laid aside every military air at the same time, and returned to their several occupations

without showing a particle of any quality which indicated that they had ever been instructed in anything beyond the occupations in which they passed their lives.

I can carry this proof one step further. I was acquainted with a gentleman of that rank which enabled him to pass a great portion of his time in the sports of the field, and in all the exercises that can be used by gentlemen of his rank, he acquired the highest degree of personal prowess. This gentleman became a member of the most respectable volunteer corps in the metropolis; he was fond of the pursuit, paid great attention to his exercises, and piqued himself upon being the best drilled soldier of his corps; this did not content him, but he aspired to a higher reputation; he determined to be a *soldier indeed!* he had been instructed in his military exercises by a sergeant in the guards, whose regiment was to be reviewed by the king at Wimbledon: he bribed this man to put him in the ranks, instead of a private who was clandestinely put aside for that purpose. This was a service of danger to all parties, but all-powerful money induced the men to execute it. The gentleman was accoutred in the uniform and arms of the soldier who had been surreptitiously put aside to make way for him; he marched to Wimbledon, did the duty of the day with the regiment, marched back again, and was radically cured of all desire to be a soldier.

He has often declared since, that, in all his volunteering experience, and every other fatigue that he had suffered in the course of his life, nothing could equal what he suffered in the course of that day, nor could any thing but his experience have induced him to believe that his sufferings could have been so great. Yet, if circumstances could have compelled him to become a real soldier, practice would have enabled him to go through those fatigues just as easily as by any other man.

The fallacy of Mr. Hunter's opinion seems to have been this: he saw that the strong arms of necessity and power compelled the most awkward of men to transform themselves into the most active, and, so far as personal exercises may go, the most accomplished; and, having seen this, he assumed that *therefore* those who had no motive to stimulate them to exertion but caprice, could *easily* produce similar alterations in their own persons. The fallacy must be felt as soon as it is mentioned.

The soldier is, I believe, the only member of civilised society who relinquishes all the habits that he had practised from his earliest infancy, till they become, in ordinary language, quite natural; to enter into a state so different, that he has every thing to learn, even to the least motion of every

part of his body, before he is able to act in his new situation; and when he is able to do so, he is required, constantly, to perform the duties of his new station regularly and constantly for the rest of his life, so that he becomes, to all intents and purposes, a new and an artificial animal.

This being the case, it becomes a legitimate object of curiosity to inquire, by what means this change is produced; and of real utility, if the means that are used to produce these changes in him can, in any way, be rendered serviceable to others.

The first part of the recruit's education consists in breaking down all the awkward habits that he had acquired during his former life, and a most serious operation this frequently is, particularly if he have arrived at manhood, and perhaps advanced some way into that state.

When he begins to learn the new part of his duty, he is first made to stand quite upright, with his arms, thighs, and legs, quite straight, *but not stiff*; this is, to many, a matter of great difficulty, and they suffer severe pain from the exertions they are forced to make, till they acquire the power to use their limbs in the way that military duty requires that they should use them; at last, however, by whatever means or exertions they are enabled to acquire it, the power that is required is attained.

He is then directed to move all, or any of his limbs, in the manner and the direction that he is ordered; this must be done by his own exertion; this process is at first extremely painful. When, by this process, he is enabled to perform by himself all the various movements of the body, and all its members, together or separate, as they are required to be performed in military duty, he is placed in a rank with a few men who are in the same state of forwardness as himself; this set is then made to perform the same movements and manœuvres together, till they can do so with precision.

When this small number is made to act together with uniformity and precision, larger numbers are combined in the same manner, till a company, a regiment, or even a larger number of soldiers, is made to act together as if they were but one man.

Whoever will examine a body of soldiers, when practising their military exercises, will perceive, that each man stands firm upon his feet, his body resting firmly upon the pelvis, and quite erect, without being stiff, so that he moves either leg freely, without making any motion with his body, however fast he may walk or run; every limb, every muscle, is kept in such a state of preparation, that every man, having his eyes fixed upon the person who gives the signal; the instant it is given, the whole body performs the act that is required in the same

instant of time. This can only be performed by keeping every muscle in that state of preparation that I have called regulated muscular tension; it is not a state of rest—it is not a state of action,—but it is a state in which they are ready to act in any manner, the instant they are directed to do so by the will of the being that governs the body of which they form a part.

Whoever will carefully examine a regiment, a company, or a smaller number of soldiers, who are performing their military duties, will perceive that they stand firmly, but *not stiffly*, fixed in the same attitude, for any length of time that may be required, but that they change that attitude to any other the instant they are directed to do so: the power of doing this has become easy, or what is called natural, to them by long practice, and remains with them for life. If the first line of a military body, to whatever length it may extend, and which is the only part that can be distinctly seen, be carefully examined, it will be seen that the body of every man is firmly fixed on the pelvis, and all the other members are connected with the body in the same way; that this steadiness in the position of each man gives to the whole line, or body, the same steadiness that it would have if it were one solid mass; under that mass, the legs of all the men move with perfect freedom; the right legs of all the men move directly forward at the same instant of time, and plant themselves in advance, bearing the bodies upon them; the left legs of all are then projected forward in the same manner; the legs thus move on alternately, but the bodies of the whole corps are carried forward, as if they were one inseparable mass.

If we turn from the whole corps to any one man, say a sentinel on duty for his two hours, he marches backwards and forwards incessantly during that time. No motion in the pelvis; the body, the head, and all the arms which the service require him to bear, are carried with ease in their proper bearings upon the pelvis, while his legs move in perfect freedom beneath them, as if they had no weight to carry. If our sentinel grounds his arms, and moves into the street as an ordinary man, he carries this easy action with him, because it is become familiar; he walks in the same manner as he did when he was on duty, and even without the consciousness of doing so. He, in all probability, suffered severely from the discipline he had gone through in training, but its effect has been produced, and he thinks of it no more, but contentedly enjoys the advantages it has procured him. I have often observed, with much pleasure, men of the handsomest figure walking the

streets in a very elegant manner, although in the dress of common soldiers.

When Mr. Hunter said, that particular habits might be attained at any period of life, and mentioned the drilling common soldiers as a case to show the truth of his assertion, although that assertion and its confirmatory fact are true to the letter, no practical inference can be drawn from them, as applicable to practice in private life; first, because the discipline by which the persons of soldiers are improved is so severe, that, in private life, no individual would subject himself or his children to it, for any advantage which they might hope to obtain by the adoption; and, second, if they did gain any advantage by the practice, they would not long retain it. The military duty which soldiers are required to perform daily, preserves to them the advantages they had gained, or, at least, it will preserve it so long as they continue in active service; that is, a great part of their future lives; and when, at last, old age does compel them to retire, the exercises which they have uniformly practised through life, leave them, though in ruins, with a degree of strength, and its good effects, much greater than are enjoyed by any other men of the same age.

The habits of private life, the carelessness, or the careflessness, with which the serious affairs of the world are followed, will equally induce the neglect, the disuse, and the total abandonment of any personal advantage that has been recently obtained, and may, therefore, be easily lost.

But, putting all attention to the technicalities out of the question, there is one practice of military education that highly deserves to be imitated in every department of life, where any education is to be given. At the Military School at Chelsea, which has been established to educate the children of soldiers, they are taken in at a very early period of life, kept, and educated, in every respect, in a manner becoming the situation from which they sprang, and that in which, in all probability, they will pass their lives. From the earliest period of their entrance into the school, they are taught the military exercises, under the direction of teachers who are as well qualified for the task as the army can supply. When these children leave the school, I believe they are at liberty to choose their own future occupation, but the greater part of them pass into the army, at first as privates, and become non-commissioned officers, as opportunities to promote them offer. The consequence of this proceeding is, that such recruits, if they may be so called, learn the practice of all military duties so early in life, that they never know the miseries of drilling in the Bird-cage Walk; they have no im-

proper habits to *unlearn*; they learn, by degrees, what is proper; it is little, if any, inconvenience for them to retain what they have learned; they proceed from one point of knowledge to another, so that they enter into life as complete soldiers, without having had much trouble, and no pain at all, in learning to become so. They are better soldiers than any of those who do not become soldiers until later periods of their lives; they are better formed, both in body and mind, for the execution of their duties, and certainly have raised the reputation and good qualities of their own class to a much higher level than was occupied by persons of the same class half a century ago.

It is the adoption of the *principle*, by which this improvement has been effected in the persons of military men, and the modification of that principle, in the personal exercises of children in the superior ranks of society, that I would universally recommend.

FOREIGN DEPARTMENT.

M. MAGENDIE AND HIS DISCOVERIES.

It cannot be denied, that M. Magendie has some merits as a physiologist; we have, however, no hesitation in asserting, that they have been greatly exaggerated, and whoever calls him, as French writers often do, the founder of experimental physiology, shows how little he knows of one of the greatest physiologists that ever lived—of Haller—towards whom we should be guilty of injustice, if we thought for a moment of comparing him with M. Magendie. Although we are not inclined to agree in opinion with those who deem all experiments on living animals unjustifiable, we cannot but consider the charge of cruelty, which has been so often brought against M. Magendie, in some degree well founded, as such experiments should never be undertaken unless by an accurate observer, and with a *reasonable* prospect of enlarging our sphere of knowledge. In this respect, what a difference is there between the Swiss physiologist and the French experimentalist! On the one side, a decided talent for observation, clear and comprehensive reasoning, ingenuity and scrupulous accuracy; and, on the other, superficiality, premature conclusions, and extravagant speculation! Boldness is, indeed, the most striking feature of M. Magendie's experiments, and is, we are convinced, the only quality which has procured for him a short-lived reputation.

The following extract, from a Memoir of M. Magendie, on the Brain, will show how

little he is qualified for an experimenter, and perhaps serve to caution our readers, in future, against placing too much reliance on such an authority.

M. Magendie is speaking of the cephalo-spinal fluid, the quantity of which is said to amount to three ounces, but not unfrequently, especially in old persons, to twice as much; it surrounds the brain and spinal chord in strata of different thickness, and thus forms, he says, a strong objection against the system of phrenology. (!) This action is, however, only mechanical, and M. Magendie was desirous of determining its influence on the vital functions. For this purpose the following experiments were made:—In an old fox, a puncture was made in the basis of the occiput, by which the fluid was evacuated in a few seconds. The effect which ensued was very striking; the animal, which before had been very savage, suddenly became quiet and motionless; it continued in this state for thirty-six hours, after which it was as lively as before the experiment. Another puncture was now made, by which it appeared that the fluid had been completely restored. "This experiment," M. Magendie continues, "which I have repeated in different ways, shows not only that the cephalo-spinal fluid *exercises a great influence on the motion and instinct of animals*, but also, that it is very easily regenerated."

"But," our philosopher exclaims, "does it act only mechanically? and do not its chemical properties also influence its action? To solve this new question, I extracted the cephalo-spinal fluid of an animal, and then supplied its place with distilled water of the same quantity and temperature; to my surprise, the animal fell into an extreme agitation, its movements became convulsive, and it seemed to have lost its natural instinct and habits."

"In order to determine whether the temperature of the fluid has any effect on the functions of the nervous system, after having evacuated it, I suffered it to cool, and then re-introduced it into the skull. The animal was immediately seized with a trembling, analogous to that in the cold stage of ague, and this experiment appears to me to throw some light on the cause of shivering and trembling in intermittents." We congratulate M. Magendie upon this ingenious conjecture.

It having thus been clearly proved, that the cephalo-spinal fluid acts on the nervous system, not only by its mechanical contact with the brain and the spinal chord, but also by its chemical properties and temperature, M. Magendie begins to study its effect on the intellectual faculties. He gives a very superficial description of the brain, and finds it interesting that the old names of some of its parts apparently refer to *hydraulic func-*

tions. "There is" he says, "an aqueduct and a valve, an infundibulum, and a bridge! What system was it that created these names? We are not acquainted with it; our present anatomists do not admit of the existence of a fluid in the cavities, or on the surface of the brain; and whenever we find, as we always do, the ventricles filled with water, it is looked upon as a morbid production. My inquiries concerning the cephalo-spinal fluid have led me to a contrary opinion, and no sooner had I begun to consider the liquid in the ventricles as a natural production, than I was convinced of its being identical with the cephalo-spinal fluid. To confirm this conjecture, I was forced to assume an opening, by which the surface of the brain communicates with its cavities, but *no such opening is known*, nor could I imagine that it had escaped the notice of modern anatomists."*

So little is M. Magendie acquainted with the anatomy of the brain, that we really do not know which to admire most, his ignorance, or the happy self-complacency with which he writes on subjects of which he knows so little. It is universally known, that there is an aperture by which the internal cavities of the brain communicate with its external surface, viz. the fissure of Bichât, through which the *arachnoid* passes to line the ventricles.

"I did not, however, despair of finding such an opening, and actually discovered it at last, of two or three lines in diameter, covered by a lobe of the cerebellum. This discovery gave me at once the key to the hydraulic nomenclature of the ancients. I saw that it simply designated the action of the different parts of the brain; the *valvula cerebri*, is, in fact, to be considered as a valve; the aqueduct carries the cephalo-spinal fluid into the third ventricle, the *infundibulum* into the pituitary gland, &c. The fluid is, moreover, in a continued movement, a sort of flux and reflux, under the influence of respiration; during inspiration, it is carried from the cerebral cavities into the spinal canal," &c.

"By my researches on the movement of the fluid through the aqueduct, I was led to the most probable use of the pineal gland. I consider it as a sort of stopper (*tampon*),

* This might seem almost incredible to our readers, and we give, therefore, M. Magendie's own words:—"On concoit, que pour confirmer cette conjecture, il fallait absolument, qu'il existât une ouverture, par laquelle il y eût communication entre l'extérieur de l'organe et ses cavités, et cependant cette ouverture n'étoit point connue. Comment avoit elle échappé aux nombreux investigateurs modernes du cerveau?"—*Journal de Phys.*, vol. viii. p. 222.

destined to open and to close the aqueduct, over the anterior opening of which it is situated; the two large veins to which it is attached being sometimes empty, sometimes full, will accordingly exert more or less pressure on the gland, and thus open or close the entrance into the aqueduct; violent passions, screaming, and strong exertions, will, of course, produce the latter effect.

"As to the influence which the cephalo-spinal fluid has on the intellectual faculties, my observations in the Salpêtrière have led me to the following results:—In cases of idiotism, which has not existed from birth, the fluid on the surface and in the cavities of the brain is much increased in quantity; the ventricles are distended, the pineal gland is pushed from its natural position, so that it can no longer perform its function, and the aqueduct is always considerably dilated. In maniacs, the fluid is also increased in quantity; here it is scarcely ever found on the surface of the brain, but only in the ventricles. In persons who die in the full exercise of their intellectual faculties, the fluid in the ventricles often amounts to no more than an ounce.

"It seems then established, that the development of the intellectual faculties is in an inverse ratio with the quantity of the cephalo-spinal fluid."

We leave it to the reader's judgment, whether, after such a specimen of want of anatomical knowledge, of carelessness, and ill-founded self-confidence in M. Magendie, any great reliance can be placed in the experiments of this physiologist, or the conclusions which he draws from them.

CASES OF INTERMITTENT FEVER, IN WHICH BLEEDING WAS EMPLOYED IN THE COLD STAGE.

By JOHN MACKINTOSH, M.D., *Lecturer on the Practice of Physic, &c., in Edinburgh.**

(Continued from page 17.)

CASE 9.—A woman, 27 years of age, the mother of several children, experienced repeated paroxysms of irregular intermittent for several months, till at last her general health became much impaired under the disease in the tertian form. She was

* Dr. Mackintosh takes this opportunity of informing those Gentlemen who are interested in the *pathological investigations* which have occupied his anxious attention for many years past, that he cannot publish any thing further in the *Edinburgh Surgical Journal*, till that periodical changes its Editors, or till those persons mend their manners.

bled by Mr. Drever, one of my pupils, towards the termination of a slight cold stage, certainly before the appearance of the febrile symptoms or second stage. About 12 ounces were abstracted; neither reaction nor a sweating stage followed; and there has since been no return of the complaint, although several months have elapsed. She had neither bark, sulphate of quinine, nor arsenic. In fact, no medicines were prescribed but those of a laxative nature.

CASE 10.—David Lambert, ætat. 36, sailor, residing at No. 9, Couper Street, North Leith, states, that he was attacked with intermittent for the first time on the 9th May, 1827, when on his voyage from Bourdeaux, in the ship *Enterprise* of Newcastle. At the time of attack, they were off Dover in very bad weather, ten days from Bourdeaux. Since then the paroxysms have returned daily, the cold stage continuing for three quarters of an hour, often for upwards of an hour. It has always been severe. His general health soon gave way. He left the ship, disabled, and arrived in Leith on the 30th May. Attributes his illness to sleeping in bed with wet clothing, and going frequently on deck from the galley, in a state of profuse perspiration, at the time he acted as cook. When I visited him, he appeared to be very unwell, feverish, restless, and anxious about his fate; fearful of the consequences of the approaching cold stage, which he expected in a few hours. Says he sleeps little; has constant thirst and diarrhoea; pulse 100; tongue white and loaded, but moist; has a bad cough, with expectoration; slight difficulty in breathing; and constant dull pain in the chest and loins; appeared much debilitated; lies a good deal in bed, and when he sits up, complains of swelling of the feet and legs, which are cedematous; stethoscope announced bronchitis generally in both sides of the chest. The captain of the ship gave him something in treacle, which he supposed to be bark. Mr. Henbest and Mr. P. Mackintosh, two of my pupils, volunteered to watch the case, with a view to bleed in the cold stage. The remainder of the history is taken from their united report.

“June 7th.—Found him very unwell; coughing incessantly and violently; complaining of sense of weight in the chest; pain of head and giddiness; cold extremities; pulse 95, and oppressed.” These gentlemen continued to watch him, and at twenty minutes before 8 p.m., “he was seized with rigours, which soon became very severe. The breathing was hurried and laborious; his cough and other symptoms greatly aggravated. The whole body was in violent agitation, and his teeth chattered. When in this state, a vein was opened in

the right arm, and four small tea-cups nearly full of blood abstracted, (about 16 ounces.) He was so suddenly and so perfectly relieved, that he declared he felt quite well, his body became warm, and he soon fell into a quiet slumber. Pulse natural. After regulating the quantity of bed clothes, we took our leave.

“8. Found our patient looking much better, having entirely escaped the hot and sweating stages yesterday; and he enjoyed for the first time a night of uninterrupted sleep. The cough and wheezing are diminished. He expectorates easier.

“9. By account had a very slight chilliness last night; the whole paroxysm being of short duration; there was scarcely any heat, and very little perspiration. In fact, he said there was none of the bad attendants of the previous attacks. He was again visited at 9 p.m., and found in the cold stage, which lasted only ten minutes. The shivering was so very slight as scarcely to be perceptible. Passed a good night; was able to sit up a considerable part of the day; strength improved to his own feelings. The cough still continues with the expectoration; passes dark and fetid stools. Calomel and rhubarb. A blister to the sternum. Milk and farinaceous diet.

“Had an attack on the 10th, and another very brief one on the 11th; from which date till the present day, June 29th, there has been no return of the disease. There is no affection of the chest; his aspect and motion bespeak health, and his strength is perfectly restored, without the use of bark, quinine or arsenic.” My reporters state, that on the 19th, the patient expressed himself in the following terms: “If any man had told me, twelve days ago, that I should be so well as I am now in six months, I could not have believed him.”

CASE 11.—Corporal Geo. Webster, Royal Artillery, has served thirteen years, three of which were in the West Indies, where he enjoyed excellent health; but since his return, has shown a tendency to chest complaints; has been once in this hospital with a bad catarrh, from which, however, he recovered. He presented himself again at the hospital this day, June 24, 1827, and stated, that he had for some days past suffered from attacks of rigours, alternating with flushes of heat, and attended by pain in the loins and belly, diarrhoea and slight nausea. His pulse was quick, and tongue loaded. He got an emetic, and daily laxatives, and was discharged on the 29th, supposed to be cured. He re-appeared on Thursday, 5th July, and reported, that since his discharge on 29th ultimo, he had experienced three regular paroxysms of intermittent, with a day intervening; the last attack was this

morning. The cold stage was very severe, and continued for two hours; it was succeeded by the hot fit, and terminated in sweating. Complained much of general pains, but suffered distressingly from headach during the paroxysm. Nothing was given but laxatives; he had attacks on the 7th, 10th, 12th, and 14th. He escaped from the 14th till the 20th, when he had a very violent paroxysm; and on the 22d he was bled in the cold stage, and the following report was made at the time: the cold fit was severe, accompanied by violent pain in the head and belly, and oppression at præcordia, heat 95°, pulse 105, weak and irregular, respiration hurried and difficult. When the cold fit had continued for ten minutes, a vein was opened, and blood trickled down the arm at first, but afterwards came in a good stream. When about eight ounces of blood were taken, the pains every where ceased, the tremors became slighter and slighter, and were completely stopped before sixteen ounces were abstracted. He felt a slight tendency to syncope, and the arm was tied up. He spoke a great deal of the sudden and complete relief which he had experienced, and contrasted his present situation with the pains and oppression he had had in previous paroxysms, which always continued till the sweating stage had gone on for a considerable time. His pulse now beat 75, strong and full, heat 100°. No hot or sweating stage followed the bleeding. Four hours after the bleeding, he was again visited; pulse 110, of good strength; skin hot from pressure of bed clothes, which were now carefully removed, to his great relief.

23. Says he has not been so well since first attacked; feels, if any thing, rather stronger, slept well, bowels open, appetite pretty good, and had no return of the disease. Had no medicines but laxatives and infusion of quassia.

CASE 12.—Bombardier James Armstrong, aged 19, is tall, spare and pale; says he always enjoyed good health till 14 days before he left Woolwich, when he was seized with intermittent fever. After the first fit, he had no return for nine days, which he attributes to the use of bark, which was prescribed for him in the General Hospital. But when taking the bark, and while yet in hospital, he was again attacked, and had a paroxysm every day for four successive days. He still continued to take the bark in the intervals. He was removed from the hospital on Wednesday the 11th, to embark with his company for Leith fort. He escaped a paroxysm on the following day, but had one on Friday the 13th, and every day since.

20th July, 1827. Presented himself at the

hospital this morning. States, that the paroxysm came on at seven, A.M., which was very severe, particularly in the cold stage. Says he suffered most from headach, and a trembling feeling, together with a tightness at his breast. Feels now considerable prostration of strength; has no appetite; tongue white, not much loaded; thirst; bowels have not been very open for four or five days; pulse 100, and full.

21st September. At five this morning, was seized with a paroxysm. He describes the cold stage as being the most severe yet experienced. A smart hot stage followed, with excruciating headach. The sweating stage is now over, and he feels relieved. A laxative, taken yesterday, has operated four times.

22. Paroxysm came on at seven this morning. Was bled in the cold stage, after it was allowed to be well formed. He says the fit was very violent, and that his sufferings were produced by severe pain of head, difficulty of breathing, and tightness across the chest. Pulse so quick, irregular, and small, as not to be counted. When about an ounce of blood was abstracted, he felt much relieved; immediately afterwards the rigor ceased suddenly, the sense of cold gave way to a comfortable feeling, and all the other painful sensations vanished; and not more than eight ounces of blood were drawn. In the course of a quarter of an hour, said he was sensible of a little heat and slight thirst. Was visited four hours after the bleeding. Says he feels quite well, and declares he never felt so well, or so free from uneasiness, in so short a time after any previous attack, and that he has no feeling of debility, which he used to have. It should have been mentioned, that the heat under the tongue, in the cold stage, was 105°;—heat taken at this visit, 100°; pulse 76, full, and strong. Has had no stool to-day.

23. At 20 minutes before eight this morning felt a slight chill, succeeded by a flush of heat; but, to use his own words, he had "no fever to speak of." There was no sweating; the whole only lasted for about three quarters of an hour: in former paroxysms, the cold fit alone lasted two or three hours, and the whole attack occupied five or six. Says he feels uncommonly well. Appetite much improved; did not sleep much during the night; took a laxative.

24. Slept well; had a slight sensation of cold this morning, but no fever or perspiration; physic operated thrice.

25. Says he is better and stronger; slept well, but perspired copiously during the night; appetite very good; bowels regular. At the same hour this morning he experienced a slight sense of cold in his loins; but there was no general chilliness, and no heat followed.

26. Had another slight sense of cold at the same hour this morning, but no heat or perspiration followed; strength and appetite improving; bowels regular; slept well.

27. At the same time this morning was sensible of a feeling of lassitude, but no chilliness.

31. Feels quite well, and has expressed a desire to be discharged.

August 3. Continues well; discharged, to attend as an out-patient.

10. Came to hospital, during the hour of visit, in a severe cold stage, which had been on him for about half an hour. He complained of intense pain of head, as if some one were beating it with a hammer, accompanied with pulsation; the tremors were violent and universal; the surface rather cold, the extremities very cold; pulse 140, and oppressed; heat under tongue 97°; breathing hurried and oppressed, and when he attempts to take in a full inspiration, by desire, he finds it not only impossible, but makes much complaint of a pain in the left side of the chest, in the region of the heart. A vein was opened, and before four ounces of blood were drawn, the rigor diminished in violence, and the pain of head became relieved; after the loss of eight ounces, the head was quite free from pain, and the tremors subsided; the heat of his extremities was restored, and a general warm glow was felt over the whole body. When 11 ounces of blood were abstracted, he was found to be free from complaint, and the arm was tied up. Heat under the tongue, at this moment, 107, and the pulse beat 126, and very full; the bleeding occupied five minutes. In about 10 minutes after the bleeding, the headach became so intense, that he entreated to lose more blood, and eight ounces were taken, with complete and permanent relief to the head; this quantity was discharged in three minutes. His body was now universally warm, indeed rather hot; the additional blankets were removed, and he felt afterwards cool and comfortable; pulse 120; feels drowsy.

11. In an hour after the second bleeding yesterday, the headach returned, but in a much slighter degree; it was completely relieved by the application of cold water; passed a good night, but had a copious perspiration towards morning; feels now quite well; has no pain, and says he does not feel weak; appetite good; had three stools last night, and one to-day.

12. Passed a good night; feels quite well, and says he is stronger; tongue clean and moist; pulse 76, of good strength; belly open from medicine taken last night.

17. Has continued to improve since last report on 12th; has had no return of the disease, and is discharged, to attend a few days as an out-patient.

CASE 13.—John Loyd, aged 20; has been 11 months in the service, and was three times in hospital at Woolwich, with intermittent fever.

July 27, 1827. By account, he had regular paroxysms of tertian intermittent lately, on the voyage from Woolwich to Leith fort. When he presented himself at the hospital to-day, his countenance was much oppressed, and his gait tottering. Says he has had a rigor all night on guard, and that he has felt cold for the last 24 hours; complains much of headach, pain in the loins, general uneasiness, and difficulty in breathing; heat under the tongue 100°; thermometer, held in the hand, 78°; the feet and legs also cold to the touch; pulse scarcely to be felt, and not to be counted. He appears to be between the cold and the hot stage—the cold predominating—with so much congestion about the heart and larger vessels, that reaction is prevented. Upon this view of the case, a vein was opened, and although a large orifice was made, the blood only trickled down the arm, which was proved to depend on a want of sufficient force in the circulation; for when the orifice was pressed by the finger, so as to stop the flow of blood for a moment, allowing time for the vein to fill, a stream took place on the removal of the pressure: this was repeated a number of times, and with the same effect; the blood itself was thick, and coagulated imperfectly; it looked of different tints; 12 ounces of blood were taken in 15 minutes. The patient felt somewhat relieved after the bleeding, but complained of debility.

28. Became very hot and restless in an hour after the bleeding, but has had no perspiration. Passed a restless night, with headach and sore throat. Pulse 106, distinct and easily compressible. Skin hot. Thermometer placed under the tongue 102°; held in the hand 99°. On looking into the throat, there appears to be no inflammation. Breathing almost natural. Is affected with slight startings. A vein was opened in the arm, and although a large orifice was made, the blood only trickled, and presented the same black appearance as yesterday; as soon as four ounces were taken, a small jet took place, which increased at last to a tolerable stream. The arm was tied up on the approach of syncope, when eight ounces were abstracted. Expressed himself much relieved by the bleeding, particularly with regard to his head. Heat under the tongue after the bleeding 100°. Feels disposed to sleep.

Vespere. Complains of headach, heat of skin, and considerable thirst. Pulse 100, and strong. Blood drawn in the morning has not separated any serum; it is like treacle, and, together with that taken at the last bleeding, has all the appearance of

what the old writers called "dissolved putrid blood."

29. Feels better in every respect; slept well; no stool since yesterday morning; pulse 100, less oppressed; heat natural; tongue rather foul and dry at the tip.

30. Continues to feel better, and to sleep well, but complains of weakness; three stools; pulse 92, of good strength; great thirst.

31. Complains of general uneasiness, sore throat, and difficult deglutition; also of a pain in the epigastric region. He attributes these symptoms to the solution of the tartrate of antimony, which he has been taking for two or three days. The throat looks inflamed, the fauces and uvula being covered with a thick viscid exudation.—Tongue dry, red round the edges and at the tip; skin hot; pulse 100; thirst considerable; bowels opened twice; abdomen to be fomented; antimony to be discontinued; a small dose of castor oil; blister to the throat.

Aug. 1. Passed a bad night; but the restlessness and the troublesome symptoms described yesterday began to decline towards morning, and he now feels considerably better. Tongue moist, but discoloured and dry in the centre, and in a small angular space at the tip; skin hot and dry; pulse 98; three stools; blister rose well, and relieved the throat.

3. Slept well the last two nights; feels better in every respect; but complains of his tongue, which is fissured; it is cleaner and quite moist; thirst diminished; skin rather warm; one stool yesterday, and two to-day; pulse 80, of good strength; appetite improving.

5. Continues to improve.

7. Convalescent, and able to sit up. He continued afterwards to make a good recovery.

CASE 14.—John Boyd, aged 23. Was lately quartered at Woolwich, during a period of nine months, when intermittent prevailed, but he escaped the disease. Was seized last night, October 25, 1827, about twelve o'clock, after retiring to bed, with cold shivering, giddiness, and difficulty of breathing, which continued for three hours with great severity, and then became mitigated, but did not entirely cease. In a few hours afterwards the rigours, with the other symptoms, recurred with increased violence, and continued so until visited at ten o'clock on the morning of the 20th October. He had no sleep during the night. Was still shivering violently, and walked to the hospital with great difficulty from extreme weakness, and his gait was like that of a drunken man. After he was placed in one of the wards, the extremities

were found to be cold; heat under the tongue 95°; respiration 38, and performed with an effort; pulse scarcely to be felt at the wrist, beating 65. He complains of an insupportable sense of coldness, of excruciating headach between the temple, difficulty of breathing, oppression at the chest, and debility. A vein was quickly opened; the blood did not flow readily at first, although the orifice in the vein was well made. When about five ounces of blood were abstracted, the respiration was performed with more ease, the pain of head was less, and the tremours were slighter. The blood now began to flow in a better stream, and when ten ounces were taken, the patient declared he had no complaint but giddiness and a sense of faintness.—Hitherto he had been in the sitting posture, but was now placed in the recumbent, and the arm was tied up. The space of time occupied by the bleeding was two minutes and a half; the pulse was much stronger, beating 96; the thermometer placed under the tongue rose to 99. In the course of five minutes afterwards, a slight rigour supervened, with a return of the headache; and, as the pulse was strong and firm, the blood was again allowed to flow from the same orifice to the extent of six ounces, with complete and permanent relief. He now felt comfortable, to use his own expression. Pulse 80, of good strength. Had a drink of warm gruel, and in a short time a slight moisture appeared on the surface of the body.

Vespere. The patient was found sitting up dressed. Said he did not feel weak, and that he had been very comfortable all day since the bleeding. Surface moist; tongue moist; pulse 80, strong.

27. Passed a good night; had some perspiration; a laxative powder, which he took last night, operated five times. The report on the 4th of November states, that he feels quite well, and as strong as ever he did. Appetite good; sleeps soundly; bowels regular, without medicine, and he has had no return of the disease since the bleeding, and on that day he was discharged the hospital.

CASE 15.—John Rose, aged 22. Has always been healthy till he had the ague at Woolwich, for which he was in hospital twice, three weeks the first time and a month the second, but says he has since scarcely ever been free from pain of head and loins. Two days ago had a severe attack of intermittent, and another this morning, 18th October 1827. He presented himself at the hospital during the hot stage; belly constipated; tongue foul.

19. Bowels opened several times from a

laxative powder, which he got last night; feels better.

22. Bowels have been kept open by gentle laxatives; sleeps well at night; appetite improved; no return of the paroxysms. Discharged, to attend as an out-patient.

Re-admitted on the 24th October. States that he was seized with a severe paroxysm this morning at six o'clock. At ten he presented himself at the hospital in the hot stage, suffering much from headach, pain in the back, and hurried respiration. Pulse 130, full and strong; bowels regular; tongue foul.

26. Had an attack this morning at five; at ten A.M. he was still in the hot stage.

29. The paroxysm came on between two and three o'clock this morning; at ten he was still in the cold fit; he complained of pain in the head and loins; the tremours were not violent; tongue rather loaded, but moist; pulse 64, weak and oppressed; heat under the tongue 92°; in the hand 72°. A vein was now opened, and he was quite relieved before six ounces were abstracted, and the tremours ceased when twelve ounces were taken, which occupied three minutes of time. The thermometer was now again placed under the tongue, and the heat found to be 96°; in the hand 75°. There had been no application of heat, nor had any warm drink been given. There was a slight moisture over the surface. Upon being asked if he felt weaker since the bleeding, he replied, that he was "not aware of feeling weaker."

30. Was quite comfortable after the bleeding yesterday, so much so, that he dressed himself and sat up all the afternoon, and ate a good dinner. Slept well; bowels open; tongue clean; pulse 64, and of good strength; thinks that he feels rather weaker than he did yesterday afternoon, but says he has no complaint.

Nov. 1. Has had no return of the paroxysm. Says he feels quite comfortable; appetite good; bowels regular; sleeps better at night than he has done for several months.

4. Continues to improve in health. Has had no return of the disease, and was discharged the hospital in the course of a week, cured.

cient proofs, that the peculiar distortions of the feet of children which take place before the birth, and when the feet are turned inwards, may certainly be cured, in a reasonable time, if they are properly attended to. I shall now proceed to show that what may be called the opposite kind of case, where the feet are turned outwards, although the defect is not so striking to the uninformed observer, and indeed is often unobserved until it is much increased and becomes more troublesome to the sufferer, than the opposite defect, the so called varus.

CASE 1.—A gentleman's child was shown to me soon after its birth; there was no visible defect in the form of its right foot, but it was turned upwards in a very remarkable manner, which created an alarm that induced his parents to consult me. After a careful examination, I clearly saw that it was a case of this kind, and advised the parents to wait a short time to see what course the foot would take. After the expiration of a few days, it was perceived that the defect diminished; the cause of this alteration was, that as the child was healthy, strong, and active, the struggles which such children will make to bring their limbs into action, acted favourably upon the gastrocnemii muscles, and brought them into action so favourably that their increasing energy overcame the defect in the foot; so that, at the end of three months, there was no circumstance remaining which could show that the foot had ever been defective. I was so employed in this family that I had opportunities of seeing this child grow up to maturity, and knowing that no deficiency ever appeared in this foot during his after-life.

CASE 2.—Another gentleman's child was soon afterwards shown to me, who was recently born with one of his feet under similar circumstances. The former case was fresh in my memory, and induced me to recommend that a similar course should be pursued in this. My advice was adopted, and with equal success, for, at the end of two months, it could not be discovered which of his two feet had been defective; he arrived at maturity, and passed through life in the same state as the former.

CASE 3.—A child was born with one foot distorted, like the annexed figure which was drawn from a cast that I had taken when he was but a few days old, at which time he was placed under my care. Some weeks afterwards, I was desired to examine his other foot, which had not been offered to my notice before; indeed the parents' attention had been so engrossed by the right foot, that they did not perceive that any thing was the matter with the other. At

ON CONGENITAL DISTORTIONS OF THE FEET.

By MR. SHELDRAKE.

To the Editor of THE LANCET.

SIR,—I have already advanced an opinion, and, I trust, established it by suffi-

the time that this foot was offered to my notice there was little peculiarity in its form, but, in lifting the foot, he moved it more upwards and outwards than the action required. As I was employed to cure the right foot, I was desired to watch the progress of the left, and do what I found to be necessary. By the experience that I had in the two former cases, and in some others of the same kind, I was induced to believe, that as it happened in those, so it might happen in this, that the action of the foot might rectify itself; but this did not prove to be the case.

Contrary to what happened in the former cases, as this child increased in strength he struggled to move his feet; he raised the left foot more and more upwards and outwards, by which action the head of the astragalus passed from its natural situation, and lay very much behind the tibia, which gave the general appearance of the foot having a heel much longer than usual; at the same time the foot turned outwards, and, if the child had been able to stand at all, it would have stood with its inner angle upon the ground. As I was not allowed to take a cast from this foot, I took a drawing, from which the annexed figure was made.

As no doubt could remain that this foot would be permanently distorted if proper measures were not adopted to cure it, I made such applications as put the foot in safety, so far as to prevent it from becoming more distorted; and as the child was now beginning to use its legs, I applied such bandages upon both feet as would enable him to walk in safety.

The parents of this child lived eight miles from London, and brought the child to my house whenever it was necessary for me to see it, or, rather, they should have done so, for the distance, disappointment of stages, and other engagements, made them irregular in attendance, and thus protracted the cure to a time much beyond what it would have employed if their attendance had been regular. At the end of four months both the feet were reduced to their natural form and action, but with so much weakness, that as the child was now able to walk, and was very healthy, it only remained to keep what I have found to be a very simple system of bandages on the feet, to support them under that exercise which the activity of the child constantly gave them, till they acquired strength enough to support themselves.

The parents, seeing how simple the means that I employed appeared to be, and willing to save themselves the trouble of coming so often to London, took the case into their own hands, and were supplied with what was necessary for that purpose. At the end of several months the feet were

much relaxed, and the child was again placed under my care till it was quite well.

The two feet, in the state they were when the child was placed under my care, are represented by the two figures that are annexed. As I was not permitted to take any cast from the feet after they were cured, I cannot give any representation of them here, and must be contented to say, they were quite restored to their natural form and powers, in which state they remained, as I had opportunities of seeing them several years afterwards.

CASE 4.—A child was placed under my care when she was four months old. The bones of the leg were bent directly forwards; the foot was flatter than is usual with children who are naturally formed, and, when the child moved itself, it always turned the foot upwards, towards the outside of the leg, instead of downwards and inwards, which is the usual consequence of the exertions that are made by children who attempt to use their feet before they are able to stand. The heel appeared to be preternaturally long, and, upon examination, the astragalus could be plainly felt behind the tibia, to which circumstance the apparent length of the heel must be attributed. I took a cast from the foot at the time, and the annexed figures were drawn from that cast. Figure 3 represents the leg when viewed from behind, and, at the same time, looking at the outside of the leg. Figure 4, is a front view of the leg, and at the same time shows how much the heel fell lower than the fore-part of the foot. I have been told, that the circumstances which I have mentioned were noticed at the time the child was born, but as they were believed to be incurable, no application was made to any one to ascertain whether the defect was or was not incurable. As the child advanced in life, it became evident that the peculiar form of its leg and foot increased instead of diminished, as it had been foretold by some who had been consulted; and it was at last determined to place her under my care.

In the treatment of this case I adopted the plan, and acted upon the principles, that have been already explained, and, at the end of eight months, the foot was so much restored to its natural form and powers, that my further attention to it was not thought necessary, and I withdrew.

As I did not think the cure of this case was so permanent as they did whose influence with the parents was superior to mine, I did not take any cast from the foot at the time that my attendance ceased, but determined to wait till I could see whether it was or was not so. Unfortunately, several months afterwards, through the care-

lessness of a servant, the leg was fractured, and, in consequence of some peculiarity in the management, the fractured bones did not reunite. Many months afterwards I was informed, that the fractured bones continued in the same state, and the child was afterwards removed, so that I do not know how the case terminated; at all events, the fracture must have altered the condition of the leg so much, that no conclusion could

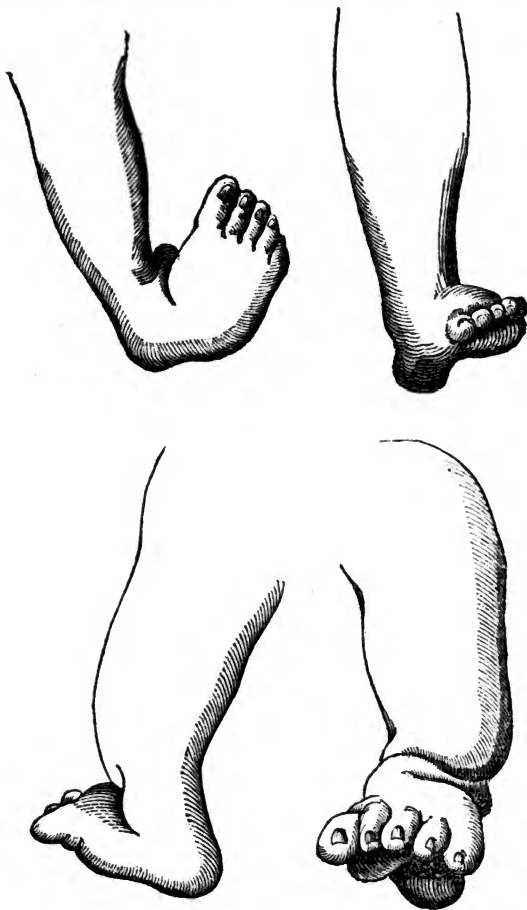
have been drawn from the facts of the case, as of one of simple distortion.

In my next, I shall send two peculiar cases of this species of distortion, with some observations to show how much they differ in their effects upon the patient, from those with which they are frequently confounded.

I am yours, &c.

T. SHELDRAKE.

7, Devonshire Street, Portland Place.



ACCIDENTAL COLOURS.

To the Editor of THE LANCET.

SIR,—A better explanation of accidental colours than M. Cuvier has given at page 629 of THE LANCET, may be found in Dr. Darwin's *Zoonomia*, vol. i., pages 15 to 25 inclusive. M. Cuvier's experiments are, in reality, nearly the same as the illustrations of that eminent philosopher; and I am inclined to think that M. Cuvier is indebted to Dr. Darwin for his information.

"Palam qui meruit ferat."

I am, Sir, yours, very respectfully,

J. BEDINGFIELD.

Medical Academy, Stow Market.

LUNATIC PAUPERS IN THE COUNTY OF
MIDDLESEX.

FROM the returns which have been made on this subject, it appears that there are 397 male pauper lunatics in this county; females 546; sex not mentioned 20; total 873. Of this number, 409 have been more than five years in an "unsound" state of mind.

ON THE EXTRACTION OF TEETH.

By JOHN PALMER DE LA FONS, Esq.

AT a period when almost every art has attained so high a degree of perfection, it is truly surprising, and much to be regretted, that so important an operation as that of tooth-extracting, instead of advancing, should have retrograded—that a set of dental instruments, under the mask of *improvement*, should be so clumsily constructed as to be readily mistaken for a *farrier's tools*.

Medical men, whose experience in this department of surgery is often unavoidably very limited, confiding in the misrepresentations of persons interested in deceiving them, are led to provide themselves with instruments so ill-contrived, and of such *preposterous* dimensions, that they seem best adapted for a *speculative consignment to the kingdom of Patagonia*.

Few subjects have exhausted so much time to little purpose as the attempt to discover a means of extracting teeth in a direction perpendicular to their axis. For this purpose, a variety of contrivances have been produced, many of them very ingenious; but all, one after another, have sunk into oblivion at a very short date from their appearance—a disappointment that would have been spared to the inventors of them,

had they commenced by acquiring a thorough knowledge of the form of the teeth, of the power requisite to detach them from their sockets, of the fragile nature of decayed teeth, and the structure of the alveolar processes; then, supposing them to be acquainted only with the first principles of mechanics, they must have perceived the above-mentioned project was absurd in the extreme, and one they could not have entertained for a moment, had they comprehended the action of that most useful and admirable contrivance, the key instrument. He who does not clearly understand the application of this instrument, is utterly unfit to operate in cases of importance.

Considerable ingenuity has been displayed in some of those contrivances that were expected to act by placing the fulcrum upon the adjoining tooth, or teeth; a method that, for very obvious reasons, cannot possibly succeed. Others again, possessing no talent for invention, have contented themselves with introducing, as a *novelty*, an instrument that has been in use from the *remotest ages*—a pair of pincers!! GREATLY improved, by being made of the most *gigantic and appalling* dimensions.

That the use of such an instrument is highly objectionable in all cases where the key is generally used, will be very evident, if we reflect that the teeth hold so tightly by reason of their diverging, crooked, and otherwise misshapen roots, that the most powerful and continued efforts to remove them in that way will prove unavailing; unless, to be sure, breaking can be called removing.*

On reference to fig. 1, the objections may be readily traced. To detach the tooth A, from its socket B, in giving the unavoidable movement from *side to side*, (from C to D, for instance,) the point E being *fixed*, which is not the case with the bolster, if the tooth offers much resistance, the handles must be grasped with extraordinary force, or the jaws of the instrument will *open*, on attempting to incline it in that direction; consequently the greater portion of force so applied, is admirably calculated to wrench off the crown of the tooth, as represented by the dotted lines across the tooth at F.

If the pincers, under this form, are objectionable, how much more so are they for extracting the *dens sapientie* and others, where, the jaw not extending sufficiently to apply them in the favourite perpendicular direction, it is necessary to curve them,

* Those who pretend to operate in this manner are so well aware of this fact, from experience, that they have been frequently detected exhibiting their *infallible* pincers with one hand, while the *key* was *concealed* in the other.

so as to act at right angles with the handles ; consequently the operator must use great additional force, having, as it were, to raise a considerable weight at the end of a lever ; so that, admitting he has power to remove the tooth, it so suddenly yields, that the violence of the jerk very often either fractures or loosens one of the teeth in the opposite jaw, which the operator can no more control, than he could avoid falling, if, in pulling an immense weight, the cord he held were suddenly, though not unexpectedly, to break.

Another insurmountable objection, is the length of time required for loosening a tooth with the pincers ; for, in defiance of the favourite *perpendicular* action, the tooth will not stir till it has been most forcibly worked to and fro during some time, as the crown would break off sooner than it would yield to a dead pull ; and thus it receives the very lateral action so strongly and so sagaciously opposed.

Lastly, the pincers cannot be used with a chance of success where the crown of the tooth is much decayed ; for, in the effort to loosen it, the pinch requisite to prevent the instrument from slipping, would be unavoidably greater than the remaining substance of the tooth would allow without breaking.

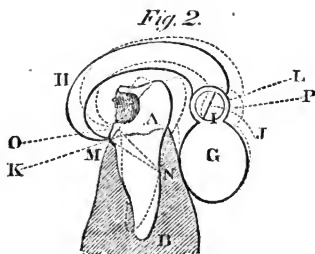
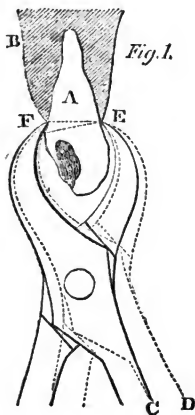
The preceding observations will suffice to shew the impolicy of attempting important operations with the pincers, or any other means by which it is proposed to lay hold of the tooth between two *cutting* edges.

With the assistance of the drawing,

fig. 2, a few words will be sufficient to *prove* the decided superiority of instruments constructed upon the principles of the key. The bolster and claw, G H, are represented as fixed on a decayed tooth A, preparatory to its extraction from the socket B. The power is applied to the bolster, so as to turn it round, this moves the joint I in the dotted curve J, and pulls the claw H in the direction of the line K L, along which the tooth, having no direct support, is pulled by the claw on one side, (as shown by the dotted lines,) and tilts on the part N of the socket as a fulcrum ; this being opposite the bolster, the pull varying from the direction K L to O P ; this widens the socket and gradually detaches the tooth, first from the side M, under the claw, while the excellent position of the bolster causing a fulcrum N so low down the socket ; the upper portion of tooth becomes a powerful lever to move and detach the bottom, beginning first at one side, and stretching the socket, so as to make room for it the easier to slip out ; thus the parts are easily and gradually loosened, but in quick succession, thereby avoiding all that violence of tug and shock that must attend perpendicular extraction, as it is erroneously called. The quantity of tilt is here greatly exaggerated to make it visible, much less being sufficient to loosen the tooth.

Instruments on this principle are the only ones that can be applied to stumps having no upper portion to lay hold of.

14, George Street, Hanover Square.



THE LANCET.

London, Saturday, October 18, 1828.

THE public attention has recently been drawn to the pretensions of an individual who makes claim to the discovery of a specific remedy for consumption. One of our contemporaries, well known in the neighbourhood of Guildhall, has endeavoured to acquire a little notoriety on this occasion, partly by assailing the respectable editor of the *Literary Gazette*, who has given publicity to some cases of phthisis pulmonalis said to have been cured by the individual in question, and partly by addressing letters to the *John Bull* and *Spectator*, which letters have elicited replies. We forbear entering at present into the merits of this controversy; but there is one point which it may be well for the public to bear in mind, in estimating the probability of any alleged discovery of specific remedies for diseases which have hitherto baffled the resources of our art. It should be recollected, that we know of no specific remedy for any disease. Bark in intermittent fever, and mercury in syphilis, have been called specifics; but bark often fails to cure intermittents, when other therapeutic agents are successful, and it is ascertained that syphilis, under all its forms, may be cured in many, perhaps in most cases, without the use of mercury. Experience does not warrant us in concluding, that there is any one remedy specifically applicable to the cure of any one disease. Still such a remedy may be discovered, and that, too, even for a disease which has hitherto baffled the powers of medicine.

The probabilities always are, that a party making claim to the discovery of a new remedy for the cure of a disease hitherto supposed incurable, and refusing to disclose the nature of the remedy, has either deceived himself, or wishes to deceive the public. It is possible, however, that the

individual in question may have discovered such a remedy, and the refusal to disclose the nature of it, is not to be taken, as some of our contemporaries contend, as conclusive evidence of fraud. The refusal proves only that he prefers his pecuniary interests to the good of mankind; that his cupidity is too strong for his benevolence; that his charity, in short, begins at home. If the person we allude to lay claim to philanthropy, as well as to the discovery of a remedy for phthisis, we should be inclined, without looking into the evidence on which his pretensions are founded, to decide at once that he was an impostor.

ADDISON has remarked, that we never read a book with so much pleasure, as when we know certain particulars respecting the author's person, education, manners, or characteristic peculiarities. POOR RODERICK MACLEOD seems to have availed himself of this hint; for, finding that nobody but the trunk-maker has ever yet patronised his lucubrations in the *Yellow Fungus*, or *Excrescence*, he has last week, by way of prelude, we presume, to a more agreeable vein of writing, entertained the public with some gratifying particulars respecting himself, and the places at which, he tells us, he was educated. He has not only communicated to the public, in the last week's *Excrescence*, the fruits of his own experience and observation, as to the comparative prevalence of drunkenness and wenching, in the English and Scotch Universities, but he has also had the kindness to add certain interesting disclosures of his "bed-maker" on these subjects. When Roderick Macleod tells the public what, he says, his bed-maker told him, this is not, it must be confessed, the very best species of evidence; but it is a maxim in law, we believe, that when the best evidence is not to be obtained, the next best is admissible; and, for our own parts, in the case before us, we are disposed to place just as much reliance on

the hearsay evidence, derived from a college gyp or bed-maker, as on the direct testimony of the highly-gifted and voracious Scotch Dub himself. Our readers will scarcely give Roderick credit for being "so agreeable a rattle," and we shall, therefore, quote the passage to which we allude. After having touched upon the vice of unchastity, and stated that "whenever a multitude of young single men are gathered together, they are sure to devour, like locusts, all the frail purity (*the frail purity!*) of the neighbourhood, he proceeds to the vice of drunkenness:

"As to the second vice, drunkenness—we ourselves went from an English University to a Scotch one, and surely we never witnessed at the latter such long, hard, deep-drinking, as we did at the former. Our old bed-maker used to tell us (and we saw enough to know that she was not romancing) that she always came about four o'clock in the morning to see in what condition her masters came home; they were generally brought—but we will not repeat the scenes which she described."

We will not bear so hardly upon Roderick, as to call upon him to name the English College, which was the scene of his youthful excesses, before he went to get dubbed at a Scotch University. *He saw enough, to know that she was not romancing!* We take it for granted, he wishes to have it believed that he tossed off his bottle with the best of them; although, undoubtedly, the passage does admit of another construction, and, if we were inclined to be malicious, we might infer that, when Roderick assisted at these scenes of riot at an English University, he was not one of the company. But he will not repeat the scenes his bed-maker described to him! Admirable discretion! Exquisite application of the figure aposiopesis! The *quos ergo* in Virgil is tame to it. It is plain that the Scotch Dub has not been at an English University, in whatever capacity he might have figured there, for nothing. That his forbearance on this occasion, however, does not arise from excess of delicacy, may be inferred from the following well-

imagined, and laughable anecdote, which he introduces by way of exposing the folly of Lord DUDLEY, Sir JAMES MACKINTOSH, and Mr. BROUGHAM, who have permitted the establishment in Gower Street to be called by a designation at once so recondite and absurd as an "University."

"A sailor out of Lord Nelson's fleet, who was one morning parading a sea-port town with his girl, called at a druggist's shop for some blue unction and red precipitate. As they were going out, the girl said to him, 'Is this a druggist's shop?' On which Jack, pulling up his trowsers, and looking mightily wise, answered—'Yes, that's the common name; but the proper name is a lapidary!' meaning a laboratory."

"Blue unction and red precipitate!" "*A lapidary! meaning a laboratory!*" And this is the material which, to say nothing of its decency, Mr. BRODIE takes for wit; the material put forth—*proh pudor!*—by the publishers of the Edinburgh Review, to expose, by the force of its sarcasms, and the playful felicity of its illustrations, the ignorance and bad taste of Lord DUDLEY, Sir JAMES MACKINTOSH, and Mr. BROUGHAM!

A Manual of the Anatomy, Physiology, and Diseases of the Eye and its Appendages. By S. J. STRATFORD, Member of the Royal College of Surgeons in London, Surgeon to the Dispensary for Diseases of the Eye, and late Senior Assistant Surgeon of the 72d, or Duke of Albany's own Highlanders. London, Longman and Co.; J. M. Leckie, Dublin; G. A. Williams, Cheltenham; T. Stratford, T. H. Wheeler, and H. Deighton, Worcester. 8vo. 1828. pp. 199.

THIS is the second work on diseases of the eye, that has fallen under our notice within the last six months; a circumstance which gives us much satisfaction, because it is indicative of an increased, and we trust increasing, attention to a department of surgery, which, until within the last few years, has been utterly neglected. It

is true, that we have many valuable detached treatises; but,—and we record it with something like a feeling of humiliation,—no British author has yet produced a systematic and comprehensive work on diseases of the eye. Ophthalmic affections seem, indeed, almost from time immemorial, at least in this country, to have been regarded as something extraneous, or not appertaining to surgery; and hence the treatment of diseases of the eye has been abandoned to quacks—would that we could say it were entirely rescued from their hands now! We should but insult the understanding of our readers, by attempting to demonstrate that ophthalmic diseases are not without the legitimate pale of surgery—that the principles derived from a knowledge of anatomy, physiology, and pathology, are as applicable to the organ of vision as in the treatment of disease in any other part of the frame. There is a trite remark, which we have somewhere met with,—that the pathology of the eye is an epitome of all the diseases of the body. In truth, so varied are the structures of the eye, that the observation certainly does hold good to a great extent: as the component parts of the eye are analogous to those of the body generally, so are the diseases essentially similar—swayed by the same laws—their treatment regulated by the same principles. Strange enough, then, that the diseases of this organ should be detached from the study of surgery generally. Mais quels fruits pourroit porter cette branche, étant séparée du tronc? shrewdly inquires the celebrated Louis. It is gratifying, however, to observe, that a knowledge of diseases of the eye is now regarded as an essential part of a medical student's education. If he require any assurance that such knowledge is not incompatible with the highest attainments in every other branch of surgery, we need but refer to the lectures of Mr. Lawrence.

We have run on so far, that we fear it will be suspected we have taken the title of

Mr. Stratford's book merely as a peg on which to hang a dissertation. To proceed, however, with our analysis.—The work consists of about two hundred pages; of these, one-fourth is devoted to the anatomy and physiology of the eye, and the remainder to a consideration of the diseases and treatment. Of the former part, it will be sufficient to remark, that it is concise, and, at the same time, perspicuous and accurate: the description of the nerves supplying the eye and its appendages, is excellent.

After some general remarks on inflammation, the author proceeds to treat of the diseases of individual parts—and first of the tunica conjunctiva. He objects to the term “strumous ophthalmia,” preferring to designate the disease known under that term, by the name of *irritable inflammation*, and for the following reason:—

“Scrofula is so vague a denomination, and is so difficultly defined, that I think it would be preferable to have a more precise and definite term for this affection, than to confound it with all the various symptoms of the above-mentioned disease.”

Diseases of the lachrymal gland form the next subject of consideration, and then affections of the excretory parts of the lachrymal apparatus are brought under view. The misapprehension and want of information on these subjects, which prevail generally, are truly lamentable; under the term *fistula lachrymatis* has been included a variety of affections totally different from each other. We scarcely need observe that if we are to attach any precise meaning to words, the term *fistula* is only applicable to certain cases, those in which there is an ulcerated opening (difficult to heal) in the lachrymal sac. The various diseases described by our author are as follow:—

Contraction of the Puncta.—This, in general, is the result of chronic inflammation producing a swelling and thickening of the cellular substance around the punctum, or of the lining membrane itself.

“If the defect is recent, we should attend to its exciting cause, which is generally at-

tended and kept up by an affection of the palpebral margin; if this be removed, the complaint generally subsides: but should these means fail, and the disease have lasted a considerable time, we should open the punctum with a fine point, and then introduce a fine probe, which should be allowed to remain for a short time. This operation should be repeated daily, the size of the probe being gradually increased until the obstruction is removed, and the punctum resumes its natural size and office."

Dilatation of the Puncta.—This form of disease commonly occurs in old people, with more or less relaxation of the lower lid, and not unfrequently accompanied by some eversion. It may be partially relieved by attention to the general health, and the use of mild astringent applications.

Inflammation of the Sac.—The progress of this disease is thus described:—

"It generally commences as a small, hard, and very painful tumour, situated at the inner angle of the eye, about the hollow of the lacrymal bone; it is of a red colour, nearly the size and shape of a small bean, and generally attended with acute pain, especially when pressed. The inflammatory action may soon spread to the neighbouring parts: now the papillæ appear shrunk, and the puncta are obscured; while the nostrils feel dry, and the tears fall over the cheek, in consequence of the compression of the lacrymal passages. As the disease proceeds, a serous effusion is poured out in the cellular texture around the sac, sometimes even spreading to the eyelid; now a severe throbbing pain not unfrequently takes place, and this is soon accompanied by the formation of matter which occurs in the cellular tissue surrounding the sac: at this stage the sac is always filled with a puriform mucus, secreted from the lining membrane, which must always participate in the same inflammatory action. The swelling now quickly increasing, the skin assumes a shining and polished appearance, gradually becoming of a darker colour, while presently we may perceive in its centre a yellowish, pale, softish spot, marking the existence of matter; this, if allowed to burst, soon becomes thinner, until it spontaneously opens, and permits the fluid parts to escape, and the tumour partially to collapse. The discharge from this opening continues a longer or shorter period; at first it is thick and whitish, and should the patient be of an unhealthy habit, it may become more transparent and limpid. The effusion is now soon absorbed, the swelling begins to diminish, and the puncta may re-

sume their natural office, while the wound also soon heals, and generally without leaving any organic change, or permanent impediment, which may prevent the due passage of the tears into the nose."

Mr. Stratford expresses his opinion that the inflammation commences in the "ligamentous texture," but that it soon implicates the surrounding tissues. It is seldom, he says, that the ulcerative stage produces a direct opening in the sac, hence the quick subsidence of the disease, and rapid closure of the wound. The treatment to be adopted, is the application of leeches, the employment of cold, and the exhibition of purgatives. If the disease proceed to supuration, its speedy termination must be encouraged by warmth, and an early and free exit given to the matter, to prevent its burrowing under the skin.

Acute Inflammation of the Mucous Membrane.—The symptoms, says the author, are precisely similar to those evinced by inflammation of the ligamentous texture of the sac, and is only to be distinguished by the attendant conjunctival inflammation.

Chronic Inflammation of the Mucous Membrane.—It is this form of disease which gives rise to so many unpleasant results. Its progress is slow, often increasing imperceptibly, without causing much pain or inconvenience. One of the first symptoms is an increased secretion of mucus lodging in the sac, and forming a small tumour. As the result of continued inflammation, a thickening of the membrane takes place, and gives rise to stricture of some of the passages.

"This may happen at any part, but the most frequent spot where it occurs is at the termination of the sac in the ductus nasalis, or about midway down the duct itself. These passages having continued more or less pervious for a considerable time, gradually become narrower, and the stricture more confirmed. Now the sac is greatly distended, so that upon the application of the least irritation, an accession of inflammation is produced, which, implicating the ligamentous structure and neighbouring parts, is attended with considerable pain,

the effusion of serum takes place, the skin covering the tumour assumes a dark red colour, and very soon the formation of matter occurs immediately under the integuments. The sac now, as a consequence of its distention, quickly proceeds to ulceration, permitting the escape of its contents, so that now we have the only stage of these complaints, to which the term of fistula lachrymalis is applicable: its adoption in every variety of these diseases creates great confusion, and is apt to lead to wrong ideas upon the subject."

The treatment in the first stages of this complaint must be pursued in reference to the chronic affection of the membrane. Strict attention must be paid to the general health, with the cautious use of stimulants, as ung. hyd. nit., vinum opii, &c. A great source of mischief, and one general error in practice, which we have had abundant opportunities of witnessing, is the use of instruments under these circumstances. Permanent closure of the canal is not so frequent an occurrence as is generally imagined; if attention be paid to the means calculated to relieve the chronic inflammation of the mucous membrane, and to change the vitiated secretion of the meibomian glands, we shall, for the most part, find that the disease may be cured without the use of instruments. But if this treatment is found to be ineffectual, we may suspect that a stricture exists, and for the treatment of this, Mr. Stratford recommends the introduction of a probe at the punctum. He gives the following directions for its use:—

"In passing the lachrymal probe, which is a silver wire slightly bulbed at the point, and flattened at the further extremity, often having a turn to accommodate it to the form of the brow, we should hold it tightly between the two fore fingers and the thumb, then selecting the inferior punctum; should this be closed, we may, by insinuating the point of a pin, readily dilate the orifice, so as to admit the probe. Now placing the finger upon the temporal surface of the orbicularis muscle, so as to make the ciliary margin tense, and slightly evert the lid, then holding the probe in a perpendicular direction, we shall generally be able to enter the punctum. Sometimes, however, we may see it spasmodically retracted, so as to create an obstacle to the attempt: having en-

tered the punctum and perpendicular canal, we should turn the probe at right angles, that is, in an horizontal direction, and pass it along the lateral canal, until we find it strike against the bone, which is easily distinguished by the resistance it occasions. Now, when the point is fairly within the sac, by a greater turn of the instrument, we again elevate it, and carry it gently outwards and downwards in the course of the nasal duct, until it touches the floor of the nostril, or superior spongy bone. When about to enter the sac, if we do not carry it home before we attempt to rise it, or if we suffer the point to recede in that movement, we generally find that the point will catch in some membranous fold, and we shall certainly be foiled in our attempt to enter the sac: having overcome this difficulty, we shall then be generally able to accomplish the passage. Should we, however, meet with any other difficulty, we shall generally be able to pass the instrument (unless it be a confirmed stricture,) by rolling the probe between the finger and thumb."

If the foregoing means are found to be insufficient, and the disease is likely to run on to suppuration, the sac is to be laid open, and, after promoting the suppurative action for a day or two, we are to proceed in forcing the passage to the nose; by means of a strong silver probe introduced through the wound of the sac, and carried steadily downwards, almost in a perpendicular direction, inclining a little outwards. The author expresses himself strongly in favour of the use of a tube, as practised by Dupuytren, but he thinks it preferable, after forcing the passage with the probe, first to introduce a style, or bougie, so as to accustom the part to the presence of a foreign body, rather than at once to pass the tube. A silver tube, he says, will equally suffice with one made of gold. We can ourselves speak with much confidence of the successful results of this mode of practice.

Having dwelt so long upon the diseases of the lachrymal organs, we must be brief with the remainder of the volume. Treating of inflammation of the sclerotic tunic, the author observes:—

"The causes of sclerotic inflammation are those which can excite a similar disease in other parts of the body, such as the sud-

den application of cold, when the system is preternaturally heated. This disease frequently accompanies, or even alternates, with a rheumatic affection of the joints, which leads us to conclude, that the inflammatory action is connected with this disease, a position which the similarity of the texture affected greatly tend to confirm."

It is, we believe, now generally admitted, that the sclerotic coat is liable to be affected with rheumatic or arthritic disease.—Colchicum, and, in some instances, the quinine, are the best remedies.

The author, in treating of cataract, takes occasion to reprobate the pursuance of one kind of operation in every instance. In the following sentiment we fully accord with him:—"The operation must be adopted to the kind and variety of cataract, rather than the eye to the operation."

Mr. Stratford, we perceive, has dedicated his work to Mr. Guthrie, conjointly with Mr. Reed, the Treasurer of the Westminster Eye Infirmary, and Sir J. Macgregor. From this circumstance, and from the frequent allusion to Mr. Guthrie, we expected to find some observations upon "certain methods of treating acute and chronic inflammations of the eye, lately adopted at the Royal Westminster Ophthalmic Hospital." However, we do not find that our author sanctions the "certain methods," on the contrary, alluding to the use of a strong solution of nitrate of silver, in the commencement of acute purulent inflammation, he tells us, that he should hesitate to employ it. So would any rational practitioner.

To conclude.—Mr. Stratford's book is evidently the production of a practical man, who writes from what he has seen; hence the descriptions of the various diseases are accurate, and the plans of treatment recommended highly appropriate. The student will find it highly useful. We are sorry that we cannot extend our praise to the plates; without the text, it would be difficult to say what they were intended to

represent. The author will do well also, in the next edition, (which we believe will soon be called for) to correct the numerous typographical errors which exist. In looking through the volume, we almost constantly find mucus, written for mucous, erysipelatus for erysipelatus, vitreous for vitreous, tenea for tinea, and so on.

LONDON MEDICAL SOCIETY.

October 13, 1838.

Dr. HASLAM, President, in the Chair.

PERICARDITIS IN A BULLOCK.—THE DOUBLE UTERUS.—TREATMENT OF PUERPERAL MANIA AND DELIRIUM TREMENS.

THE Minutes of the last meeting were read.

Mr. LLOYD produced the heart of a bullock, which showed, in a very marked manner, the effects of *pericarditis*. A large quantity of lymph had been deposited on the surface of the organ, which had afterwards become organised. The organisation was put beyond all doubt by an injection thrown into the arteries. Vessels, the length of an inch, were traceable in the newly-formed substance. The specimen furnished evidence also of inflammation having existed in the internal lining of the heart. Circumstances had prevented him from getting so accurate a history of the case as he should have wished, but he promised to ascertain, if possible, whether, at the time the animal was slaughtered, it appeared in good health, and whether the loose pericardium exhibited the same appearance when first seen, that it did when shown to the Society.

Dr. STEWART read a paper from a visitor at the former meeting, containing observations on the history of the *double uterus* case detailed by Mr. Waller.* The writer of the paper considered that bleeding, in the treatment, would have been preferable to the large doses of opium which were exhibited; the opium, he thought, aggravated the circumstances. The great distension of the uterus prevented its contraction. It frequently happened that a person could not empty his bladder, though it was highly charged; this arose from the over-distension of its parietes, and

* Vide our last Number, p. 55.

was usually at once relieved by the application of leeches, or general bleeding, and the use of the warm bath. The ossific patches appeared to have been of a chronic nature, and could not have been the cause of death.

Mr. WALLER never alleged that they were. The large doses of opium were not given till three days after the administration of the *secale cornutum*, so that the effects of the former could not have counteracted the efficacy of the secale. He was not called to the patient till after she had laboured under the attack for twenty-four hours. The case was not a decidedly opium one; the countenance was flushed and excited, but the pulse was thin and compressible. From what he had ascertained subsequently, he believed he should have applied leeches, particularly if he had seen the case earlier; but, under the circumstances, the attendants were afraid of venturing on the antiphlogistic plan.

A MEMBER knew a case very similar to the one under discussion, in which bleeding was resorted to, with complete success, after the exhibition of a second dose of opium. Dr. Blundell had seen this case, and agreed with the practitioner, in attributing the beneficial result to the effect of the bleeding.

Mr. LLOYD wished to know, whether the antiphlogistic plan was the best to be resorted to in *puerperal mania*.

Mr. WALLER considered, that this question could only be answered affirmatively or negatively upon a review of the patient's condition in every particular case. Should there exist much vascular power and action, the treatment would have to be of one character,—should there be much weakness and irritability, of the opposite.

Dr. SHEARMAN had often heard bloodletting denounced in *delirium tremens*, and he thought too strong an inclination obtained in the profession, rigidly to adhere either to the use of opium, or bloodletting. He had certainly often seen bloodletting improperly used in *delirium tremens*; but had he a case under his care at that moment, marked by the ordinary symptoms, he should resort to it. Bloodletting and opium, combined, had been had recourse to beneficially.

The PRESIDENT, though he believed it to be irregular for him to take any part in the debate, yet having been politely requested to express his opinion upon *puerperal mania*, complied. He had certainly had very considerable experience in the treatment of it, and he had universally found, that when he had given opium, it produced ill effects, and materially retarded recovery. Much service might be done by the application of leeches, cold to the head, and blisters to the

calves of the legs, or sinapisms to the feet. Under this plan of treatment, patients generally recovered. Every insane attack had a certain duration to continue; a fever could not be cut short; and from the water found, either in the cavities of the brain or between the membranes covering it, in those who died of this malady, it was fair and rational to infer, that considerable inflammation had existed in those parts. Opium was given with a view to procure sleep, but sleep was not required; if it were procured, the patient afterwards awoke in a two-fold state of excitement. Many years ago he had made a calculation, by which he found there was no form of mania from which so many recovered, as that of *puerperal*.

Dr. RYAN did not look upon *delirium tremens* as depending upon vascular congestion, but as the effect of nervous excitement; and felt firmly persuaded, that the best remedy was the administration of stimuli; also, that the best description of these was, the ardent spirit the patient had been in the habit of drinking. This ought to be given in small quantities, the quantities, however, to depend upon the effects; the effects being to be carefully watched.

Mr. CALLAWAY had used stimuli and bleeding simultaneously, with success.

Mr. TYRRELL, in the course of his hospital practice, had, on various occasions, administered to patients their habitual stimuli to the extent of a quart of porter and two glasses of gin, nearly the whole of it swallowed at one draught, with the best possible effect, and in those cases too, where, from the most rational prognosis, the patients were sinking, and must have sunk under any other treatment.

MEDICO-CHIRURGICAL SOCIETY.

ON Tuesday last, October 14, the meetings of this society were resumed, Mr. TRAVERS, President, in the chair. The meeting was well attended.

An interesting paper, by Mr. ARNOTT, on the secondary effects of veins, was in part read; in which the author, after enumerating the different well-authenticated cases on record, of inflammation of the veins, and others which had come under his own observation, produced by wounds, and terminating fatally, proceeded to show that death does not take place, as some have asserted, by extension of the inflammation to the heart. A conversation, however, ensued, from which we infer that it was the author's object to show, that the secondary effects of phlebitis arise from the introduction of pus,

or inflammatory secretions generally, from the surface of the veins into the circulation.

Mr. TRAVERS observed, that, as in several cases which he had an opportunity of examining, the affected veins were filled with lymph to a greater or less extent, and consequently, as pus could not get into the system, it might, he thought, at least, be considered as negative evidence, that the introduction of pus into the system could not be considered as the cause of death. But as it appears that this, among other points, will come under the consideration of the society at their next meeting, we purposely defer giving an account of the proceedings, until we have heard the whole of the author's communication.

The paper excited considerable interest.

ST. BARTHOLOMEW'S HOSPITAL.

List of Patients admitted under the care of Mr. Lawrence, Oct. 9.

Henry the Eighth's Ward, No. 1.—Richard Russel, ætat. 67, ascites.

No. 2.—John Cotterell, æt. 22, swelling of the cervical glands, with ulceration.

No. 6.—John Jackson, æt. 24, chancre, enlargement of the glans, and superficial ulceration between the toes of both feet. Syphilitic?

No. 10.—John Dulfence, æt. 56, inflammation of the wrist.

No. 11.—Henry Batter, æt. 9, group of furunculi on the back.

(*The back Ward.*)—No. 4.—Edward Ranger, æt. 48, bad leg.

No. 7.—Henry Jones, æt. 30, varicose tumour in the left axilla.

No. 8.—Joseph Birch, æt. 47, ulceration, with much inflammation of both legs.

No. 9.—George Holmes, æt. 30, bad eye and throat.

No. 11.—Henry Thomas, æt. 11, scrofulous enlargement of the right knee-joint.

Baldwyn's Ward, No. 5.—John Magillan, æt. 60, fever, and bad leg

Darker's Ward, No. 7.—Lee, æt. 28, bad leg.

Powel's Ward, No. 2.—John Saunders, æt. 58, ulceration of both legs.

Luke's Ward, No. 19.—John Doyle, æt. 9, diseased spine.

Lazarus's Ward, No. 2.—J. D., æt. 20, gonorrhœal discharge, with inflammation of the lining of the prepuce.

No. 8.—J. S., inflammation of the prepuce, with purulent discharge, and warts. Swelling of the wrist and hand, with pains in the limbs.

No. 10.—J. T., æt. 24, ulcerated glans.

No. 6.—Henry Bainbridge, æt. 49, ulceration of the glans.

No. 9.—J. H., æt. 53, gonorrhœa, chancre on the frenum of the glans penis, and swelling of the right inguinal glands.

Faith's Ward, No. 8.—A. K., æt. 19, ulceration of the right tonsil, and superficial ulceration of the right eye.

No. 25.—Hannah Duper, æt. 26, inflammation of the knee.

Patience's Ward, No. 2.—H. M., æt. 16, chancre, buboes, and papular eruption over the whole body.

No. 7.—S. P., gonorrhœa, with excoriation and ulceration of the labia, and inside of the thighs.

Magdalen's Ward, No. 1.—M. I., æt. 21, gonorrhœa, with large bubo in the left groin, and ulceration in the vagina.

No. 2.—M. W., æt. 18, gonorrhœal discharge, ulceration and excoriation within the labia, on the perineum, and inside of the thighs.

No. 11.—S. C., æt. 28, large phagedenic ulceration of the upper lip and left cheek, chronic conjunctival inflammation of the left eye, and the left upper eyelid destroyed by phagedenic ulceration.

No. 12.—A. H., æt. 21, gonorrhœal discharge, large ulcers at the entrance of the vagina, and a small indurated sore on the right nymphae.

CASE OF FRACTURED SKULL, WITH EXTRA-VASATION, TREPHINING, AND DEATH.

William Brown, ætat. 30, strong and muscular, an ostler, was admitted into Colston's Ward, under the care of Mr. Vincent, on Sunday afternoon, October 5, at half past two o'clock, with extensive laceration of the scalp over the right parietal and temporal bones, the right parietal bone being denuded of its periosteum, to the extent of two inches in length from behind, forward, and one inch in breadth, with slight apparent fracture; also with fracture of the superior maxillary bone; considerable epistaxis. He was perfectly sensible when brought in, and was soon afterwards able to state, that, having seen a boy, in the act of exercising a horse in Goswell Street Road, thrown off, the animal having taken fright, he endeavoured to stop the horse, and caught hold of the bridle; but, not succeeding in his object, he was thrown down, and thought he must have been trodden on by another horse that had also run away, but could recollect nothing more of the accident with distinctness. It appeared, however, that, having maintained firmly his hold of the bridle, he was dragged a considerable distance, and in all probability kicked by the same horse. The edges of the divided scalp

were drawn together by adhesive straps, and cold cloths applied to the head. The hæmorrhage, from the nose and mouth, continued for four or five hours, and was at length, with difficulty, restrained. The bowels acted soon after admission.

6. The face enormously swelled; both eyes are completely closed; complains of pain in the head and back of the neck; perfectly sensible; experiences great difficulty in swallowing or speaking. Mr. Vincent thinks it probable, from the symptoms, that the fracture of the skull extends to the base. Cal. gr. iv., jalap gr. xv. statim, an enema of house medicine, and poultices to the head. Pulse rather feeble, 96.

7. He passed a much worse night than the previous one; skin hot; pulse full, and about the same number. The bowels have been freely moved. Complains much more of pain in the head. In the course of the afternoon became delirious, and extremely outrageous, so as to require the strait-waistcoat.

8. Ten o'clock, A.M. In the course of the night, insensibility gradually came on; his breathing is stertorous; pupils dilated, and uninfluenced by light; pulse 84, and not so full as yesterday; fæces passing involuntarily, and the wound of the scalp presenting a green, shining, and unhealthy appearance.

Half past one, P.M., Mr. Stanley, officiating for Mr. Vincent, ordered as much blood to be taken from the temporal artery as the pulse would bear. Thirty ounces have, therefore, been taken from it, and the pulse has risen to 125, but is smaller than before, and easily compressed. — Four o'clock. The dangerous symptoms not being at all abated by the bleeding, Mr. Stanley considers the use of the trephine called for. Mr. Earle, happening to be present, coincides in this opinion. The patient was immediately, therefore, removed to the operating theatre, where Mr. Stanley proceeded to apply the trephine, in the situation of the fracture, over that portion of the parietal bone denuded of its periosteum. On the portion of bone being removed, a thin stratum of coagulated blood was detected between the cranium and dura mater, which appearing to extend downwards and forwards, and the patient experiencing no relief from the operation so far, it was deemed proper, by Messrs. Earle and Stanley, that the trephine should be applied again. It was applied in the direction of the inferior anterior angle of the parietal bone, and Hey's saw used to remove the projecting triangular portion left between the two circular openings made by the trephine. Unfortunately, the coagulum was found to extend still deeper towards the basis cranii, and no relief whatever was

produced by the operation. The man died in two hours and a half after the performance of the operation.

Post-mortem Examination.

1. At half past one the post-mortem examination was made, and conducted by Mr. Stanley, and Mr. Burnett, the house surgeon. On removing the skull-cap, the vessels did not appear greatly turgid. A thin coagulated stratum of blood extended downwards from between the parietal and temporal bones and dura mater, to the basis of the skull. A considerable portion of puriform fluid was effused between the arachnoides and pia mater, over the anterior hemispheres of the brain, and the same observed at the base of these portions. Two or three small softened patches were discovered in the substance of the brain, on the anterior parts of both hemispheres. The substance of the organ exhibited no particular vascularity or traces of inflammation. The ventricles contained a very considerable quantity of turbid fluid, apparently of a purulent quality. The fracture was of the parietal bone, through the temporal process of the sphenoid, that portion forming the cerebral fossa to the sella turcica, and from thence to the ethmoid bone. The crista galli was likewise completely separated, and only kept in contact with the cribriform plate, by the attachments of the dura mater. The right superior maxillary, and also the nasal bones, were fractured very considerably. The abdominal viscera presented nothing remarkable.

[Why was not the patient bled on the seventh? Was the treatment adopted in this case, calculated to instruct the pupils in "sound surgical?"—ED. L.]

ST. THOMAS'S HOSPITAL.

FEMORO-POPLITEAL ANEURISM.—OPERATION OF TYING THE FEMORAL ARTERY.

JANE GROOVES, of rather a full habit, and bloated appearance, was admitted into Ann's Ward on the 11th of September, under the care of the Junior Surgeon. She stated, that, for three weeks past, she had felt a pain in her thigh, which she considered to be of a rheumatic kind, and, on that account, used friction, with turpentine liniments. The pain was felt on the inner side of the thigh, and it extended to the ham. About a month back she felt a small tumour, just where the pain had commenced: this rapidly increased, and was attended with a throbbing sensation. In a week after the appearance of the tumour, the lower part of

the thigh began to swell; the swelling rapidly extended, but was circumscribed, and soon became very prominent in the centre; it pulsed very strongly—indeed so much so, as to be clearly visible. On applying the stethoscope, the rush of blood into the aneurismal sac was distinctly heard. The pain was now exceedingly acute, and progression, or the least movement of the limb, was prevented.

When admitted, the tumour was of very large size, situated upon the inner and lower third of the thigh, and extending into the ham, where it could be felt to pulsate. Pressure upon the artery in the groin stayed the pulsation, but did not much diminish the size of the tumour. The patient was ordered to keep her bed, with the limb flexed, and placed upon its outer side. Appliances to be given occasionally.

25. Since the patient has been in the hospital, the tumour has very much increased in size, but the pulsation is less distinct, and, in the ham, can scarcely be felt at all. The skin has become of a livid-brown colour, and, at a particular spot at the lower part of the tumour, it appears about to burst.

26. The operation of tying the femoral artery was performed to-day. A considerable time elapsed in finding the vessel, but it was at length secured with one ligature. After the operation, a flannel stocking was put on the leg.

27. The patient has had no sleep, but is tolerably easy. The pulsation of the tumour has entirely ceased; the limbs are nearly of equal temperature; there is slight tingling felt in the integuments of the diseased limb.

29. Much the same; obtains no sleep; ordered 40 drops of laudanum at bed-time.

October 7. The patient is, upon the whole, going on well; the wound is healing, and the tumour is gradually diminishing. The ligature has not yet come away.

HOPITAL DE LA PITIE.

CASES OF HERPES ZOSTER, SUCCESSFULLY TREATED BY THE NITRATE OF SILVER.

Two cases of zoster lately presented themselves, in which the external use of the nitrate of silver proved very effectual in allaying the violent pains with which this affection is usually accompanied.

A girl, twenty-one years of age, was, on the 16th of July, admitted into the Salle St^e Thérèse; she had been seized, after a few days of general indisposition, with a violent burning pain on the skin of the ab-

domen; on the ensuing day, a very troublesome itching succeeded, and this was followed by an eruption of small vesicles, surrounded by a red margin, and filled with a limpid water. These vesicles rapidly increased in quantity, and, at last, occupied the right half of the abdomen from the median line to the vertebral column. The patient had some headache, nausea, &c., but her principal complaint was the violent pain caused by the eruption, which deprived her of all rest. On the 18th, the vesicles were opened with a needle, and afterwards touched with the arg. nitr. fus.; at first the pain was increased, but after three hours the patient fell into a sound sleep, and, on the following day, was entirely free from pain; the eruption had changed into a dry crust, which was gradually detached, so that, on the 25th, the patient was discharged cured. The gastric symptoms, by which the disease was accompanied from its commencement, did not seem to be influenced by the external treatment of the eruption.

In the same ward, a similar case occurred in a girl of nineteen; she was taken with a gastric affection, which was quickly followed by a zoster-like eruption on the right side of the chest, extending circularly from the anterior part of the right breast to the vertebral column. The inflammatory ring, around the phlyctenæ, was not so vivid as in the former case, nor was the pain so very violent. The eruption was touched with the nitrate of silver, an eschar was formed, and the patient was enabled to leave the hospital in four days.—*La Clinique*.

HOTEL DIEU.

HYDATID TUMOUR OF THE ABDOMEN.

— MARCO, ætat. 33, of a melancholy temperament, observed, in the month of May, a swelling in the epigastric region, which gradually augmented, without being accompanied by any pain or disturbance of the system. From the beginning of June, the swelling considerably increased, and caused lacerating pains; the patient, from this time, began to vomit everything, a quarter or half an hour after swallowing it. On the 20th of June, he entered the hospital. The swelling occupied the epigastrium, was of a considerable size, and very painful; there was no fever or jaundice; the vomiting continued; the bowels were costive. Under the use of leeches, the warm bath, and castor-oil, some improvement was obtained. After repeated examinations, it was found that the enlargement was circumscribed towards its inferior margin, and, on percussion, a sort of trembling (*frémissement*) was felt, by which M. Recamier was led to suspect the existence of

hydatids in the tumour. An exploratory acupuncture was now made, and the watery fluid, which issued from the wound, confirmed M. Recamier's diagnosis. A piece of caustic potash was now repeatedly applied to the tumour, in order to occasion adhesive inflammation; violent pain and fever were produced, and the linea alba was laid bare by an incision, from which nearly six ounces of a turbid serum were evacuated, and twice the quantity was discharged in the course of the following day. By the use of emollient injections, the artificial aperture was kept open, and from it a serous liquid, with hydatids, and, lastly, the parietes of the cyst itself were discharged. The tumour gradually decreased, the pains disappeared, the bowels became regular, and the patient had nearly regained his health at the time of the report.—*La Clinique.*

MR. LAWRENCE.

To the Editor of THE LANCET.

SIR,—When an individual has performed public services at the expense of great private sacrifices, surely it is right that he should be cheered and rewarded by some public mark of approbation. The surgical reformers have not yet done this, I may say, act of justice, to Mr. Lawrence. The manner in which that gentleman came forward and vindicated the rights of the degraded members of the College, is fresh in the recollection of us all—neither can we forget that Mr. Lawrence himself was, at the same time, one of the *privileged order*—a hospital surgeon, consequently one who suffered nothing, but, on the contrary, was a gainer by the infamous by-laws, and the system which gave rise to them. Such a noble example of disinterestedness, and regard for the interests of science, must not pass unnoticed. It is said that the “praise of honest men is fame;” let us tender such praise to Mr. Lawrence. Conversing with some friends a few days since, it was suggested that a public dinner should be given by the surgical reformers to Mr. Lawrence. However, previously to adopting any measures to effect that object, I feel it desirable to obtain your opinion upon the propriety of the measure, and also that of my professional brethren.

I am, Sir,

Your obedient servant,
A PRACTITIONER AND SURGICAL
REFORMER.

London, October 3, 1823.

[The measure shall receive our most decided support.—Ed. L.]

GLASGOW ROYAL INFIRMARY.

REPLY TO MESSRS. WOOD AND CO.

HYDROCELE NO HERNIA.

To the Editor of THE LANCET.

SIR,—The letter of Messrs. Wood, Lorrain, and Newlands, published in a late Number of your Journal, perhaps scarcely merits a reply. I have, however, been induced, from the bold assertions which they make, and the intemperate language they employ, to send you the following observations:—

Messrs. Wood, Lorrain, and Newlands, state themselves to have copied the case accurately from the journal of the Infirmary; but they forget, that although this had, in truth, been the case, which is all they seem to contend for, it by no means necessarily follows, that the account I gave was incorrect. Of the latter, indeed, they cannot be expected to form any opinion, since none of them, I can almost positively affirm, saw the child on its coming into the hospital, *nor was one of them present at the operation*, nor even afterwards (unless I am very much mistaken) did they often see the patient.

I was *dresser to the patient*, and, naturally enough, asked the mother some questions concerning the history of the disease. It was from *her account*, and *my own observation*, that I was enabled to furnish you with the particulars, which, drawn up as they were, from what was said and what was seen, are quite as likely to be true, in the opinion of any unprejudiced person, as the report in the hospital journal.

In the report of the case in *THE LANCET*, I have said there was no tenderness over the abdomen, or in the parts, which, however much it may differ from the abstract given you by Messrs. Wood, Lorrain, and Newlands, I still maintain to be true; for although I should hope that neither the gentleman who wrote out the case, nor the surgeon under whose care it was placed, is capable of wilful misrepresentation, *still I cannot reject the evidences of my own senses*. I placed my hand on the tumour and pressed, but the child evinced no sign of pain or uneasiness, either by cries or restlessness, which it would most undoubtedly have done had either existed.

I have also said the patient was not feverish, which seems to be at variance with the report of the case in the journal of the house. The child was, as might be expected, very unwell; but whether or not it was fever, is a different question. Allowing this, however, to be true, I thought then, and still think, if it did at all exist, that it

was not to such an extent, as we usually find attendant on a strangulated hernia, requiring an operation. Indeed, it comes to be a mere matter of opinion, whether the child was really labouring under *fever*, as is described in the journal of the hospital, or only under a high degree of irritation consequent on the presence of worms, and the constipated state of the bowels.

I was in the same ward with the child on the day of the operation nearly two hours, and, during that time, there was neither hiccup nor vomiting, which does not disagree with the statement of Messrs. Wood, Lorrain, and Newlands; although they, in one part of their letter, most disingenuously insinuate some doubts of its truth.

The mother informed me there was no want of stools; but this she, a day or two afterwards, contradicted. It was then I thought it necessary to correct what I had said, which correction Messrs. Wood, Lorrain, and Newlands, will find stated in *THE LANCET* of the 2d of August, in the following words:—"I must state, that in the report of the case in the journal of the Royal Infirmary, it is said the child had no stool for eight days, saving one immediately previous to the operation, from a clyster, and which was very copious."

The report of Messrs. Wood, Lorrain, and Newlands, goes on to say, that at five P. M., a consultation was called. This passage evidently shows how little they know of the case concerning which they write in such confident terms; for, at two P. M., Messrs. Hendry, Smith, and myself, were informed, through the kindness of one of the clerks, that a consultation was to be held at six, thus showing, if the consultation was called at five, it was, at least, predetermined, and not owing to the symptoms of the *hernia* having become more urgent.

I have stated that there was "no regular attempt at the taxis, and its adjuvants, bleeding," &c., neither do Messrs. Wood, Lorrain, and Newlands. They, indeed, say the taxis was tried by both the attending surgeons, but they forget to mention how long it was continued, or if they consider a man justified in operating for hernia, if, after pushing at the tumour for a few minutes, he fails to move it, *unassisted by bleeding, the warm bath, or nauseating medicines*. The employment of these, in addition to the mere manual operation, constitute, I believe, what is called, a *regular attempt at the taxis*.

When I sent you the report in question, I did not conceal my name on account of any fear of the consequences that might result from its inaccuracy; but, from my intention of sending you future communications, I was not very anxious that I should be

known as the writer. For the same reason, the report is written as if I had not been at the operation. I was so; but there being only two other students, Messrs. Hendry and Smith, besides myself, present, it would have been equivalent to such an acknowledgment had I said so.

I have now stated all I know about the case; the statements of the journal I will never attempt to reconcile with mine. I will not say the former are false; the mother may have given a different statement from what she gave me; but even although the reports had differed much more than they do, I would not have corrected one iota of what I have advanced, unless convinced that what I advanced was unfounded; and had this been the case, it would, long before this time, have been publicly declared. I may also mention, before concluding, for the satisfaction of your readers, that no authority, however much I may respect it, will ever induce me to deny what I heard, and what I saw.

I am happy to add the testimony of Mr. Smith to what I have said, who was dresser in the hospital at the time, and present at the operation.

"Glasgow, Sept. 27, 1828.

"DEAR SIR,—In your letter of yesterday, you desire me to state what I know of the unfortunate case of *hydrocele*, which was lately operated on in the Glasgow Royal Infirmary, for *strangulated hernia*.

"I was in the same ward with the patient, for a considerable time immediately previous to the operation, and, during that time, did not see him vomit. The stool which he then had appeared to be *natural*. When the surgeons handled the swelling, the child did not appear to be uneasy; and, although the boy was very unwell, my impression, at the time, was, that there were few, if any, of those symptoms present, which are said, in surgical works, to characterise a case of *strangulated hernia*, requiring an operation.

Yours, truly,
S. B. SMITH."

"Mr. J. W. Macnee.

Hoping this will convince you, and your readers, that I have stated nothing that was either untrue or unfounded,

I am, Sir,

Your very obedient servant,

J. W. MACNEE.

Glasgow, Sept. 29, 1828.

[The reply of Mr. Macnee to Messrs. Wood and Co. is so very conclusive, that we do not deem it necessary to publish the spirited and excellent letter of Mr. Thomas Carter.]

HOLE AND CORNER WORK AT BIRMINGHAM.

To the Editor of THE LANCET.

SIR,—As a constant reader of your valuable Journal, I have noticed, with feelings of admiration, the bold and determined manner in which you have dragged from its hiding place corruption of every kind, whether existing in the proud college (whose charter seems to make it more impudent in its mal-practices) or the less arrogant hospital; but amidst all the attempts at reformation, I feel astonished that Birmingham (with a slight exception) should have escaped your investigation, whether from the limited opportunity you have of hearing from that town, or the little interest you imagine your brethren might derive from your reports, I know not; but it is time something was said and done. The base system of monopoly and humbug, carried on within the walls of our Hospitals, deserve exposure, and the severest lash a liberal and independent press can bestow.

It is now about four years since that an attempt was made to erect a Fever Hospital in this town, and the mover of the praiseworthy scheme was Dr. Birt Davies, an individual whose indefatigable exertions in behalf of so good an institution, cannot be too much applauded, and a man, whose moral character and liberality of sentiment must endear him to all his acquaintance. But the moment the proposition was made public, away went the "medical officers" of the General Hospital to oppose, with might and main, an object undertaken by one not belonging to their "junto." Vituperation, and sophistical arguments, were employed to prove, that a fever hospital was absolutely unnecessary, and for a length of time (not, perhaps, in consequence of their opposition) the matter was unheard of; but a fund having been raised, and a house taken, the establishment was set on foot, and, during the four months it has existed, fifty individuals have been restored to their families. I have visited it myself frequently, and declare that its cleanliness, the attention of its physician, and the freedom of access afforded to all, are unexceptionable.

In consequence (I presume) of another paroxysm of rage felt and made manifest by the "junto," Dr. Davies addressed a letter in *Aris's Birmingham Gazette*, Sept. 29, 1828, to the "Benefactors and Subscribers of the General Hospital, Birmingham," and to that letter I beg leave to call your attention. After stating his exertions, and the opposition he met with, and, moreover, the wish of the "rulers" of the Gene-

ral Hospital now to erect a fever house as an opponent to his, the Doctor proceeds:

"But, Gentlemen, can it be your pleasure to sit still, and to witness so foul a piece of oppression, and so gross an appropriation? It is not ten months since we heard the note of distress and of embarrassment at the General Hospital, and I venture to predict, that it will not be ten months more before we hear the same again; and the present extravagance will doubtless afford a pretext for raising the pitch. It is no longer ago than last spring, that it was requisite to make a strong appeal to the dissenting interests of the neighbouring districts, (and it has been replied to in a manner worthy of their liberality,) yet this is scarcely done before it becomes time for another gratuitous expenditure. If the premises occupied by the existing Fever Hospital were insufficient for the wants of the town, (which is not the case, as it could accommodate fifty beds more if it had the means to furnish them,) the public would only smile, that men, so little acquainted with its wants, should formerly have presumed to thrust forth their crude, unsought, inaccurate opinions. If the situation of the General Hospital were as good as that of Holloway Head, the highest and most open in the adjacent neighbourhood, which it is not, even then a conjunction, opposed to the intention of the founder, contrary to the laws of eight-and-forty years, at variance with the whole system of an establishment admitting disease only upon a Friday, would be intolerable and indecent. If one single reason could be guessed at beyond the indulgence of an unworthy and degrading spirit, it would, perhaps, have been the best, as it would surely be the most tranquil course, for me to submit in silence. But to see the resources of a great and noble institution perversely expended to crush silently, by its competition, a smaller charity, which has struggled hard into existence against a thousand indirect and unfair attempts to strangle it, is, indeed, "too bad."

Let the Governors look acutely to every part of the expenditure; let them reflect on the huge income of a rent-free, tax-free, establishment. Compare the good done with other hospitals, and remember their own recently-abridged privileges. Above all, they should let in the light of day; and, taking example by the humbler hospital, which their servants seek to extinguish, let them give daily admittance, at a regular hour of visit, to every licensed practitioner, that a free press may come in to hear, see, criticise, and benefit the patients, the profession, and the public, as well by the dexterity as by the bungling of those who now

seem to *manage* an absolute and irresponsible monopoly.

In concluding, I beg to apologize for intruding myself upon your attention. If I consulted my own case, it would perhaps have been better to submit quietly than to afford a pretext for vituperation, virulence, and private injury. Any one addressing you on the subject, must be prepared to encounter again, one by one, the delegates of the 'weekly club'—again advertising at the expense of the 'Joint Stock Purse.'"

The Doctor concludes by saying,—

"Be it as it may, no private consideration on earth shall induce me to permit this transaction to pass without making, at least, one endeavour to hold it up to the reprobation, contempt, and failure which it merits, and I call on an indignant public to support the House of Recovery, or General Fever Hospital, at Holloway Head."

Considering, Sir, that *THE LANCET* has the most extended sale of any medical publication, and deeming it necessary that the evil doings of our "Hole and Corner" Gentlemen should be circulated far and wide, I have been induced to trouble you with the few scattered ideas in this sheet. The corrupt, the secret, the unhandsome manner, in which the surgeons of our Hospital (except Mr. Wood) carry on their dark doings, is abominable; and I shall rejoice when, through the interference of some benevolent individual, the doors shall be opened to show the "hell that's there." At present, surmise does all: we know not, when a poor wretch is immured within it, whether his case be treated with common humanity, or whether he will ever be allowed to revisit his friends or family. Well does it correspond with the description of the Mantuan bard:—

"—— Facilis descensus averno
Sed revocare gradum——
Hoc opus, hic labor est——."

The medical and surgical school opens here on the 20th inst., and then, probably, some concession may be made, at least to students, which will afford an opportunity of supplying, perhaps, a few cases to your *Journal*, and demonstrate, with a veracity not to be doubted, that "men love darkness better than light, because their deeds are evil."

Until that time, Mr. Editor, I shall probably not trouble you again; but if I can afford you any information respecting either of our Institutions, I shall be most happy to do so, as far as my humble abilities will allow; and I trust, ere many years elapse, we shall see the names of Hodgson, De Lys, and Vaux, coupled with liberality and openness of conduct; and of knowing, that though an individual may be trampled on

by the creatures of power, he will rise superior to all their machinations, and that, in after time, the name of Davies will be gratefully recollected by many, who have been rescued from the grave in our laudable and infant charity.

I remain, Sir,
Faithfully your's,
CRITO.

Birmingham, Oct. 8, 1828.

ABUSES AT ST. BARTHOLOMEW'S.

To the Editor of THE LANCET.

SIR,—The many morbid practices which the judicious application of *THE LANCET* has tended to remove in this, as well as in other metropolitan hospitals, induces me to lay before you a grievance, which, however trivial it may appear in the eyes of the multitude, is, I can assure you, of no light sufferance to the parties aggrieved, viz. the dressers.

You are, doubtless, aware, it is an existing custom at St. Bartholomew's Hospital, for the dresser, whose accident-day it may chance to be, to remain at his post from 9 A.M. to 9 P.M. Though this custom is with propriety rigorously enforced, yet so little attention is paid to the comfort of the dresser on duty, that no part of the establishment superior to the square of the Hospital, under the broad canopy of heaven, or in the wards, with the select society of nurses and patients, is assigned to him during the period of his now frequently-unoccupied time; time which, had he a room afforded him, might be spent much more to his advantage, certainly more to his comfort.

I understand that it was formerly the custom for the dresser on duty to make use of an apartment in the house of an *inferior officer* whose *vagaries* you have lately had occasion to notice; but this privilege has, for some unaccountable reason, been withdrawn, and the dresser left a wanderer on the site of the Hospital.

Should your insertion of this be attended with a removal of the grievance, you will, Sir, have a yet stronger claim to the gratitude of

A DRESSER.

St. Bartholomew's Hospital,
Oct. 12, 1828.

BOOKS RECEIVED FOR REVIEW.

A Translation of the Pharmacopœia of the King and Queen's College of Physicians in Ireland, with Notes and Illustrations. By D. SPILLAN, A.M., M.D. 8vo. boards, pp. 293. Dublin. Hodges and Smith.

Remarks on the Treatment of the Insane. By E. P. CHARLESWORTH, M.D., with a plan of the Lincoln Lunatic Asylum. 8vo. pp. 38. London. C. and J. Rivington.

A Letter addressed to His Excellency the Right Honourable General the Earl of Chatham, Governor of Gibraltar, &c., relative to the Febrile Distempers of that Garrison. By W. W. FRASER, Esq., Inspector of Hospitals and Medical Superintendent of Quarantine at Gibraltar. London. Callow and Wilson. 8vo. 1826. pp. 49, with Tables.

A Manual on Midwifery; or a Summary of the Science and Art of Obstetric Medicine; including the Anatomy, Physiology, Pathology, and Therapeutics, peculiar to Females; Treatment of Parturition, Puerperal, and Infantile Diseases; and an Exposition of Obstetrico-Legal Medicine. By MICHAEL RYAN, M.D., Member of the Royal Colleges of Surgeons in London and Edinburgh. London. Longman and Co., 1828. 12mo. pp. 354.

An Analytical Index to the New Lunatic Act, for regulating the Care and Treatment of Insane Persons in England. London. Kirton, 1828. 8vo. pp. 42.

An Essay explanatory of a Method whereby Cancerous Ulceration may be stopped, by the Formation of Crusts and Granulating Margins; together with Observations and Directions for the Treatment of other analogous Diseases and Diseased States, consequent to, and attendant upon, Cancerous Ulceration. By WILLIAM FARR, Surgeon to the Cancer Institution, Charlotte Street, Bloomsbury, &c. London. Wightman and Cramp. 8vo. pp. 80.

An Introductory Lecture delivered in the University of London, on Thursday, Oct. 2, 1828. By JOHN CONOLLY, M.D., Professor of the Nature and Treatment of Diseases. London. J. Taylor. 1828. 8vo. pp. 34.

A General Description of the Bones of the Skeleton, intended for the use of Students. By HENRY KEMP RANDELL, M. R. C. S. 12mo. boards, pp. 144. London. Highley.

A Stethoscopic Chart; in which may be seen, at one view, the application of Auscultation and Percussion to the Diagnosis of Thoracic Diseases, and the use of the Stethoscope in other Diseases. Arranged by S. E. HOSKINS, M. R. C. S.

This Chart is an admirable guide to the use of the stethoscope; and we can with confidence recommend it to the notice of our readers.

Statement of Facts respecting Dr. William Preston Lauder, now of 91, Sloane Street, Chelsea, formerly of Wallingford, Reading. Hancock, Holborn. Cupar of Fife, and Edinburgh. 8vo. pp. 59. stitched.

LITERARY NOTICE.

Mr. Richards is preparing for the press, a Treatise on Nervous Disorders; with Observations on Physical Sympathy, and a Dissertation on the best Dietetic and Medicinal Remedies.

SUBSCRIPTIONS

FOR THE DISTRESSED MEDICAL GENTLEMAN AND FAMILY.

Subscriptions already received	£ 210	10	6
John Parrott, Esq., Clapham	1	1	0
P. Dixon, Esq., Kennington	1	0	0
John Smith, Esq., Leicester Place	1	0	0
Miles Marley, Esq.	1	0	0
R. Blagden, Esq.	1	1	0
Henry Elsegood, Esq.	1	1	0
H. U. Thomson, M. D.	1	1	0
H. Lloyd, Esq., Wigmore Street	1	1	0
J. Stuart, Esq., Edward Street	1	1	0
J. H. Green, Esq.	1	1	0
Francis Le' Maun, M. D.	1	1	0
Robert Gooch, M. D.	1	1	0
James Morrah, Esq., Sloane Street	1	1	0
James Veitch, M. D.	1	1	0
C. R. Butler, Esq., Chelsea	1	0	0
Robt. H. Cumming, Esq., ditto	1	0	0

Western Hospital.

W. W. Sleigh, Esq.	1	1	0
M. Truman, Esq.	1	1	0
R. Hicks, Esq.	1	1	0
C. Scudamore, M. D.	1	1	0

Forwarded to the Editor, by Mr. Catlett, of Grantham:—

Sir Chas. E. Kent, Bart., Little Ponton House, near Grantham	£ 1	0	0
The Lady Sophia Kent, ditto	1	0	0
A Lady, Grantham	1	0	0
Ditto, ditto	0	10	0
Thomas Bland, Esq. M. D., ditto	1	0	0
Wm. Turner, Esq. M. D., ditto	1	0	0
Messrs. Coward and Parker, ditto	1	1	0
Mr. W. Catlett, jun., ditto	0	10	6
Mr. Brewster, ditto	0	5	0
Mr. Deeping, Newark	0	10	0
Mr. Mather, Grantham	1	0	0
Mr. Catlett, ditto	1	0	0
Grantham, Oct. 5, 1828.			

THE LANCET.

Vol. 15]

LONDON, SATURDAY, OCTOBER 25.

[1838-9.

LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

LECTURE I.

Of the Gravid Uterus.

IN consequence of impregnation, the genitals undergo conspicuous changes; and when altered in this manner, they form what is denominated the gravid uterus, of which I now proceed to treat.

The womb, in the unimpregnated condition, varies much in its size, but, on an average, it does not exceed the bulk of a small pear flattened; when, however, it is enlarged to the full size of gestation, it forms a very bulky tumour, occupying, at least, two-thirds of the cavity of the abdomen; its diameters from mouth to fundus, from side to side, and from before backwards, being, on an average, of twelve, nine, and six inches respectively. The form of the gravid uterus varies somewhat in different women; but, in the main, it resembles a large egg, more rounded in some cases, more elongated in others, something, perhaps, depending on the position of the fœtus.

This oviform uterus is placed in the cavity of the abdomen, the fundus being in front before the ensiform cartilage, and the mouth lying below and behind in apposition to the middle parts of the sacrum. When the bladder is full of urine, it takes its place between the uterus and the abdominal coverings, otherwise the womb is covered by these teguments alone in front, and the intestines, in the end of pregnancy, lie above and behind the uterus, being, by the interposition of this organ, sometimes concealed almost entirely from the view, even though the abdominal coverings have been laid open by the knife. When the womb falls too much forward, or to either side,

these deviations from the healthy position are denominated the obliquities, and they are, I believe, commonly arising from one of three causes—distortion of the pelvis—projection of the lumbar vertebra—and laxity of the abdominal muscles; the two last are the most common, and these may operate in combination. Bandages, if well constructed, may be very useful here.

When the womb is in action, the tumour which it forms becomes very hard—hard, for example, as the casts here exhibited; but, in the middle and end of pregnancy, before the full action comes on, the uterus may be so soft and yielding, that the head of the fœtus may be clearly enough distinguished, commonly in the inguinal region, whence we may the more readily distinguish the intumescence of pregnancy from that which arises from water, air, adæps, or a diseased growth of the viscera. If the womb contain the usual quantity of water, its surface is generally equable, and more or less globose; but, in some cases perhaps, when the quantity of the liquor amnii is small, and the womb, thin and lax, lies loosely on the limbs of the fœtus, a certain degree of inequality is produced, and I know of one case in which an accoucheur, of no small experience, feeling the parts of the child with extraordinary distinctness, was led erroneously to infer, that the pregnancy was extra-uterine. All these observations are most easily made, when the abdominal coverings are thin.

When the womb is enlarged from pregnancy, in the general you do not observe anything like fluctuation; therefore, if the bladder is duly evacuated, and if there is no dropsy of the peritoneum when you strike the abdomen, no fluctuation will be perceived. Understand, however, that under disease the liquor amnii sometimes collects in very large abundance, to the amount of three or four gallons for example, and, in these cases, a fluctuation may be felt distinctly, as if the woman were dropsical. This I mention to you, the rather because it is not very common, and because if you were not aware of it, and chanced to meet with one of these fluctuating wombs, you might rashly have recourse to the trocar and

canula. It is by your learning from the patient that she herself believes that she is pregnant, and that the enlargement of the abdomen has very suddenly occurred, that you are first led to suspect the nature of the case; for usually, where the enlargement has very suddenly occurred, it does not arise from *ascites*, but from pregnancy; and your diagnosis is further assisted by the severe abdominal pain produced by the rapid stretching, and ultimately the spasms of the muscular substance of the womb. When you make an examination of the mouth and neck of the uterus, you may feel in the brim of the pelvis the rounded tumour, formed by the lower frustum of the womb; and pushing the investigation still further, you distinguish the os uteri more or less dilated, with the membranous bag filled with the liquor amnii. So that by these characters—the membranous bag filled with the liquor amnii—the dilated mouth of the uterus—the uterine tumour felt in the brim of the pelvis—the abdominal pains often very alarming—and the intimation given by the patient herself that pregnancy is, in all probability, the cause of all her symptoms—the disease under consideration may be easily recognised. In the middle months of gestation, a woman laboured under a great swelling of the abdomen, which fluctuated distinctly. Dr. Haighton was sent for, together with a very distinguished surgeon, who, conceiving the case to be *ascites*, proposed calling next day to perform the operation of tapping. Dr. Haighton suggested that this abdominal swelling might, after all, be a dropsy of the uterus, but no particular examination of this point was instituted on that day; in the course of the night, the membranes, which contained all this water, burst of themselves, a flood of fluid was discharged, the abdomen rapidly collapsed, a foetus issued not larger than the first joint of the finger, the woman escaped from her paracentesis, and did well. Here, then, is a case in which a surgeon of distinguished talent, in consequence of a hasty diagnosis, was on the point of puncturing the uterus; do you, therefore, be on your guard.

As to the treatment of this disease, if the swelling is not very great, you may foment the abdomen, give opium, and leech; and sometimes perhaps, without further help, the symptoms may give way, the woman ultimately reaching the full term of nine months; if, on the other hand, the quantity of water is very copious, and the pregnancy is of the earlier months, and the pains are very severe, effectual relief may be obtained by tapping the membranes at the mouth of the uterus, great care being taken not to injure the cervix. In ordinary cases, I think, I should not make a large opening, for if the opening be a mere puncture, the

water may come off by little and little, and the abdomen may sink the more gradually. If the water should come away more rapidly than you expected, then put a bandage round the patient in the same manner that you would do if you were tapping in a case of *ascites*; and prepare for syncope. Gaitskill's bandage would answer very well.

Although all the structures of the uterus are very much developed in gestation, yet, in reality, the pregnant uterus consists essentially of the same parts as the unimpregnated, viz. the muscular substance, and the investing membranes, with their accessories. Internally the uterus is covered throughout by an extension of the same membrane, which lines the vagina: externally, the womb is coated by the peritoneum, which, however, does not line the lower part of the surface in front, where it lies against the bladder.

In the womb, at the end of pregnancy, we find that the nerves are very large, and the same is the case with the absorbents. The absorbents in the unimpregnated state are very small, and there is a difficulty in injecting them; but when the woman is in a state of gestation, they are very large, as I will show you at our subsequent meeting. It is, perhaps, in good measure, in consequence of the absorbents being large, numerous, and active, that the uterus, after delivery, shrinks so rapidly in its bulk. As soon as parturition takes place, if we examine the uterus, we generally find it to be as large as the foetal head, but in the course of a few weeks it becomes reduced to nearly its original size, such as it was when in the unimpregnated condition. Now this rapid collapse of the uterus is, I conceive, to be ascribed to the large size and great activity of the absorbents, assisted by the contraction of the blood-vessels, and the gradual expulsion of much of the blood. In the unimpregnated condition of the uterus, the blood-vessels are few and small, derived from two sources, the inferior uterine arteries, and the spermatics; but when the patient becomes pregnant, they are of very large size in the end of gestation, especially as this preparation shows. And this is the reason why, in the latter months of pregnancy, women are liable to such dangerous floodings, while, in earlier gestation, the floodings are much less copious, and of course are attended with much less danger. The veins which correspond with the arteries are also very capacious, and, from their great capacity, they are sometimes called the sinuses of the uterus, though I may observe, by the way, that this term is applied more properly to real sinuous cavities in the substance of the uterus, which seems to be distinguished from the veins, and which remind one of

the *carneæ columnæ* of the heart. To facilitate the return of the blood from the uterus, the veins take a direct course, but the arteries corresponding with them are vermicular, and it is supposed that this vermicular course of the arteries is designed to diminish the impetuosity of the uterine circulation, and to diminish the risk of those floodings which, nevertheless, so often take place. From inspecting this preparation, you may find that the arteries are as vermicular in the womb at the end of nine months, as in the unimpregnated uterus, and, therefore, the vermicular course does not appear to have been designed to facilitate the distention of the uterus, by allowing the vessels to draw out and change from the vermicular to the linear direction; for this change does not take place; besides if this serpentine course were meant to facilitate the ready dilatation of the uterus, we should have expected that, like the arteries, the veins would have been serpentine also.

The substance of the uterus, I conceive to be made up of a structure essentially muscular, an opinion in which many, I believe, acquiesce, though by Blumenbach, and others, it is denied. That the womb is really muscular, I am persuaded; first, because in the mammiferous animals generally, we find that it is so indisputably; thus in the rabbit, for example, the muscularity of the womb is far more conspicuous than that of the intestines; you may see the fibres coarse and large, and you may observe their motion, provided you examine them immediately after the rabbit is killed. It seems, then, that in the mammiferous animals generally, muscular fibres have been given to the uterus for the purpose of expelling the foetus, and if the muscular fibres be given in the case of animals, why should they not be given to the human uterus also? Why in the human uterus alone should a fibre be formed, *sui generis*, expressly for this purpose, when, as appears from animals, the muscular structure is itself sufficient for the purposes of parturition. This argument, I know, is not decisive, but the presumption is strong, for if the uterus of animals is composed of muscular fibres, why should we not suppose that the human uterus is so also? *Frustra per pleura*. Again, that the human uterus is muscular, appears when it is developed from pregnancy; and this is so clear, that if you take a portion of the uterus when thus developed, and show it to any anatomist or demonstrator, asking him, at the same time, what it is, he will reply, without hesitation, that it is *muscular*. This experiment I once made myself: taking a portion of the impregnated uterus, I showed it to Mr. Green and Mr. Key, excellent judges on this point, and, without making mention of the womb, I asked

them to tell me what was the structure, when they immediately declared it to be muscular. If, therefore, we are to judge of the structure of the human uterus from the appearance to the eye, independently of other circumstances, we need not hesitate to decide that it is muscular. But there is yet a third proof of the uterine muscularity, very decisive to my mind, which is, it contracts itself like a muscle under the excitement of a stimulus. Like the womb of animals, indeed, it is true that, during the period of gestation, the human uterus lies quiet; yet this is not always the case, for it may act prematurely, as in the case of miscarriage; but when, at the end of nine months, the womb begins to wake up, as it were, from its long lethargy, we then find that, like other muscles, it becomes irritable, and contracts itself under the incitement of stimulus; the ovum entire, first excites its contraction—then the foetus—then the placenta—then an accumulation of clotted blood; or the fibres may be brought into action when the womb is empty, by the introduction of the hand of the accoucheur. Like the heart, therefore, the uterus is muscular; it is, like the heart, stimulated by distention, nor is it by distension only, but like the heart, moreover, it is stimulated by other incitements, for other stimulus, when taken into the stomach, would act upon it, more especially the *ergot*, of which I formerly spoke. Well then, if the womb in all other animals is muscular—if, again, the muscularity of the human womb is developed to the eye, when pregnancy occurs—and, moreover, if we find that the womb, like muscle, contracts under the incitement of a stimulus—I think we have proof enough to bear us out in the assertion, that this uterus is muscular. This muscularity is of no small importance; by means of it, not only does the womb expel the child and the placenta, but it moreover contracts itself so as to become secure against the risk of inversion, or the larger discharges of blood; for, as I formerly explained to you, it is by the contraction of the muscular fibres of the womb, that the mouths of the blood-vessels are closed up, so as to prevent the larger discharges of blood in ordinary cases. The womb being muscular, is, of course, obnoxious to the same diseases as the other muscles of the body, and may, perhaps, be relieved by the same remedies.

The thickness of the womb varies in different women; an average being from a quarter to a third of an inch; and it is worth your observation that it is as thick when enlarged from gestation, as when in the impregnated state, which is a proof that the thinness of the womb does not arise, like that of the human bladder, from mere distension. Certain parts of the uterus you will

sometimes find to be unusually thick ; sometimes, on the other hand, it is unusually thin, not thicker than brown paper for example. From the unusual thickness, no inconvenience arises ; but if it is unusually thin, lacerations may take place, and hence you ought never to carry your hand into the uterus, unless there be need for it. About the mouth and neck of the uterus, you will find a large number of mucous follicles, which, in pregnancy, are very apt to form a great deal of mucus, and which close up its mouth ; it is this apparatus which forms the *glandula nabothi*, and I suspect that in carcinoma, it is this apparatus that is the original source of the malignant ulceration. The opinion is deserving of attention ; because, if it really be so, it is not unreasonable to hope that, in some cases of genuine malignant ulceration, if we can but pare away this diseased structure, we may entirely remove a disease, which would otherwise go on and destroy the patient. An operation in principle of this kind, has been performed, I believe, not without its success, by Oziander, Dupuytren, and Lisfranc, and this operation hereafter more fully considered, I strongly recommend to your consideration.

I shall now send you round some preparations, illustrating and proving the assertions which I have advanced. This, in cast, is a very excellent specimen of the uterus at the end of the nine months. You will observe the position of the viscera above or behind the uterus. The uterus is sometimes of a more rounded, and, at others, a more oviform shape, a specimen of both forms I here exhibit.

In this preparation, you see the absorbents of the uterus. This belonged to the cat ; the womb dilated and dried is not unlike a piece of intestine, and the absorbents remind one of the lacteals.

Here is another preparation of the absorbents of the human uterus, very numerous and large.

Here is one that shows the muscularity of the uterus. A piece of *beef* does not exhibit a muscularity more conspicuous.

Here is another uterus inverted, its inner membrane having been removed, so that you may see its structure the better. You may also distinguish the orifice of the fallopian tubes.

Here is a still finer preparation of the same kind.

Here is a specimen of the muscularity of the womb of the rabbit, showing, as usual in this animal, one very large vagina, and two uteri. It is not necessary to take away the peritoneum to see the muscularity ; besides, if you examine a rabbit immediately after its neck has been broken by the dealer, you may see both the wombs and the vagina

distinctly moving, and with a great deal of activity, like the intestines.

Here is a preparation showing the ordinary thickness of the uterus, which is from a quarter to a third of an inch.

Here is a preparation of the womb unusually thick throughout, nearly an inch in its measure from surface to surface.

Here is a preparation of the uterus unusually thin, some parts of it not more than a line in thickness. Such a womb might be easily lacerated.

Here is another preparation, where the womb is not thicker than a piece of brown paper ; recollect this preparation, whenever you are introducing your hand into the uterus.

And here is the os uteri, with its follicles. It is this structure which is, I suspect, the first seat of the malignant ulceration, and by the removal of which the disease might most probably be cured.

Of the Genitals, and their condition immediately after Delivery, and during the subsequent Weeks.

If the quantity of the liquor amnii has been unusually large, or if a woman have produced a variety of children, the contraction of the uterus, of course, gives rise to a very considerable flaccidity of the abdominal coverings ; indeed they are exceedingly flaccid, even in those cases where the uterus has not exceeded the ordinary size, and hence the propriety of the measure which I formerly recommended to you after delivery—I mean the compression of a bandage, as in the case of ascites, so as to give to this part an agreeable support. This flaccidity of the abdominal coverings, however, gradually disappears, more slowly in some, and more rapidly in others, so that if the abdomen were examined many months after delivery, or even many weeks, although much laxity of the coverings might remain, you would not find them, in the general, by any means so flaccid as immediately after parturition. The use of the bandage tends, perhaps, to facilitate the contraction of the abdominal teguments, and the acquisition of the natural shape, not only immediately after delivery, but subsequently ; and I think it is no bad advice that is given to patients, for the first few weeks properly to support themselves with bandages, not, however, pressing upon the abdomen with that degree of force which may give rise to pains. That restoration of the abdominal coverings to their healthy tension, which takes place spontaneously in most cases, does not invariably take place in all ; you will now and then meet with a case in which, in a year or two after delivery, the abdominal coverings will be as flaccid as

they were immediately after the birth ; the reason of this failure of the contraction of the muscles and the skin, I confess myself to be unable satisfactorily to explain.

Immediately after the expulsion of the fœtus, not only is the abdomen soft, but the uterus itself may be felt to be hard and round ; in feel, not unlike the head of a fœtus. You must not be surprised, if the woman tell you with alarm, when you first visit her after delivery, that she has a tumour in the pelvis ; for if she have not had a child before, she may not be aware that this tumour is healthy ; and the practitioner himself, if little versed in midwifery, may be at a loss. " I am very much concerned to find a large round swelling in the region of the bladder," said one of my obstetric friends, in the true accent of anxiety ; " And I should be very much concerned if there were not," was my reply. " What could a married lady do without her uterus ?" As, however, the absorbents of the uterus are numerous and capacious, and as a good deal of the bulk depends upon the blood with which the womb is loaded, and which seems to be expelled from these vessels which contract so thoroughly after delivery, we find that the womb very rapidly shrinks ; thus, if you examine the uterus even at the end of a fortnight after parturition, you find it is greatly reduced in its size ; and if, at the end of five or six weeks, an examination is made, we may find that the bulk of it is brought down to little more than double the bulk of the womb in the virgin state, though immediately after delivery, it is perhaps eight or ten times as big.

In your morbid dissections, I wish you to take every opportunity of examining the uterus, a practice which, you will recollect, I have frequently recommended. Some practitioners, who have seen a great deal of midwifery, have but very little knowledge of the womb—of the appearance of the puerperal uterus. One case I know of, in which the womb lay forth beyond the external parts, and the practitioner mistaking it for a tumour which required removal, used so much force upon it, that the patient died. The uterus becoming inverted in another case, the practitioner, after some hesitation, determined it to be a something that required extirpation, and amputated it with a pen-knife : but enough of these horrors. I pray become familiar with the characters of the womb after delivery—examine the pre-

paration. Immediately after delivery, there is a great deal of flaccidity in the passages which lead to the uterus. When the child is passing, these passages are laid thoroughly open, so that you may with facility pass your hand up into the cavity of the uterus,

an operation, however, which, as I have often said, and as these preparations prove, should never be performed, unless there be a peremptory need. This flaccidity of the passages is the reason why women, especially those who have had large families, on rising too soon after delivery, feel as if the interior would drop away, or, to use another expression, as if the inside were coming forth. The ligatures to the pelvis being so elongated and loosened, and the passage below being so thoroughly expanded, the uterus, unsupported, necessarily descends, more or less, if the woman rise ; and in some women, were they to get up too early after delivery, the womb would lie forth between the limbs, an accident which I have myself known to occur. After the delivery has taken place, however, the vagina, more or less, recovers its tone, so as to approach to its original capacity ; the lower part especially, becomes nearly as tense and contracted as it was before the delivery took place ; the upper portion, it is true, if the woman have had five or six children, always remains wider than it was when the parts were in the virgin condition—whence a tendency to descent of the womb. In ordinary cases, I think it better that the woman should never get up at all till the fifth day, reckoning that of delivery as the first ; even then, immediately resuming the horizontal posture, if a bearing downward be felt, and when the descent of the womb does take place, by keeping the shoulders in a position more depressed than the hips for some six or seven weeks together, the accident may, I suspect, be remedied ; for, from the cases that have been narrated to me, it appears, that where this discipline is strictly observed, the vagina and ligaments sometimes contract, and the procidentia uteri becomes gradually cured. If you examine the puerperal body, when the patient dies after delivery, you will find the uterus is but loosely connected with the pelvis, and this in consequence of the broad ligaments, and the vagina, which form its principal connexions being relaxed and elongated. I am not sure, that where an opening is made above the symphysis pubis in the puerperal body, granting that the parts are not become rigid, as they sometimes are, that you could draw the uterus forth, so as to bring it out from the pelvis into such position, as to allow of its ready extirpation by the knife ; but this subject I recommend to your attention, for it is one not without its interest. You will recollect, that I stated before, that in the rabbit, where the connexions of the uterus are long, I have performed this operation, and that in the living animal ; I have taken both the wombs completely away, putting a ligature round the vagina previously. Of four rabbits on which I thus

operated, three ultimately did well. Now it is not impossible that a similar operation, perhaps, if the connexions were long, might be performed in the human body itself; and, provided it could be performed, I am not sure that, under certain favouring circumstances, it might not diminish the dangers of the Cæsarian operation: at this subject I merely hint at present. In a former Lecture I treated of it more at large. Let me entreat, that nothing now said may lead to any rash attempts.—Experiment—observe—think.

The specimen I now show you, is one of half the puerperal uterus, such as it is immediately after delivery, when thoroughly contracted; imagine the other half to be superadded to this, and you may then form a notion of the size of the womb after delivery; it is as large as the head of a full-grown foetus.

In this glass is another specimen of the womb, such as it becomes in about three weeks after parturition: you will observe that it is considerably reduced in its bulk and thickness.

Of the Uterus during the progress of Pregnancy.

I need scarcely observe to you, that, as pregnancy advances, the bulk of the womb enlarges: at the end of the third month, it is about the size of a full-grown foetal head; at the end of the fifth, of the bulk of the foetus without the head; towards the close of the seventh month, as large as a full-grown foetus; and, at the close of the ninth month, bulky as in the casts which are there laid before you. Now, this great increase of the bulk of the uterus proceeds more slowly at the earlier, and more rapidly in the latter months, as a very short reflection may satisfy you. At the end of four months and a fortnight, that is, at the end of the first half of the period of gestation, you find the womb is not much bigger than the foetal head, while, during the remaining period of gestation, the other four months and a fortnight, the womb becomes as bulky as you observe it to be in these casts. It is evident, therefore, that there is a much more rapid growth in the latter period of gestation than in the earlier. The increase of the bulk of the uterus is to be ascribed to two causes principally; one, the mere growth of the ovum within the uterus, which dilates it, much in the same manner as the urine does the bladder; the other, not less interesting, the actual addition of solid substance to the uterus; there being a growth of all its structures, which become enlarged and developed. It was imagined by the older practitioners, that the enlargement of the uterus arose merely from distention, like

the enlargement of the urinary bladder, or rectum; but that there really is an addition to the substance of the womb, is proved, first, by our finding it as thick, and sometimes thicker, at the end, than at the beginning of pregnancy; and, secondly, by our observing when the womb is thoroughly emptied, that it still remains eight or ten times as bulky as it is in the unimpregnated state.

When the womb is growing, in the progress of pregnancy, it should be observed, the growth does not equally affect all its parts during the first five months; the growth, whether from distention or developed structure, is confined principally to the body of the uterus, while the neck below enlarges but little, and remains attached to the body in the way of a sort of appendage. It is, therefore, principally during the last months that the growth of the neck proceeds; and this goes on in such a manner, that, at the end of pregnancy, this neck is forming a part of the general receptacle for the ovum, and, at this part, the head of the child generally lodges. Observe the preparations.

Now, in a practical way, it is important to remember, that a sort of relation has been traced between the length of the neck of the uterus, and the end of the pregnancy, insomuch that, to ascertain what is the length of the neck, and how far it is, or is not, dilated, we may form a notion of the progress gestation has made. During the first five months of pregnancy, the neck, I have said, remains undilated, being of ordinary length—an inch and a half, I mean, which is its original dimension; but, at the end of the sixth month, it will be found that the neck has lost about one-third of this length, or half an inch; at the termination of the seventh month, another third, or another half an inch; while, at the close of the other two months, it loses also the remaining third; so that in the commencement of the delivery, if you make an examination, you find the os uteri immediately opening into the cavity of the womb, the canal of the neck having disappeared altogether.

In two ways, in obstetric practice, those who have the skilful and perfect use of their fingers, may learn the length of the neck of the womb. Sometimes—but, on the whole, I do not recommend this mode, for fear of disturbing the ovum—the finger sometimes may be slipped conveniently enough along the canal, so that you just touch the membranes, and, of course, taking, at the same time, the measure from the mouth to the cavity; but, for general use, the best way is to place the woman in the ordinary posture of delivery, on her left side, and then to pass up the two forefingers of the left hand, as if you were

going to make the common examination, ultimately planting those fingers between the symphysis pubis and the mouth of the womb. This done, you carry those fingers upward and forward, so as to touch the body of the uterus, frequently to be felt; and if the vagina be relaxed, and if this be accomplished, the distance between the body and the mouth of the uterus will give the measure of the neck.

The situation of the uterus is found to vary in utero, according to its growth and the age of gestation. During the first four months, or the first four months and a fortnight, when, as observed before, the womb, even at largest, is scarcely bigger than the head of a full-grown foetus, we find it is lodging in the cavity of the pelvis, principally in the lower part, especially if a woman has a large pelvis. Now, when it is thus lodging in the lower half below the brim of the pelvis, sometimes the intestines are compressed, and those who are disposed to hæmorrhoidal affections, and to irritation of the bladder and bowels, may suffer a good deal of inconvenience about this time, from tenesmus, and frequent desire to pass the water. But of all the symptoms arising from this descent, the one not the least troublesome, is the feeling of bearing down, the womb frequently descending a little, and, in some cases, even protruding beyond the external parts; though, happily, extreme descent is rare. These symptoms are apt to occur, more especially in the first months, being produced by the cause I have mentioned—the descent of the womb, more or less, into the cavity of the pelvis; but during the last months of pregnancy, when the womb becomes bulky, and gets its resting-place entirely above the brim of the pelvis, of course, the sensation of bearing down is relieved. In this situation, however, further inconveniences may arise; for the bladder, when full, being interposed between the surface of the hard uterus, on the one hand, and the abdominal coverings on the other, whenever the patient laughs heartily, or has any sudden abdominal movement, there is a forcible pressure on the bladder, and the urine is made to gush out; so that she has a sort of incontinence produced. Moreover, a change of the situation of the uterus gives it a bearing on the liver, and, more or less directly, it may press on the biliary ducts, and give rise to jaundice, apt to occur about the sixth or seventh month, sometimes not terminating till after the delivery, when the pressure has been removed, and sometimes ceasing in the ninth month, when the womb approaching to its full size, the principal pressure is transferred to some other part.

The womb, when large, taking its place above the brim of the pelvis, the intestines

generally lodge above and behind; so that if a woman have been labouring under a hernia which is reducible, whether *femoral* or *inguinal*, the descent of the gut may be prevented by the interposed womb; and thus it has happened, that women who have been liable to hernia, have, by a repetition of pregnancy, been kept, in good measure, free from it. Women, however, sometimes labour under irreducible hernias of the femoral kind; and when they become pregnant with this disease, then there is always a risk of strangulation; the uterus enlarging, presses the intestines backwards and upwards, (observe the cast,) and, of consequence, it gradually brings the gut to its bearing on the upper margin of the orifice of the sac, so that all the symptoms of strangulation are produced. Cases of this kind are exceedingly rare. A man may practise a long time before he meets with a single instance of them; but when produced, it is exceedingly dangerous. The strangulation here is not occasioned by any want of room in the orifice of the sac, nor is it to be relieved by any enlargement of that orifice; but it is the retraction of the intestine against the superior edge of the aperture, whether that be large or small, which occasions all the danger. If the practitioner were called to the case where the symptoms are pressing, it would be difficult to know how to deal with it; I really do not know what would be the best thing to be done; perhaps the discharge of the liquor amnii would lower the uterus, and diminish the retraction; but if the practitioner were called to the case early, I should conceive, that by discharging the liquor amnii, he would greatly benefit the patient; for the effect of this operation would be an immediate relief of the tension, followed ultimately by the expulsion of the foetus, and the collapse of the uterus, with a reasonable hope that the disease would be permanently and radically cured. Patients, with hernia, ought to know the incipient symptoms of strangulation, and should send promptly for help.

It seems, then, that in the earlier months of pregnancy, the womb is below the brim of the pelvis; and that, in the latter months, it is lying entirely above. It is clear, therefore, that there must be a certain period at which an ascent takes place, and this seems to be somewhere about the fourth month; for at this time it is that the womb, acquiring the bulk of the mass here exhibited to you, becomes too large to sink readily below the brim. Now, in some very rare cases, this ascent of the womb does not take place in the fourth month as it ought to do, and it continues to grow rapidly in the pelvis; and the consequence of this is, obstruction of the rectum, obstruction of the bladder, and a great deal of pain felt in the

terus itself, and in the hips, thighs, back, and all the parts usually the seat of uterine suffering. Now this case may be wholly misunderstood; you, perhaps, mistake it for a retroversion of the uterus, though it is easily made out by examination; for, on making your examination, you discover a large tumour filling the pelvis, with the os uteri so low down, that it may be perceived at first touch. To reduce the uterus may not be difficult, when the bladder has been thoroughly evacuated previously, and the urine generally accumulates largely in these cases. While the bladder remains over distended, the return of the womb is rendered both difficult and dangerous; for if the uterus were forced above the brim, disruption of the bladder might occur. Beware, therefore, of these rash attempts at reduction; the safer practice seems to be that of taking a very small and flattened catheter, to be cautiously insinuated into the bladder, after which the water may be drawn away easily enough, and then the womb may be replaced above the brim of the pelvis, and to prevent a reiterated descent, the woman may be confined for a few days to the horizontal posture, till the uterus is become too large to come down. In the general, however, in the fourth month, the uterus does not, in this way, remain in the pelvis, but rises imperceptibly above the brim, probably at night, when the woman is in bed, and the ascent may take place in a manner so gradual, that the woman may not have felt any change. There is, however, a peculiar sensation perceived about the fourth month, and which is denominated the *quickenings*, accompanied with sickness of the stomach, a certain perturbation of mind, and a feeling of emotion in the pelvis below; this is usually ascribed to the first movement of the child observed by the mother; but I think it is reasonably enough suggested by Burns, that it may be produced by the sudden rising of the uterus from the true to the false pelvis.

As pregnancy advances, and as the womb rises in the abdominal cavity, of course the fundus of it gets higher and higher, and there is a certain relation of height between the fundus uteri and the age of gestation, with which it may not be amiss that you should acquaint yourselves. Now we find, that during the first three months the womb lies very much within the brim and cavity of the pelvis, where the fundus may be felt, and it is not till the end of the fourth month that the fundus is found to be risen fairly above the brim of the pelvis. At the end of the 5th month, the fundus is a little higher; at the termination of the 6th month it lies a little below the umbilicus; at the end of the 7th month, a little above; at the end of the 8th month, it takes its place half way

between the umbilicus and the *scrobiculus cordis*, and in the close of gestation it lies in the *scrobiculus cordis* itself, unless, indeed, that contraction have taken place, which sometimes occurs some two or three days before the expulsion of the fœtus.

Some of these points I shall now endeavour to demonstrate to you, and, in the first place, with respect to bulk, we may observe here a preparation, showing the uterus of the size of four months, another of the bulk of five months, a third of seven months, and a fourth of nine. Observing these preparations, you have an opportunity of seeing the neck of the uterus, which, as before stated, appears in the fifth month to be connected with the body as a sort of appendage. In the preparation, consisting of an eight-month uterus, the neck is somewhat dilated; it is more so in the preparation approaching to nine months, and at the full period of gestation, as may be seen in the preparation here shown, the dilatation is thoroughly completed, the canal being destroyed altogether, so that when the head sinks down, the parts below it rest upon the mouth of the womb.

BIRMINGHAM SCHOOL OF SURGERY AND MEDICINE.

DR. PEARSON'S INTRODUCTORY ADDRESS.

To the Editor of THE LANCET.

SIR,—I beg leave to hand to you (with the consent of the lecturer) the preliminary address delivered at the opening of the School of Medicine and Surgery in Birmingham this day, by Dr. R. Pearson.

I am, Sir,

Your obedient servant,

W. S. Cox, Honorary Secretary.
24, Temple Row, Oct. 20, 1823.

Gentlemen,—Before I proceed to deliver the discourse which I have prepared for the present occasion, it will be expected that I should offer a few remarks relative to the origin and formation of this Institution. The most superficial observer must have perceived how much superior, in every respect, the present state of society is, to the state in which it was twenty or thirty years ago. In what does this superiority consist? Is it not in the higher degree of mental improvement throughout every walk of life? But how has this pleasing change been effected? How have the various ranks in society emerged from comparative ignorance and uncivilization, into the present degree of culture and refinement? I answer, by the increased attention given to education,

and by the establishment of various institutions calculated to diffuse knowledge and science, and to promote a taste for the arts. Look at what has been done in the metropolis in this way. What a number of literary and scientific institutions have sprung up there within a very few years, to which may now be added the two universities. From the metropolis let us turn our eyes to our large provincial towns—to Liverpool, Manchester, and Bristol, and we shall see that this spirit of the times, this ardour for mental improvement, has spread itself there also. We shall see that there also education, in all its branches, has been promoted—that there also the fine arts and the useful arts have been encouraged, and that in those towns, as well as in the capital of the empire, temples dedicated to science have been erected, and their portals thrown open to all who desire to enter. It would indeed have been a reproach if Birmingham had viewed with indifference all that has been going on in this way in rival towns; but Birmingham has, all along, been actuated by the very same spirit, omitting its excellent charitable institutions relating to education, I will instance, as suited to the present purpose, and as forming an era in the history of this town, its public libraries, its Philosophical Institution, its Mechanics' Institution, and its two institutions for the encouragement of the fine arts, in the support of which the liberality of many of the neighbouring noblemen and gentlemen has been so conspicuously displayed. But amidst all these improvements, there was yet wanting a school of medicine and surgery. This has, at length, been established after the example of those at Manchester, Liverpool, and Bristol, where the utility of such schools to young men brought up to the profession, has been amply proved during the space of several years. But it may be satisfactory to state the information on this subject, communicated by Mr. Watson, secretary of the Apothecaries' Company to the Committee on Anatomy, appointed by the House of Commons during the last session of Parliament. "On an average," (says Mr. Watson,) "during the last seven years, about 400 students have been examined annually by the Court of Examiners at Apothecaries' Hall; these have not all been educated in London, many have been in attendance at Edinburgh, some have been wholly educated at Manchester—and, of late, several English students have received their instructions from teachers in Dublin. No young men come before the Court better qualified, in every respect, than those who have been entirely educated at Manchester, where excellent lectures in every branch of medicine are given by competent teachers, and the Manchester Infirmary

affords, under the physicians belonging to it, most ample opportunities for the acquirement of practical knowledge." A stronger proof than this, of the utility of provincial medical schools, there cannot be. Now Birmingham being little, if at all inferior to the above-mentioned towns in wealth and population, it is obvious that the aggregate amount of young men brought up to the medical profession in this place and neighbourhood, must be nearly as great as in those places. The demand, therefore, for a school of medicine and surgery must be the same. Under this conviction, and in accordance with the spirit of the times, has been formed the present Institution, which has been honoured with the patronage of the following noblemen and gentlemen:—

Marquis of Lansdowne
Earl of Plymouth
Earl Fitzwilliam
Earl Spencer
Earl of Bradford
Earl Howe
Earl of Mountnorris
Lord Viscount Hood
The Lord Bishop of the diocese
The Hon. Mr. Lyttleton
Sir G. Shepwith, Bart.
Sir Robert Peel, Bart.
Sir Eardley Wilmot, Bart.
D. Stratford Dugdale, Esq., M.P.
Frances Lawley, Esq., M.P.

We are proud, as indeed we ought to be, of the names of these distinguished characters; men not more respected for their rank and titles, than for their highly-cultivated minds, their benevolent principles, and their uniform attention to public good. By their courtesy in the present instance, they have evinced the estimation in which they hold the medical profession, and their desire to promote its interests; and the sanction which they have been pleased to confer on this school, cannot but give additional stimulus to our exertions. Whilst speaking of our patrons, I must not omit to mention how much our institution has been befriended by the three senior physicians of this town, I mean Dr. Edward Johnstone, Dr. John Johnstone, and Dr. Mule. With their accustomed liberality, these gentlemen have thrown open their libraries to us, and have allowed us the use of many valuable plates relative to the departments of anatomy and botany; and Dr. John Johnstone has permitted the lecturer on the practice of physic, in addition to his own, to avail himself of his privileges with respect to the admission of pupils at the General Hospital, an arrangement which cannot but be advantageous to the school. I should now say something concerning our resources and apparatus. Through the persevering efforts

of the lecturer on anatomy for four years, a museum has been formed, comprising preparations which exhibit the structure of the various parts of the human body, and are fully adequate to all the purposes of elementary lectures on those important branches of medical study, anatomy, and physiology, and I should add, that several professional friends have allowed us the use of select preparations from their private collections. These obligations are duly acknowledged in the notices affixed to the preparations themselves.

In regard to our Herbarium, I cannot say much in favour of it in its present state; but every opportunity will be seized of making additions to it; and already Mr. Knowles has presented us with several dried specimens of medical plants; but our chief resource is in botanical plates, which have now been brought to such a degree of perfection, as almost to supersede a reference to living and dried specimens. In proof of this remark, we may instance the large and splendid plates in Mr. Roscoe's description of plants cultivated in the botanic garden of Liverpool. Some of these plates, through the kindness of one of our patrons before mentioned, now lie on the table for your inspection, as well as other botanical plates with which we have been favoured, through the politeness of an accomplished and literary lady, whose name we are not at liberty to mention. I may add, our cabinet of *Materia Medica* is provided with specimens of the new chemical medical preparations, by Mr. Morson, of Southampton-Row, London. I must be allowed to mention the advantage the school will derive from my esteemed colleague. His learning and judgment are well known, and, without his co-operation, the lectures in this department could not be carried through.

The lecturer in the department of the Practice of Physic has ample resources in his well stored library, and in the opportunities which his situation, as one of the physicians of the General Hospital, affords him, of illustrating his instructions on the treatment of diseases of the bed side of the patients, and his experience, his acuteness of observation, and his zeal, make him particularly qualified for the department he has filled.

The gentlemen who have undertaken the departments of surgery and midwifery, are men of standing and experience in the profession, and will have opportunities of referring the students to cases at the hospital and dispensary, in illustration of the principles and practice stated in their lectures.

Lastly, the lecturer on chemistry is provided with a good apparatus for the purpose. He has long been in the habit of teaching, and all his lectures have given satisfaction.

Thus, gentlemen, has been laid in the town the foundation of a school of medicine and surgery, which, we hope, will stand the test of time, and prove a constantly increasing source of useful information; for what branch of education can be more important to society, than that which has for its object the removal of disease, and the consequent prolongation of life. The lecturers are well aware of the arduous task they have undertaken, but being animated by a proper zeal and anxiety in the cause, they trust that, by perseverance and assiduity, they shall discharge their respective duties, in a manner that shall be creditable to themselves, and beneficial to the pupils.

CASES OF INTERMITTENT FEVER, IN WHICH BLEEDING WAS EMPLOYED IN THE COLD STAGE.

By JOHN MACKINTOSH, M.D., *Lecturer on the Practice of Physic, &c., in Edinburgh.*

(Continued from page 77.)

CASE 16.—Gunner James Anderson, aged 20. Has been four years a soldier. Served in the Mediterranean for eighteen months. Had several attacks of intermittent, for which he was taken into hospital in one of the Ionian Islands; and since his return to England had two different returns of the disease. He describes his sufferings to have been always very acute during each paroxysm. Has otherwise enjoyed good health all his life. Appears to have had a good constitution, and, with the exception of a yellow tinge, looks healthy. He is stout, well made, and about five feet ten inches high. By trade a weaver. A native of Glasgow.

3rd April, 1828. Presented himself this morning at the hospital, labouring under all the usual symptoms of inflammatory fever, and complaining much of pain in his head and loins. Thirst is urgent. Skin hot and dry. Pulse 130, full and hard. Hard cough. Stated that he had been attacked about daylight with severe cold shivering, which after continuing for several hours, terminated in a state of heat and fever. In the course of a few hours after admission, perspiration came on, and the urgent symptoms gradually declined as usual.

4. Passed an indifferent night. Complains of cough, with which he says he has become affected since his arrival at this station on the 12th March last; that it becomes much worse as soon as he begins to shiver. After the paroxysm is over, a slight expectation takes place, which relieves the cough till the next attack.

The paroxysm of yesterday was the fourth, with a day intervening between each. He is aware of the nature of the complaint, and says it is the same he had in the Ionian Islands, and at Woolwich.

Continued in the same state, having a severe paroxysm every third day till the end of the month; when he complained of more than the usual sufferings. His skin became of a bright yellow colour, and he was relieved by vomiting a large quantity of bilious matter.

The attacks still continued; they have anticipated the usual time by several hours, so that the different gentlemen who went to the hospital to bleed him in the cold stage, were either too soon or too late, and no one was fortunate enough to drop in time, till Mr. Drever, one of my pupils, remained in the hospital all night, and he was then bled in the cold stage. The following account was written by that gentleman.

"I was called at half past one A.M., May 10th, to see Anderson, soon after the commencement of the cold sensations. At two o'clock, after the rigours had been violent for about a quarter of an hour, I proceeded to bleed him. The thermometer placed under the tongue stood at 95°. The pulse beat 130 and weak, so as to be counted with difficulty. A large opening was made in a vein, but the blood only trickled; being afraid that the opening had not been properly made, I tied up the opposite arm and made a good orifice in another vein, but the blood still only trickled; and as the rigours continued very violent, I gave him nearly a wine glassful of spirits; and in a minute or two the blood spouted in a large stream, and thirty ounces were quickly evacuated, when vomiting and a tendency to syncope took place. The tremors had entirely ceased, and all the unpleasant sensations. The patient expressed, in strong terms, the ease which had so suddenly been produced. In five or six minutes after the arms were tied up, the tremours returned for a few minutes, and then entirely subsided. Pulse 100.

"I visited him again at the end of six hours, when he told me he had slept very comfortably Pulse 70. Upon being asked to state the extent of the relief he experienced from the bleeding, he told me that there was a load taken from his breast and head, and no painful feeling was left."

At two regular periods since the bleeding, he was conscious of feeling heavy and sleepy, but had no tendency to rigor, or even to feel cold, although the weather has been exceedingly changeable, and for the most part cold, the wind easterly. He has had no kind of medicines but laxatives to keep the bowels comfortable.

CASE 17.—Gunner Robert Young, aged

42. Was in hospital for several months during the winter, complaining of pain in the chest, cough, and copious expectoration, together with emaciation, prostration of strength, and heavy night sweats. For four or five weeks, the expectoration was bloody, and amounted, on an average, to about three gills a-day. His pulse was never under 100. The sound of respiration on the right side of the chest was deficient, while it was puerile in many parts of the left lung, and there was no *râle* to be heard any where. Contrary to expectation he became much better under the use of considerable doses of the acetate of lead; and counter-irritation produced by tartar-emetic ointment to the surface of the chest. When his recovery was considerably advanced, and in order to give him the best possible chance, he was sent on leave to his native place; and, when there, was seized with intermittent fever, which induced him to return before his time had expired.

After having experienced many severe paroxysms, he was taken into hospital, and on Sunday 18th May, 1828, the following report was made:

Felt the cold fit coming on at half past twelve this forenoon. In a quarter of an hour the tremours were so violent as to shake the bed. From the commencement of the cold fit, he coughed incessantly, without expectoration, and complained of excessive coldness, together with pain in the head, chest, belly and back. Heat of the room 65°. Thermometer placed under the tongue 90°; held in the hand it fell to 76°. Pulse 75, and very weak. After the rigors had continued with violence for ten or twelve minutes, a vein was opened. The first cup, which was filled in five minutes, held twelve ounces; by the time it was half filled, the pain had vanished from the head and chest, the cough had ceased entirely. When the twelve ounces were taken he said the pain had now left the back, and that a very warm, pleasant sensation was gradually spreading from his back over his bowels and breast. The second cup held between eight and nine ounces; and it was filled in two minutes. The blood flowed with more force, but not in so large a stream. The tremours gradually subsided, and all unpleasant sensations disappeared before the arm was tied up. The breathing was easy and natural. Heat under the tongue 93°. Pulse 92, of tolerable strength. There was no sense of sickness, or tendency to syncope. He was again visited in twenty minutes, and found quite comfortable. On being asked if he felt weak, he replied, he did not, but that he did not know exactly how he might be if he were upon his legs. In the evening he continued quite well, but had a little heat of skin, which was found to be owing

to the great number of blankets he still had upon him. Upon their removal the heat disappeared. As he had had free motions from his bowels through the course of the day, no medicine was ordered.

20. Had a paroxysm this morning, but it was slight, and was not attended with the cough, or the other severe symptoms described in the report of Sunday. The paroxysm was over before I reached the hospital, otherwise I would have bled him again in the cold stage.

22. He had another paroxysm, after which the quinine was exhibited, which appeared now to have the effect of preventing a recurrence of the disease, although it had been exhibited in vain, and in much larger doses before the bleeding.

CASE. 18.—The following is the case of James Bennet, treated by Dr. Alison, in the clinical ward of the Royal Infirmary, which was the foundation of his lecture against bleeding in the cold stage, and whose objections and arguments were subsequently re-echoed in *THE LANCET*, of Saturday, April 7, 1827, in a communication signed "*Scotus*."

James Bennet, aged 39, shoemaker, March 27.—Had severe rigors on Saturday 25th instant, accompanied by thirst, anorexia, and pain of head, which continued for more than an hour; were then succeeded by heat of skin, vertigo, lassitude, increase of thirst, and pain of head. These symptoms continued five or six hours, and then gradually subsided during copious sweating. Had a similar paroxysm on the 26th, and also a less severe one this morning. Complains at present of slight pain below the left false ribs, somewhat increased by pressure or coughing. Pulse 60, full; respiration natural; skin cool; tongue clean and moist; no thirst; appetite pretty good; bowels open; urine said to be high-coloured; lips somewhat swollen, with a slight vesicular eruption round the mouth. Has taken purgative medicines, and also a little of the arsenical solution since yesterday. Took an opiate draught this morning when the rigors commenced, after which they continued only a few minutes. Has since had no pain of head; little heat of skin; less thirst, and no sweating.

Had the intermittent fever more or less constantly for nine months whilst in Spain, fourteen years ago. Has recently returned from the West Indies, where he resided for the last six years. Lives in a house where several persons have been ill of continued fever.

Fowler's arsenical solution, ʒj.

Water, ʒvj.

Mix. Let him have ʒss every sixth hour.

28. Shivering commenced this morning

at 10, which abated somewhat after taking the draught. At half past 10 he was still shivering, less violently; with pain of back and head. Pulse 72, rather small. Sixteen ounces of blood were taken, slightly sisy, crassamentum not contracted, *the pains abated, and the shiverings immediately ceased*. Has headach now, and giddiness. Pulse 72, full, soft; tongue furred, moist; no sweating since the shivering; pain of left side of abdomen only felt on coughing; no pain of back. Continue the arsenical solution. Repeat the anodyne draught.

29. Began to sweat at two, which lasted several hours; had griping and tenesmus with headach at night, which abated after the operation of a dose of castor oil; no shivering to-day; four doses of the solution taken; pulse 60; tongue moist, slightly furred; complains of weakness. Continue all the medicines. Let him have lb. j. of beef tea, and one pint of porter.

30. Had a fit of rigors this morning about 10, and took his draught. The shivering was less violent, but lasted an hour; pulse 80, full, soft. Heat was an hour ago 100°. Tongue slightly furred, with thirst. Complains of headach, pain of back and left side of abdomen; bowels confined. Let him have one oz. of castor oil; a saline draught now and then. Continue the others.

31. Much sweating yesterday, after having had an enema at night, without effect. No rigours to-day; pulse 68; tongue whitish. Let him have ʒij. of infusion, senna, with ʒij. of sulphate of magnesia. Repeat the arsenical solution now every fourth hour.

April 1. Bowels freely opened. Rigors commenced to-day at 10, but slightly; they have become more violent within these few minutes; pulse 84, pretty full; skin feels warm; tongue rather dry; has pain of left side of abdomen just now. Has just taken the anodyne draught. Continue the arsenical solution. Give him a powder containing four grains of sulphate of quinine every six hours.

2. Shivering abated quickly after the opiate draught. Sweated much in the evening. Feels easy to-day; left side of abdomen slightly tender; bowels open; no nausea. Repeat the powder of sulphate of quinine every fourth hour.

3. Four powders taken; no fit; very little pain of side. Continue the medicines.

4. Five powders taken. No fit. Two stools. Appetite good. To have four oz. of steak to-day, and daily.

5. Had a very slight fit of rigours at four yesterday, succeeded by heat of skin; full, quick pulse, and sweating in the night; little headach, and no pain of side; pulse and tongue natural; bowels open. Continue.

6. Shiverings have begun within these

few minutes. Pulse 96. Has taken his draught. Hand rather cold. Bowels open. Continue.

7. Shivering lasted an hour yesterday. Began to sweat soon after, and sweated all night. Complains of pain in the left lumbar region, with some tenderness; no distinct hardness.

8. Rigours commenced this morning a little after 9 o'clock, and lasted an hour, though he took an opiate draught containing forty drops of tincture of opium. Has sweated some already. Pulse 100, full. Complains of headach and pain of left side of abdomen. Tongue rather dry, with some thirst. No stool. Let him take a bolus of compound powder of jalap directly. Apply the cupping glasses to the pained part of his left side, and abstract six ounces of blood. Continue the powders of sulphate of quinine. Let him have drink, acidulated with lemon juice, without sirop, *ad libitum*.

9. Side easier since the cupping; bolus operated; no headach to-day; appetite good; much sweating in the night. Continue. Let him take a mixture containing ʒj. of sulphuric acid with water.—Additional bread.

16. Had some vomiting this morning, succeeded by rigors about 8 o'clock, which lasted three quarters of an hour, but were not violent. Pulse 64; heat 99°; sweated a little; no headach or pain of side; bowels slow. Let him take ʒij. of infusion of senega, with ʒij. of sulphate of magnesia directly. Continue the others.

17. Had a second fit of rigours yesterday at 2 o'clock, which lasted long, although he took forty drops of tincture of opium; sweated all night; is free of complaint to-day, but weak; bowels open. Continue the powders of sulphate of quinine every third hour.

18. No return of shivering; has a little pain of left side of abdomen, on motion or coughing; pulse natural; appetite good; one scanty stool. Give him directly a powder containing gr. xv. of rhubarb, and gr. iij. of calomel.

27. Complains of feeling weakness of loins. Apply a warm plaster to the lumbar region.

29. Bowels slow, otherwise well. Let him have immediately a cathartic draught. Continue the others.

30. Has complained of nausea and weakness, but without any shivering. Pulse natural; tongue whitish. Let him take ʒj. of a mixture containing ʒij. of ammoniated tincture of valerian, in ʒvj. of mint water. Continue the others.

May 1. Feeling of nausea and headach abated; bowels regular. Let him have one ounce of bark, also a warm plaster for the loins. Dismissed cured.

Second attack.—Admitted 25th May.—On

the morning of the 17th instant, was taken ill with headach, languor, and pain of back, succeeded by slight rigor, which continued for about a quarter of an hour, when it was followed by heat and sweating. Has had an interval of seven days without a return of paroxysm, which re-appeared on the 24th with increased severity, the rigor having been much more violent, and of longer duration, accompanied with much nausea, excruciating headach, and those various symptoms which characterise the invasion of intermittent fever, under an aggravated form. Has had this morning, previous to admission, another paroxysm, which was an hour earlier in the period of its accession, and continued, including its three stages, for about six hours, during the first of which he had much vomiting. Complains most at present of headach, prostration of strength, general lassitude, and soreness of limbs. Has no pectoral, nor abdominal symptoms; thirst is urgent; no anorexia; pulse 66, full, but soft; respirations 26 in the minute; tongue furred, but moist; bowels open; skin warm, rather pungent, and bathed in perspiration; face swollen; urine copious. Has been lately a patient in this clinical ward, afflicted with his present complaint, of which he was dismissed cured, on the 30th ultimo. The history of the present case derives much additional interest from the circumstance of two of his children having been also recently attacked with ague, for which one of them is now a patient in the Infirmary.

Let him have gr. iij. of sulphate of quinine three times a-day, and two colocynth pills to-night.

26. Three stools from the pills. No shivering since admission. Headach still severe. Pulse 66, full. Pain of back and limbs preventing sleep. No pain of side or abdomen. Apply the cupping instrument to his temples, and abstract eight ounces of blood.—Continue the powders.

27. Headach relieved by cupping; had a severe shivering fit this morning, reported to have lasted two hours, and is now sweating profusely. Pulse 66, full. No pain of abdomen or side. Two stools. Let him have the powders of sulphate of quinine every third hour; also an anodyne draught, with forty drops of tincture of opium, at the commencement of the paroxysm.

28. Pulse 66; feels chilly; bowels open. Continue powders of sulphate of quinine.

29. Had a shivering fit lasting an hour and a half, commencing at nine; has sweated much; pulse 66, full; complains of general soreness; bowels open; had nausea, no vomiting. Let him have an effervescent saline draught every hour. Continue the powders.

30. Pulse natural; no pain to-day; appetite pretty good. Five powders taken. To have four ounces of steak and a pint of porter.

31. Took six grains of sulphate of quinine this morning at half past eight; shivering came on at nine, and lasted about half an hour, but was much slighter; no sweating since; no headach, but complains of nausea and giddiness; bowels open. Let him have the effervescing saline draught now and then; continue the powders. To have ordinary diet to-day, but the steak to be repeated to-morrow.

June 2. Took a double dose of quinine again this morning at half past eight; has had a little chilliness; no rigour. Continue the powders.

3. Began to shiver directly after visit yesterday; took five grains of sulphate of quinine, after which it went off; sweated much; has complained much of *tinnitus aurium* and giddiness since yesterday afternoon; two stools from pills taken last night; pulse 68, full; tongue whitish. Repeat the powders every fourth hour; and the laxative pills at bed time.

4. No shivering to-day; much less *tinnitus*; bowels open. Continue the powders and pills.

5. Five powders taken; no vertigo or *tinnitus*; appetite good. To have additional allowance of bread.

6. Had chilliness, no rigours; six powders taken; bowels slow; no pain. Let him take two colocynth pills immediately; continue the powders.

7. No return of shivering; complains only of pain of back. Apply a warm plaster to the lumbar region; continue the medicines.

8. Bowels slow; feels drowsy to-day; no shivering. Let him have the colocynth pills; continue powders.

13. Bowels slow. Let him take a cathartic draught.

15. Two laxative pills at bed-time.

17. Inflammation of eyes, particularly of right, with adhesion of eyelids in morning; no headach. Let him have ʒj. of compound powder of jalap immediately. To bathe his eyes frequently with tepid water, and to apply simple ointment to the edges of the eyelids.

18. More inflammation of right eye. Apply the cupping instrument to his temples; repeat the powders of sulphate of quinine three times a-day.

20. Eyes still sore. Apply eight leeches round the eyes.

21. Two leeches only fixed. Bowels confined; inflammation of eyes somewhat abated. Repeat the leeches and purgative draught.

22. Leeches bled well. Eyes less painful; still inflamed, with discharge of tears. Dissolve gr. xv. of the acetate of lead, in ʒviij. of water, for a collyrium.

24. Both eyes somewhat inflamed, with impatience of light, and dimness of sight.

Abstract from the arm ʒx. of blood; continue medicines.

25. Eyes better; bowels open. Continue the lotion for the eyes.

26. Still some pain of eye-balls; less inflammation, but has some dimness of sight; no pain of head. Iris moves well. Discontinue the powders of sulphate of quinine. Apply a blister to nape of neck.

30. Still some dimness of sight. Let him have ʒj. of simple ointment.

Dismissed cured.

CASE XIX.—A. B., a carpenter in Leith, had had a great many severe attacks of intermittent, which weakened him so much that he was almost entirely confined to bed. He had taken a great many remedies, but the disease increased in severity. Several of my pupils watched this patient in order to bleed him in the cold stage; at length the rigor came on, and blood was drawn to the amount of sixteen or seventeen ounces, stopping the paroxysm. He experienced the same sudden relief that all the others had done from pain in head and loins, great oppression at the præcordia, dreadful sensation of coldness. This man, however, had two returns of the disease, which were owing to constant perspirations, which he encouraged, and also from allowing his bowels to get very much out of order. After a few doses of laxative medicine, and insisting on his avoiding the perspirations, he had no return of the disease, and soon recovered his ordinary state of health without any other means.

CASE XX.—James Donachie, æt. 35, pale and emaciated, applied at the Dispensary on the 10th May 1828. States that he was at work in Lincolnshire last harvest, where he became affected with a quotidian intermittent, which continued to recur about five, six, or seven o'clock in the evening, till February last, except during his stay in the York Infirmary, and a short time afterwards. He became a patient in the Infirmary of Edinburgh, in the clinical ward. He further states, that, whilst there, the symptoms ran so high that he was bled in the hot stage, but without relief. He remained in the hospital four weeks, was treated with bark, and discharged; but he was affected as severely as ever. Since about March 22, when he came out of the Infirmary, the fits have continued to attack him every evening at five, six, or seven o'clock, occasionally continuing until the morning. A considerable part of this time he was under the use of Fowler's solution, without the least relief. Mr. Taylor, one of my pupils, bled him during the cold stage. Before the bleeding, his pulse was 63; the rigor was completely formed. Al-

though the vein was properly opened, no blood came at first; it soon dropped down the side of the arm, and afterwards came in a jet, when the rigor instantly ceased, and the bleeding was stopped. One ounce and a half of blood was abstracted. He got a little calomel and rhubarb to keep his bowels open. His strength now increased rapidly, and he had no attack for six days, till the 16th May. During this interval he felt tolerably well, and only experienced a slight sense of chilliness and disposition to yawn, for a short time, instead of the regular paroxysm, and not every day, as before, but on alternate days, and at 1 p.m. instead of the evening. This last attack came on, as already mentioned, on Friday 16th May, while he was out taking a walk on the Castle Hill, during which he was exposed to a keen north-east wind, which prevailed at the time. He got home with great difficulty. He had another attack on Sunday 18th, which, together with the former one, he describes as having been attended with a less severe cold stage, but more intense hot and sweating stages, than he had experienced before.

19th.—Complains of thirst, but no loss of appetite; surface pale; tongue white and moist; pulse 60, soft and compressible; bowels regular, has no uneasiness.

Tuesday 20th.—Had no fit, but only a disposition to stretch and yawn, with a slight coolness of the surface; in a few minutes afterwards his skin became hot, attended with moisture on the breast and on the inside of the fore arms; pulse 80, soft.

21st.—He had sweating yesterday afternoon after the visit; has no complaint today.

22d.—No paroxysm, but experienced the yawning and stretching, followed by heat and sweating.

24th.—Escaped, and had even no threatening till

28th, when there was slight chilliness, succeeded by heat and sweating. He had another slight attack on Friday 30th, but both these attacks were again owing to exposing himself out of doors in cold, damp weather.

On June 2d, had a return of the stretching, yawning, heat, and sweating, which continued profuse all night; indeed every night he perspires profusely, which is not to be wondered at, when it is known that he slept with four other people in a low room, eleven feet by twelve. After this he had no paroxysm, and the only remedies which were given were the decoction of quassia, sulphuric acid, and gentle laxatives; and he went to work on the 26th June, as a labourer, with restored health and strength.

APOTHECARIES' HALL.*

Regulations for the Examination of Apothecaries,

THE Court of Examiners chosen and appointed by the Master, Wardens, and Assistants of the Society of Apothecaries, of London, in pursuance of a certain Act of Parliament, "For better Regulating the Practice of Apothecaries throughout England and Wales," passed in the 55th year of the reign of his Majesty King George the Third, apprise all Persons whom it may concern:

That every Candidate for a Certificate to practise as an apothecary, will be required to possess a competent knowledge of the Latin language, and in compliance with the 14th and 15th Sections of the said Act, to produce testimonials of having served an apprenticeship of not less than five years to an apothecary, of having attained the full age of twenty-one years, and being of good moral conduct.

N. B. Articles of apprenticeship, where such are in existence, will be required; but in case such article shall have been lost, it is expected that the candidate shall bring forward very strong testimony to prove that he has served such an apprenticeship, as the Act of Parliament directs.

He will also be required to produce certificates of having attended not less than—

Two courses of Lectures on Chemistry:

Two courses of Lectures on Materia Medica and Botany:

Two courses of Lectures on Anatomy and Physiology:

Two courses of Anatomical Demonstrations:

Two courses of Lectures on the Theory and Practice of Medicine: these last to be attended subsequently to one course of Lectures on Materia Medica, Chemistry, and Anatomy.

N. B.—No testimonial of attendance on Lectures on the Principles and Practice of Medicine, delivered in London, or within seven miles thereof, will render a candidate eligible for examination, unless such lectures were given, and the testimonial is signed by a fellow, candidate, or licentiate, of the Royal College of Physicians.

And a certificate of attendance for six months, at least, on the physicians' practice of some public hospital, or infirmary, (containing not less than sixty beds,) or for nine months at a dispensary: such attendance to

* We printed these detestable Regulations in No. 214, but insert them again at the request of several country Correspondents.

commence subsequently to the termination of the first course of lectures on the Principles and Practice of Medicine.

N. B.—Physicians' pupils, who intend to present themselves for examination, must appear personally at the Beadle's office, in this Hall, and bring with them the tickets, authorising their attendance on such practice, as the commencement thereof will be dated from the time of such personal appearance.

All candidates applying for examination after the 1st of October, 1829, will be required to produce evidence of having attended the physicians' practice at an hospital or infirmary for nine months, or at a dispensary for twelve months.

The regulations relating to the order of succession in which the lectures on the Practice of Medicine, and the physicians' practice of an hospital or dispensary are to be attended, are designed to apply to those students only who commenced their attendance on lectures on or after the 1st of February, 1828; and all such persons are particularly requested to take notice, that unless they shall have strictly complied with such order of succession, they will not be admitted to an examination.

In addition to the course of study above required, as indispensably necessary, candidates are earnestly recommended to attend Clinical Lectures, and also Lectures on Midwifery and the Diseases of Women and Children, on the latter of which subjects, as an important part of medical practice, they will be examined.

The Court have determined, that the examination of the candidate shall be as follows:—

1. In translating, grammatically, parts of the Pharmacopœia Loudinensis, and Physicians' Prescriptions; and, after the 1st of January, 1831, candidates will be required to translate portions of the following medical Latin authors, viz. Celsus de Medicina, or Gregory *Conspectus Medicinæ Theoreticæ*.
2. In Chemistry.
3. In the *Materia Medica*.
4. In Botany.
5. In Anatomy and Physiology.
6. In the Practice of Medicine.

Notice.—Every person intending to qualify himself under the regulations of this Act, to practise as an Apothecary, must give notice in writing, addressed to the Clerk of the Society, on or before the Monday previous to the day of Examination; and must also at the same time deposit all the required testimonials at the office of the Beadle, at Apothecaries' Hall, where attendance is given every day (except Sunday) from nine until two o'clock.

Persons intending to present themselves for Examination are requested to take no-

tice, that they may obtain at the Beadle's office at this Hall, a printed paper containing certificates with blanks (as to names and dates) of all the Lectures they are required to have attended, and also of the Physicians' Practice. These blanks the Court request may be filled up and signed by the respective Lecturers, and by the Physicians whose practice the Student has attended.

Students are enjoined to observe, that, after the 1st of November, 1828, these certificates so filled up, will be required from Candidates for Examination. After the same day no other testimonials of attendance on Lectures and Medical Practice will be admitted, except such as bear the seal of a University or College, and the signature of an officer belonging to such University or College, whose duty it is to sign certificates of attendance on the lectures given therein; or such other certificates as have heretofore been received, if the same were obtained prior to the 1st of February, 1828.

The Court will meet in the Hall, every Thursday, where Candidates are requested to attend at half-past One o'clock.

By order of the Court,

JOHN WATSON, Secretary.

London, Sept. 25, 1828.

Information relative to the business of this Court may be obtained of Mr. Watson, at his residence, 43, Berners-street, between the hours of 9 and 10 o'clock every morning (Sunday excepted).

•• It is expressly ordered by the Court of Examiners, that no Gratuity be received by any officer from any Person applying for information relative to the business of the Court.

APOTHECARIES' HALL.

To the Court of Examiners of the Apothecaries' Company.

Gentlemen,—As a Licentiate of your body, allow me to express my opinion upon the issue of your late decree, with as little preface as that decree has itself used in making its appearance to the world. It is a harassing, overbearing, and unjust extension of questionable authority. Some few years ago, the Legislature vested in you a power of determining who were proper persons to go forth and exercise the art and mystery of an Apothecary; and this measure was dictated in good feeling, sound sense, and a humane regard towards the poorer of our countrymen. But it was never imagined that it could be so wrested to the assumption of power, profit, and exclusion, as it seems likely to prove. Since the

passing of that decree, you appear to have lost all notion of the relative duties of life, and even of the relative duties of the medical profession; and, with an ostentatious display of the love of science, you are injuring the profession, filling your own purses, and ruining the prospects and usefulness of rising students. That I may not give you words without facts, I will further allude to these different points:—

You make an ostentatious display, in continually showing your legal power, without accompanying it with a corresponding display of science; and you have shown none of that fostering love, or affectionate regard for it, which your means enable you to do.

You are injuring your Profession by your love of money, or else by your mistaken judgment; and in this, that you have opened a common shop for the dispensing of medicines, thereby not only insinuating, but plainly declaring a suspicion of knavery and deceit in the whole tribe of practitioners. A greater insult was never offered to the profession. You are also the wholesale druggists to a considerable portion of them.

That you are ruining the prospects and usefulness of a large number of rising students must be evident to your own feelings. Know you not, Gentlemen, that many of you have raised yourselves most honourably from most scanty means, and think you that these difficulties (money matters) are lessened lately, that you are so regardless of that point which your former experience ought to have taught you? There are many (and you know it) who having calculated how far their scanty means, with every exertion, and almost every privation, will carry them, enter into the medical profession, cheered only with the future hope of obtaining an honest and respectable living by their unceasing usefulness; but all their plans may be in a moment frustrated, although they come nearly within touch of the goal, by your sudden, capricious, and harsh mandates. And, if they do not thus fail in their resources, or sink into despair, but pass through the test of your ordeal, it is but as over-crammed poultry, to reach the point of repletion, and wither from disgust at that intellectual sustenance which is required for their continual support.

There is not one man of science, practical experience, and good faith, teaching the different branches of the profession, who does not declare that it is elementary knowledge only he is capable of communicating, and that the medical practitioner must be a student till death: how then is it that you require of the young man of twenty-one a degree of excellence, capable of being so severely tested by your knowledge in gentlemanly old age, and this by an ordeal through which you have not yourselves

passed? Besides, by enforcing the necessity of these severe tests, you are declaring to the world how totally unfit for practice you yourselves must have been in your earlier career.

Gentlemen;—As a Licentiate of your Body, let me advise a relaxation of the rigour of your enactments, and also let me persuade you to distinguish yourselves by some slight sacrifices of interest, which will, I am sure, add to your respectability, and elevate your characters in the eyes of scientific men. Give up the trade of druggists to the mercantile world—put down your shop, and recommend your customers to your fraternity—open your botanical garden to the students of physic in London—let there be an annual course of gratuitous Lectures on the advanced discoveries of Chemistry, Botany, and the virtues of Medicines—lower the fee for your certificate, as you return no advantages—and serve the profession at large, by petitioning Parliament for a repeal of duties upon phials and drugs. Do these things, and the students will no longer continue their complaint, with the Israelites of old, saying “they have increased our task, but given us no straw.”

Should you fail in these things, I have a great notion that the rising students, and the liberal portion of the medical world, will apply to Parliament themselves. But, should they not, by all means compel them in future to study Arabic and the Sanscrit languages, as there may probably be some information found in these tongues of essential service to medical science.

I am, Gentlemen, by necessity,
Your Licentiate in Practice,
Oct. 10. 1828. W.

SEAMAN'S HOSPITAL SOCIETY.

To the Editor of THE LANCET.

SIR,—I am authorised to request the favour of your inserting the following fact, in answer to an anonymous, false, and malignant statement, which appeared in THE LANCET of the 11th inst., reflecting upon the surgical practice of the Grampus Hospital Ship: the only case of stone in the bladder, received on board the Grampus, was under treatment in the last summer, and removed by the express desire of the parents of the patient (contrary to the wish of the Surgeon), to St. Thomas's Hospital, for the purpose of undergoing the operation; he has since left St. Thomas's Hospital, without the operation having been performed, constantly refusing his consent to undergo the same, both on board the Grampus, and at St. Thomas's Hospital. I am, Sir,

R. HARLEY, Secretary.
19, Bishopsgate Within, Oct. 22, 1828.

THE LANCET.

London, Saturday, October 25, 1828.

EVERY body has heard of Dr. GRANVILLE and his testimonials. The Doctor seems to understand to perfection the arts of badgering an antagonist, and of keeping his own name constantly before the public. He is no doubt anxious, upon public grounds, that the world should know the full extent of the injury which the London University has sustained by his non-election to the professorship of midwifery; but he may, moreover, not be insensible to the advantage of combining a weekly attack upon Mr. BROUGHAM, with a hint to ladies who are in that situation wherein "women wish to be who love their lords," that he is the most accomplished of accoucheurs. Week after week the columns of the *John Bull* have teemed with the particulars of Mr. BROUGHAM's negligence and Dr. GRANVILLE's wrongs. The accoucheur has fastened like an incubus upon the advocate, and seems determined never to quit his hold. In vain has the learned gentleman protested, that he neither possesses nor knows anything of the Doctor's papers. "Restore my testimonials," is the sole replication of the irritated accoucheur:

"Not fierce Othello in a louder strain,
Roared for the handkerchief that caused
his pain."

It is, as a contemporary has observed, a complete *Monsieur Tonson* affair. "Wherever," says *The Spectator*, "the learned gentleman went, he found Dr. GRANVILLE demanding his testimonials; if he received a note, it was an even chance that it related to the lost testimonials; if a friend called, the object of his visit was, probably, to intercede for the testimonials." But this is not all. The accoucheur has, we understand, distinctly announced his intention to persevere, and has actually instructed his at-

torney to commence an action of *trover* against Mr. BROUGHAM, for the recovery of the lost testimonials.

As our readers may be curious to know something of the documents, the loss of which has driven Dr. GRANVILLE to despair, we shall lay before them two or three of the certificates in question; and that the Doctor's pretensions may be more fully appreciated, we shall begin by inserting the letter which he addressed to the Governors of the Middlesex Hospital, on offering himself as a candidate for the office of physician accoucheur to that establishment.

"My Lords, Ladies, and Gentlemen,—The office of Physician-Accoucheur to your excellent Hospital having become vacant by the resignation of Dr. Merriman, I beg leave to offer myself as a candidate to succeed him.

"Although I cannot boast of having been previously connected with your institution, or with your late physician-accoucheur, (circumstances which, in themselves, cannot form an exclusive ground for your support,) I may aver, notwithstanding, that my experience, as physician-accoucheur managing the lying in department of two very extensive medical charities in the metropolis for a number of years, has been such as to entitle me, I trust, to your favourable consideration.

"In the course of the last nine years, 10444 poor married women have been delivered at their own habitations under my direction; and when to this evidence of public practice I add, that I have prescribed for nearly 7000 children during the last four years, as one of the Physicians of the Royal Infirmary for sick Children, and that I am a Lecturer on Midwifery at the Westminster General Dispensary—I humbly hope that I have shown sufficient reasons for soliciting your patronage on this occasion.

"In coming forward as a candidate for the office of Physician to take care of your lying-in patients, I shall best consult the feelings which the Governors at large, and particularly the Ladies, must experience towards the objects of their benevolence, if I state, that, in doing me the honour of electing me, you would secure the services of a married man with a family, (a qualification which has always been considered of importance in the choice of a Physician-Accoucheur,) whose efforts will ever be directed towards the performance of

those duties which are best calculated to promote the objects of your institution.

I have the honour to be,

My Lords, Ladies, and Gentlemen,

Your obedient humble servant,

A. B. GRANVILLE, M. D.

Fellow of the Royal Society, Member of the Royal College of Physicians, and Physician in Ordinary to His Royal Highness the Duke of Clarence.

16, Grafton Street, Berkeley Square, March 1826."

Whether the Doctor's declaration, that he should best consult the feelings of the Ladies by observing, that, in electing a married man *with a family*, they would secure the services of one whose efforts would be directed to the performance of those duties which are best calculated to promote the objects of the institution; whether, we say, this be a *modest* declaration, we shall leave our readers to determine. The passage seems to admit but of one interpretation. The Doctor had already stated, that he had delivered upwards of ten thousand women; but this was not sufficient. The support of the Ladies was, in his estimation, to be gained, by tendering evidence of another qualification; and he accordingly reminds them that, as he is a married man, *with a family*, they should lose no time in securing the services of a person of such rare endowments; a man who had not only delivered ten thousand women, but who was qualified, *ex vi paternitatis*, to promote the objects of the institution. This is evidently the construction put upon the Doctor's letter, in the following ill-written, but good-humoured, certificate of Sir Astley Cooper:—

"My dear Sir.—It gives me pleasure to add my testimony to a host of others, of your high qualifications for the situation you are anxious to fill; and I shall congratulate the Institution upon its possessing (if you are elected) a man who so powerfully unites the science of your profession with its practice.—Jan. 20, 1822.

ASTLEY COOPER."

Here follows a certificate to the same

effect, from Sir E. Home: who is, perhaps, as well qualified to certify the ability of an accoucheur as Sir A. COOPER.

"This is to certify, that I have the highest opinion of Dr. Granville's knowledge of every part of the duties of an Accoucheur, having studied both in this country and at Paris, where he remained two years solely for that purpose, after finishing his education in London.—Sackville-street, Jan. 17, 1822.

EVERARD HOME."

The composition of this note is of a piece with that of the worthy Baronet. Sir EVERARD certifies the skill of Dr. GRANVILLE, because *he* (Sir EVERARD,) had studied in this country, and Paris, &c.

Sir HUMPHREY DAVY, although he very candidly states that he can give no opinion upon the professional character of a man-midwife, is nevertheless brought in, *volens volens*, to swell the triumph of Dr. GRANVILLE. The following is his *quasi*-testimonial.

"Dr. Granville's varied talents, extensive information, and indefatigable activity, are so well known to the medical and scientific gentlemen of the metropolis, that I should conceive any particular recommendation of him as unnecessary. I cannot presume to give an opinion upon his professional character: but I should suppose him peculiarly qualified, both from his education, and the nature, extent, and success of his practice, for the office of Physician to the Benevolent Institution.—23, Grosvenor Street, Jan. 31, 1822.

H. DAVY."

We take the certificate of the chemist to be fully as valuable, as far as Dr. Granville's obstetrical skill is concerned, as the following testimonial from Sir GILBERT BLANE:—

"I beg to certify to those whom it may concern, that I have been intimately acquainted with Dr. Granville, of Saville Row, for several years, and that I have found him to be a gentleman highly accomplished in various branches of science, and particularly in all that relates to his profession; to the doctrines and practice of which, he has paid the greatest attention, especially in the *obstetrical* department.—Sackville Street, 19th Jan. 1822.

GILBERT BLANE."

There are two certificates signed by RODERICK MACLEOD; one from Mr. BRODIE,

and last, but not least estimable, in a question involving the reputation of an accoucheur, a certificate from Sir RICHARD BIRNIE, the Principal Magistrate at Bow Street.

"I take leave to certify, that Dr. A. B. GRANVILLE has been for several years Physician-Accoucheur to the Benevolent Institution for delivering poor women at their own habitations; and I can truly state, that from his professional skill and assiduous attention, he has rendered most important service to the Institution. The Public Office, Bow Street, March 8, 1826.

R. BIRNIE."

So much for Dr. GRANVILLE's testimonials. We shall only add that Dr. GRANVILLE has answered his own insinuation, that Mr. BROUGHAM kept the testimonials in his pocket, lest Dr. DAVIS, who was alleged to be a medical attendant in his (Mr. BROUGHAM's) family, should be deprived of all chance of election to the Midwifery Professorship by their production. And how has Dr. GRANVILLE answered this insinuation? why, by a public acknowledgment, that at the time of taking charge of his testimonials, Mr. BROUGHAM did *not even know* Dr. DAVIS. The Accoucheur, we understand, is himself in labour, and intends to empty the whole of the controversy, which has filled the columns of the *John Bull*, into the next edition of his *travails*.

AMONG the laws which conferred the singular property of perpetual motion on the Irish School of Physic without progression, there was at least one which was eminently calculated to make it keep pace with the advancement of similar institutions. With whatever intention it may have been framed, whether for the production of good or evil, (for unfortunately it is susceptible of either,) we have no doubt but it is indebted for its preservation, along with its evil associates of one of the most

obnoxious of college codes, to an ignorance of its utility, or a knowledge of its bad qualities, that it might be conveniently abused whenever it suited the taste of this body to indulge in the corporate luxury of an act of injustice. This very valuable but dangerous ordinance had for its object a septennial election of the professors of the School of Physic in Ireland, and obviously might be made, by a judicious direction of its powers, subservient to the most useful purposes. The conviction that, at the lapse of every seventh year, his attention would be rewarded by re-election, or his neglect reprov'd by rejection, would be likely to exercise a salutary influence on a professor. With this day of retribution constantly before his eyes, he would scarcely fall into that official obliviscence which a total exemption from responsibility is so apt to induce in those cultivators of science, who hold their situations by a lease for life. Like the sword suspended by Dionysius above the head of his voluptuous courtier Damocles, such a reflection would perpetually admonish him that the pleasures of indolence were incompatible with happiness, when enjoyed under such uncertain circumstances. The electors to the School of Physic were not, however, to be seduced into the crime of taking advantage of the opportunities which this institute accidentally throw in their way. Their predilection for mischief instinctively induced them to reject its good, and to administer its bad properties.—

"Like those bees of Trebizond,
Which from the sunniest flowers that
glad
With their pure smile the gardens round,
Draw venom forth that drives men
mad!"

The professors, whom they appointed, have invariably retained their places during life, without the slightest apprehension that the other clause of the professor's indenture, good behaviour, would be applied in their individual cases. Many of them, in-

deed, have dosed out the term of their professorship from youth to old age, reading precisely the same course of lectures annually, quite insensible to the wants of their pupils, and unconscious that the improvements in science had rendered their prelections obsolete. The statute, indeed, had fallen into such complete desuetude, that it entirely ceased to be even a thorn in that bed of roses on which they reclined during their incumbency on the School of Physic. Not long since, when the law was almost forgotten, an advertisement appeared in the Dublin newspapers, announcing, like the flash that precedes the storm, that though the bolt had slumbered for awhile, its powers of destruction were not yet extinguished. It stated, in the quaint phraseology of bigotry and folly, that the professorship of the practice of medicine in the School of Physic had become vacant, and that persons professing the Christian religion, and possessing certain academical qualifications, might stand candidates for the office. This professorship had been occupied by Dr. Martin Tuomy for the seven previous years. Dr. Tuomy we believe, is looked upon in Dublin as a gentleman of considerably literary and professional erudition. He is one of the few, or perhaps the only Roman Catholic, if Mr. Moore, the poet, be not another exception, who has had the good fortune of obtaining a "scholarship" in the University of Dublin, without a disgraceful surrender of his religious principles. We have seen a translation of some of the tragedies of Euripides, executed for under-graduates of the Dublin University, by Dr. Tuomy, during his "scholarship," which, at least, convinces us that he had not obtained that honourable distinction without desert; and a treatise on typhus fever, which speaks highly for his attention to medicine. The fact of his having escaped the vigilance of that Protestant Cerberus which guards the portals of the Elysium of place in the Dublin

University, without appeasing its rabid bigotry by the usual sop of surrendering his faith, was not less surprising than that he should subsequently succeed to a professorship in the School of Physic. In what manner Dr. Tuomy performed the duties of his situation, we have no personal knowledge; but we are informed that he fulfilled his task of instruction with as much attention to the interests of his pupils as any of his associates, and with more than many of them. From what we do know, indeed, of his disposition, we can scarcely believe that he could have justly incurred the penalty which has been inflicted on him by any gross neglect of his functions. It is possible, no doubt, in moving through the drowsy atmosphere of the School of Physic, that, instead of stopping his ears and tying himself up to the mast of virtuous perseverance, like Ulysses among the Syrens, his assiduity may have succumbed to the persuasive power of example, and his talents felt the enervating influence of the indolent genius of the place. Certain, however, we are, that to the labours of his contemporary professors, Drs. Alman and Crampton, he has presented a favourable contrast to inefficiency from old age: the former, in teaching Botany, inflicts the severe task of learning the system of Linnæus on all those pupils who purpose graduating in Edinburgh. Dr. Crampton neither gives, nor pretends to give, lectures on *Materia Medica*; but simply reads an article without note or comment, from Duncan or Thompson, *per diem*, to his class. His museum, indeed, is one great curiosity, for besides being deficient in almost every article which it should contain, it contains many articles which it should not. False specimens of the *Materia Medica* being not unfrequently exhibited there for the genuine drugs. We were informed by a pupil of this learned Theban, "That on seeing a student taking notes of his lectures one day, he candidly interposed, and specially addressing himself to the student, as-

sured him it was quite an unnecessary labour to take notes of his lectures, as he would find them, word for word, in such a page of one of the Dispensaries." The consequence of this frank indifference to his duties is, that the learned Doctor seldom musters an auditory which amounts to a dozen; but his imperturbable disposition is not in the least affected by this demonstration of contempt for his instruction, for he proceeds, day after day, to read the Dispensary with the same fidelity to the text, as if he had been inspired to higher efforts by the presence of an applauding multitude. The electors to the professorships of the school of physic, who are composed of three members of the College of Physicians, selected by ballot, along with the Provost of the University and its professor of the practice of physic, conceived, consistently with the general tenor of the conduct of that body, that the negligence and inefficiency of Drs. Alman and Crampton, were its objects for the special protection of the law of septennial election, and accordingly rewarded the labours of these gentlemen by re-appointment, while they turned the sharp edge of the institution on Dr. Tuomy, and severed him, on account of his services, for ever from the School of Physic!

The manifest inconsistency implied in the selection of subjects for the operation of the revived law, has given rise to suspicions in Dublin, that Dr. Tuomy's stile of saying his prayers, had infinitely more to do in the indignity which he has been subjected to, than even the style of his lectures, or of his translations of Euripides. For the sake of human nature, and the honour of the cultivators of a liberal profession, we should hope that the report is unfounded; but we cannot close our ears to the fact, that this report is admitted in Dublin by the party which it has covered with eternal disgrace; nor shut our eyes to the manner in which public situations are divided among the professors of the opposing religions in Ireland.

Among all the numerous institutions in Dublin, to which medical officers are attached, there are not, we believe, more than some half dozen of Catholics; and, in the county infirmaries and dispensaries, we believe the proportion of Catholics to Protestants is still less, as appears from the "grand jury returns" of the several Irish counties, which we have procured with much difficulty. We are, to be sure, aware, that there is a local superiority of number among the profession in Dublin on the side of the Protestants, owing to that plague-spot in the history of England, which, until lately, rendered it penal for a Roman Catholic to receive the common advantages of education, or to hold property to any amount in his own right. But even with the disparity, (one which is every day, however, decreasing, since the incubus of the penal code has been even partially removed,) of numbers which the folly of this country has created in the learned professions in Ireland among Catholics and Protestants, we cannot solve the mystery of the paucity of Catholics in office, without the assumption of an unjust distribution of patronage. In this opinion we are the more confirmed by a fact which has lately come to our knowledge, which is, that there exists at this moment, and has for many years in Dublin, a regularly organised league among the Protestant practitioners of Dublin, for the atrocious object of excluding Catholics from office, whenever its fruits can be deflected with secrecy into Protestant pockets. The existence of such a vile conspiracy makes one loathe the reflection of being included within the pale of a religion, whose professors could be guilty of such unparalleled baseness. The circumstantial evidence of Dr. Tuomy having fallen a victim to this spirit of bigotry, is, in our opinion complete; and happy shall we feel, if any explanation, which may hereafter be given of his treatment, tends to diminish the force of our present conviction.

LONDON MEDICAL SOCIETY.

October 20, 1828.

Dr. HASLAM, President, in the Chair.

VIOLATION OF ORDER—HEADACH—DELIRIUM TREMENS—NEW MODE OF TAPPING.

THE Registrar, and several of the Council, not having made their appearance at a quarter past eight,

THE PRESIDENT expressed his surprise at such a violation of the common orders, and hoped that somebody would move a vote of censure against those persons who had thus detained the Society. He also hoped that some gentleman would take upon himself the office of registrar *pro tempore*.

MR. CALLAWAY instantly advanced to the registrar's desk, and read the minutes of the last meeting.

THE PRESIDENT then read a letter directed to him from Mr. Lambert, stating that he had seen a remarkable instance of precocity, and that as the father of the boy was a poor man, and desirous of showing the child with a view of procuring a trifling remuneration, he proposed, with the permission of the Society, to introduce the boy to its notice at its next meeting. He begged the President would communicate this information to the Society. After having read the letter, the President stated that the same question had been agitated in the council two or three nights previously, and that it then appeared there was a great impropriety in considering the Society as a place where any person was to collect his shillings or sixpences—that it was derogatory to the dignity of the Society. It was concluded, that if the worthy treasurer thought proper to order any little sum in such a case, such an order would be attended to with propriety; he, however, was willing to abide by the opinion of the Society at large. No observations were offered, at the moment, upon this statement. At the breaking up of the meeting, the subject was again mentioned from the chair, and

MR. PROCTOR considered the proposition as highly improper. The boy alluded to had been at his (Mr. Proctor's) house, and received from him a trifling sum; he believed he must have also been at most of the houses of the practitioners in town, and it was rather hard, putting the dignity of the Society entirely aside, that its members should be called upon, both individually and collectively, to contribute to this boy's support.

THE PRESIDENT having observed the Re-

gistrar and Council in the room, said,—Gentlemen, I have been here since eight o'clock as was my duty—I receive no emolument from this Society—I receive only the honour of presiding over you, but I have never, in any instance whatever, made you wait one single moment. (Hear, hear, hear.) I am not of consequence sufficient to keep waiting a number of learned and practical medical men (hear, hear); therefore, as to those who have made you wait, I conceive it is their bounden duty to come forward, and explain why you have been so long detained, and why the business of the Society has been thus interrupted. (Much applause.)

MR. KINGDON—Sir, I don't know whether we interrupted the business of the Society by coming in, or whether we interrupted it by not coming here, from the manner in which you have expressed yourself; but the occasion of our thus interrupting the business of the Society, by our absence, was that we felt the interest of the Society required our attendance below upon business of importance; the presence of the Registrar below, was also necessary, and I am sure, that any gentleman would have been good enough to have informed you of that, if he had been requested to ascertain the cause. If our interruption of the business of the Society was merely in our coming into the room, I can only say, I regret that I should have interrupted it by coming into the room at all.

THE PRESIDENT—Sir, you have a right to sit down stairs all night if you like, but you have no right to detain the Registrar from the Society, who is the property of the Society at large and not of the Council.

THE REGISTRAR—It is quite impossible that the Council and the Society can be sitting at one time; the business of the Society cannot commence till the business of the Council is over, and every member of the Society has a right to be present when it is sitting.

THE PRESIDENT—There is generally a Book of Laws lying before me, I wish you would bring that here now, Sir, and I shall read them, that the gentlemen present may know what the law is.

The Registrar then sent for the book, which was immediately handed to the Chair.

THE PRESIDENT—"The Society shall meet on every Monday, at the hour of Eight in the evening." (hear, hear.) Now the Society comprehends all that appertains to the convenience of the Society; it implies that the Registrar is to be here to read the minutes. It does not at all say here, that he is to be detained for an indefinite time, twenty minutes on the present occasion, and that then he is to say that the Council have had occasion for him!! Let the Council

meet at some time, when their meeting will not interrupt the business of the Society, for if it is the business of the Council merely to detain the Society, the Society answers no purpose whatever. Now, having made these observations, and, having made them because I am your servant, and do not like that my vigilance should be impeached as your servant, in seeing that you are neglected in any manner, for this is the whole object of my having interfered on the present occasion, I hope they will have the good effect of showing that such a lesson is not to be repeated.

Dr. SHEARMAN—Sir, I believe that all this is wholly irregular. The Council have not shown any want of attention to the Society.

THE PRESIDENT—We are not complaining of the Council, but of the detention of the Registrar, by the Council.

Dr. SHEARMAN—But, Sir, I wish to give you a correct view of the mode in which this ought to be taken up. If there are any gentlemen aggrieved by the Council not having been here earlier,—

THE PRESIDENT—Not the Council but the Registrar.

Dr. SHEARMAN—Well, of the Registrar,—the mode of procedure is to submit the complaint to the Council. The Society at large is not the deliberative body; any thing touching the executive duty of the Society, cannot legally come before the whole body, but must come before the Council. Whatever irregularity takes place at the meeting, the complaint I apprehend is to be made to the council, for they are the persons to redress the grievance, and not the body of the Society.

THE PRESIDENT—I don't know that, because they were themselves parties; we wanted the Registrar, we have nothing to do with the Council.

THE REGISTRAR—Insignificant as I am, I have that gratitude towards the Council which enables me to say, that I feel bound to attend them, and that I knew the business of the Society could not commence without me. As a member of the Society, I have a right to be present when the Society is sitting, and when I was detained on business down stairs, it was incorrect that the Chair should have been taken in my absence.*

THE PRESIDENT—There is no such law, Sir, as that in existence.

A MEMBER observed, that he had come

from a very distant part of the town, and felt it exceedingly hard that he should have been kept waiting for so long a time, before the business of the evening commenced.

THE PRESIDENT was about to read a further part of the Book of Laws, but

Mr. CALLAWAY suggested the propriety of permitting the subject to rest, and the appointed business of the meeting to be entered upon.

THE PRESIDENT had no objection whatever. He regretted that cause should have been given for the observations he had felt himself bound to make, and as deeply did he regret the excuse attempted to be made.

Mr. PROCTOR was not at the society's last meeting, but he understood the subject of *headach* had been under discussion. *Headach* he conceived to arise from two causes; the one, too great, and the other, too small, a supply of blood to the brain. It would be unfair to suppose that any one could think *headach* should be treated alike, whether it arose from the one or the other of these causes. The persons most subject to *delirium tremens*, were those most debilitated in habit; and he never could bring himself to believe that bleeding and stimulating—bleeding, as preparatory to the use of stimulants—could be good practice. He considered giving stimulants—not such stimuli as had produced the attack, but stimulants at once capable of supporting the nervous as well as the arterial system—the wisest practice; but he condemned in *toto* the extraction of blood, as preparatory to this treatment.

Mr. TYRRELL, in spite of what had been said, remained unaltered in his opinion, that what he called the *natural stimuli* of patients afflicted with *delirium tremens*, was the best administration. If, for instance, the use of opium were taken away from a Turk, he would fall into a state very similar to what was called in this country *delirium tremens*; but permit him to have the opium again, and he would recover. So with a gin-drinker, a porter-drinker, and so on. He, therefore, should continue the administration of the *natural stimuli*. He could conceive it possible that a case might arise, though not probable, in which blood-letting, in the first instance, might be had recourse to with advantage.

Dr. WILLIAMS asked Dr. RYAN for an explanation of what he conceived to be inconsistent in what he stated on a former occasion. The statement was, that Dr. RYAN had given a large quantity of opium, and then administered the accustomed stimuli to a large extent.

Dr. RYAN conceived Dr. Williams must have misunderstood him. What he stated, or intended to have stated, was, that he had given large quantities of opium before he

* This reminds us of an Irish footman, who one day declared, that he should remain in no house where the master would commence dinner in his absence from the dining room!

gave the accustomed stimuli—not simultaneously. Where he had given 960 drops of opium in 78 hours, and where the patient was, at the end of this period, worse, rather than better, and, to all appearance, must inevitably have died, he gave him five ounces and a half of ardent spirit in three hours, the patient, in all probability, having been in the habit of taking ten times the quantity, and he speedily recovered under such treatment. So also in many other cases.

Mr. CALLAWAY related cases, showing most decidedly the happy effect of the administration of the habitual stimuli over every other practice that could be had recourse to.

Mr. SHIRLEY approved of this plan of treatment.

Dr. RYAN did not give this large quantity of opium to act as a sedative, but he gave it in small quantities as a stimulant, which he firmly believed it to be when administered in such a way. He decidedly considered bloodletting injurious.

Mr. KINGDON had met with cases where there was that state of inflammation existing, that he could not have discharged his duty had he not resorted to the lancet in the first instance, and, after a time, administered stimuli.

Mr. EDWARDS considered the use of ardent spirits previous to the attack, the remote cause of delirium tremens; but then he looked upon the withholding of it as the proximate cause. In cases where the constitution was not much impaired by a long continuance of debauch, and where there was great irritability and inflammation, he should certainly extract blood at the outset, and subsequently administer the accustomed stimuli in small quantities.

Dr. WILLIAMS was much surprised at the complexion of the discussion. It seemed to him as if the Society thought there was only either brandy to be given by wholesale, or blood to be extracted by hogsheads. In the course of thirty years' practice, he had seen a great many patients labouring under this disease, and by resorting to neither means as a standard practice, he had very generally recovered his patients. He had neither bled by wholesale, nor kept his patients half drunk. (Laughter.)

The REGISTRAR, before the meeting broke up, was desirous of exhibiting to the Society a flat lancet-formed trocar, with which he had that day performed the operation of paracentesis. He believed the instrument to have been invented by M. Andral, but it was not sufficiently known.

Several Members stated they had never been in the habit of using any other sort of trocar.

Mr. CALLAWAY was extremely happy

that this subject had been brought before the Society, because it gave him an opportunity of stating the mode he had lately adopted, whenever called upon to tap. The manner in which puncturing the abdomen had been, and was very generally at present performed, was extremely dangerous, as the recorded cases of injured intestine showed. The mode he had adopted, was by passing his finger down to the *linea alba*, then very carefully introducing a lancet into the cavity of the belly, until he saw a small jet of fluid, then withdrawing the lancet, and introducing a female catheter. He said *female catheter*, and he had done so, because it was an instrument always at hand; but he was having an instrument made very much upon the same principle as the female catheter, expressly for the purpose. He had performed the operation a great many times, with the most perfect safety, in this way, and, in some cases, where the patient was lying in bed, unable to be placed in the erect position: he hoped this practice would meet with the approbation of the profession, convinced as he was of its superiority, in point of safety, over the other.

WESTMINSTER MEDICAL SOCIETY,

October 18, 1823.

Mr. ARNOTT, in the Chair.

THE CHAIRMAN'S ADDRESS.—ELECTION OF NEW OFFICERS.—CASE OF ISCHURIA.—ULCERATION OF THE BOWELS, AND TREATMENT.

THE CHAIRMAN said—As the individual whose duty it is to take the chair on this occasion, I cannot do so without first congratulating you upon re-assembling here, more especially as I see many of those members present to whom we owe the means by which this Society exists. Other Societies have generally found it necessary to hold out other inducements, by means, for instance, of a library or reading-room, for the attendance of their members; and where they are simply composed of pupils, it has occasionally been found requisite to resort to fines for non-attendance; but this Society finds it altogether unnecessary to adopt any such measures. The zeal with which the members bring forward subjects for discussion is a source of great gratification to the practitioner, while at the same time it scarcely ever happens that all who are present do not derive considerable edification from the debates that take place upon

practical subjects, conducted in this room with great ability, and certainly if they do not advance the science of truth, calculated invariably to correct error. During the last sessions, we had an admission of upwards of 70 members; our funds were 120*l.* without debt; and, therefore, under these prosperous circumstances, I feel certain, that this year will be as successful and gratifying as the last.

A great part of the evening was occupied in moving and balloting for new officers.

Dr. BARRY, and HERBERT MAYO, Esq. were re-elected Presidents.

Messrs BAKER and JOHNSON, were re-elected Secretaries.

It was moved that Dr. WEBSTER be requested to remain Treasurer for the present year. The Doctor was absent in consequence of a family affliction.

A new Committee was likewise elected by ballot.

It was moved that the thanks of the Society be conveyed personally by Mr. Arnott, to H. Warburton, Esq. for his able conduct in the Chair, in the House of Commons, in the Select Committee upon Anatomy, and for his polite attention in transmitting to the Society a copy of the report.

Mr. DOUCHEZ read a paper to the Society, upon a case of *Ischuria*, which he had met with, and which he considered a very obstinate one, which he treated successfully, by the application of leeches, the warm bath, and gentle aperients. He brought the case forward for the purpose of obtaining information upon it from the Society.

Mr. HUNT considered retention of urine any thing but of rare occurrence; on the contrary, it was to be met with daily, and at every turn the practitioner took. Further, he was disposed to think with a great physician in the City, that where retention of urine occurred, it indicated greater affection of the brain. If this were the case, it was most essential to know the treatment best to be adopted upon the first appearance of ischuria. The disease was attributed sometimes to colds, and sometimes, and he inclined to think more justly, to an affection of the nervous system.

Dr. SOMERVILLE wished to know whether it was the opinion of the Society, that ulceration of the bowels was of more frequent occurrence now than formerly? He had found it to be so. He was likewise anxious to be informed, whether it was considered there were any unequivocal marks, by which the first indication of ulceration of the bowels could be detected, what the clear symptoms of its presence were, and how far those symptoms were dependent on continued fever? A patient in one of the hospitals in town had continued fever, and she, at the same time, laboured under ul-

ceration of the bowels. She remained in the hospital for six weeks after the subsidence of the fever and the symptoms of ulceration, and then died from a totally different cause. *Post-mortem* examination showed a decided mark of ulceration of the bowels having existed, and a sort of cartilaginous substance occupied the space in the gut, which bore such mark. The symptoms, during life, of the ulceration, were great irritability, exquisite sensibility to the touch, and that peculiarity of tongue, which impressed on the doctor's mind, at least, the existence of ulceration,—not furred, but exceedingly red,—giving the appearance of a raw beef-steak, and very dry. There was also a flushed cheek, and the patient died ultimately of phthisis.

Dr. LEY considered the case related by Dr. Somerville to be wholly destitute of any symptoms by which the Society could justly come to the conclusion, that ulceration of the bowels had ever existed. No puriform discharge had been detected, nor any blood mixed in the stools; if these had been found, coupled with other circumstances, then there might have been some pretence for saying ulceration had existed.

Dr. SOMERVILLE recommended, in cases where ulceration was supposed to exist after the bowels were once well cleared out, the constant use of gentle aperients, such as castor-oil, or one or two grains of calomel in combination with rhubarb.

About half a dozen new members were admitted, and the meeting broke up.

ST. BARTHOLOMEW'S HOSPITAL.

List of Patients admitted under the Care of Mr. Earle, October 17.

Magdalen's Ward, No. 4.—S. L., ætat. 16, gonorrhœa.

No. 7.—M. A., ætat. 25, gonorrhœa.

Powell's Ward, No. 5.—John Jones, ætat. 19, gonorrhœa, with papillary eruption over the whole body.

No. 7.—Jonas Connady, ætat. 40, necrosis of the femur.

Pitcairn's Ward, No. 10.—James Camp, ætat. 20, diseased bones of the arms.

Baldwin's Ward, No. 6.—William Acres ætat. 30, diseased bladder.

Parker's Ward, No. 11.—Robert Maule, ætat. 57, gonorrhœa and itch.

Sitwell's Ward, No. 5.—Ann M'Kann, ætat. 26, diseased right knee.

No. 8.—Mary Ford, ætat. 36, ulcerated right leg.

No. 10.—Ann Dense, ætat. 32, swelling in the left axilla, with general uneasiness.

Elizabeth's Ward, No. 6.—Mary-Ann Lee, ætat. 57, abscess of the right leg and thigh.

No. 10.—Mary Alum, ætat. 25, diseased left knee.

No. 12.—Mary-Ann Penery, ætat. 19, diseased right knee.

No. 13.—Sarah Anderson, ætat. 17, diseased right knee.

Patience's Ward, No. 2.—S. S., ætat. 34, warts and gonorrhœa.

No. 5.—E. B., ætat. 18, warts and gonorrhœa.

No. 6.—E. M., ætat. 26, gonorrhœa.

No. 7.—E. S., ætat. 19, gonorrhœa, with extensive excoriation of the thighs.

Lazarus' Ward, No. 4.—W. D., ætat. 28, gonorrhœa, with extensive swelling of the penis.

No. 5.—G. L., ætat. 18, gonorrhœa.

No. 7.—D. A., ætat. 39, gonorrhœa preputii.

No. 8.—J. D., ætat. 30, secondary symptoms.

No. 10.—J. W., ætat. 19, chancre and discharge.

CASE OF CONCUSSION, TREPHINING, AND DEATH.

— Thornton, ætat. 13, a slender boy, was admitted into Luke's Ward between six and seven o'clock in the evening of the 6th of October, under the care of Mr. Vincent. The boy was a labourer, and had been assisting in the erection of a house in Jewin Street, from which he fell to the ground a height of twenty-five feet. He was taken up, and brought to the hospital in a state of perfect insensibility. His breathing was difficult and stertorous. He had not vomited. Mr. Stanley attended about seven o'clock; and from the symptoms, he considered there must have been, if not depression, a fracture of the base of the skull. Under this impression he thought proper to divide the scalp, and to remove part of the superior portion of the right parietal bone. He imagined blood must have been diffused below the dura mater, or between it and the bone. After the trephine had been applied, no depression nor diffusion was observable, nor was any relief afforded to the patient. The divided parts of the scalp were then brought together, a cold evaporating lotion ordered to be kept to the head, and calomel and jalap to be administered.

7. He was not able to swallow the medicine until eight o'clock this morning. During the forenoon, the pulse was scarcely perceptible, the breathing became more difficult, the bowels were not moved, and he died at three o'clock.

Post-Mortem Examination.

This was conducted, twenty-four hours after death, by Mr. Wormald. No fracture was detected in any part of the skull. The dura mater did not appear to have been per-

forated by the trephine. There was great turgescence of all the vessels, and a slight bloody effusion upon the posterior part of the left hemisphere of the cerebrum, between the dura mater and arachnoid membrane; a slight watery effusion into the right ventricle; slight laceration on the under and posterior part of the right hemisphere, and the substance, within a short space around it, more softened than natural; one of the cerebelli slightly torn, and blood effused into its substance.

The chest being next opened, a small effusion of blood appeared to have taken place into it. The lungs were adherent to the abdominal parietes, and blood diffused throughout their substance. There was, too, a considerable layer of coagulated blood under and close to the pubic arch. Upon opening the spinal canal, about an ounce of bloody serum was found effused along the medulla spinalis within the theca, as far as the cauda equina. A very considerable quantity of dark-coloured blood was detected along the cauda equina, between the bony case and the theca. The sacrum seemed to have sustained much injury, though no fracture was traceable in it.

INFLAMMATION OF THE HAND AND ARM, CONSEQUENT ON THE PUNCTURE OF A RUSTY NEEDLE.

MARY SMITH, ætat. 41, was admitted into Faith's-ward, under the care of Mr. Lawrence, on the 23d of September, with swelling and acute inflammation of the right hand and wrist, consequent on a puncture in the palm with a rusty needle, inflicted on the preceding day. The limb is in a very inflamed state and exquisitely painful. *Vs.* ad 3 xx.; *hirud.* xxiv. *foment.*; *papav.* et *cat. panis postea.*

R. Calomel, gr. iv.

Jalap, gr. xij.; *sumat* statim.

24. Has been exceedingly restless; at times delirious, with a wild and staring expression. The pain extends up the whole of the fore arm, and the layers of absorbents on the internal aspect of the extremity much inflamed; pulse 106. The head ordered to be shaved, and 16 ounces of blood more to be taken from the arm.

29. The leeches have been applied again, the delirium has entirely subsided, and the inflammation much abated, though there is considerable pain in the hand, and the temperature of the part unnaturally great.

Oct. 3. Pus has formed and burrowed under the palmar fascia. Mr. Lawrence introduced a lancet, and about an ounce of healthy matter escaped.

8. The patient has continued doing well, and left the Hospital this morning almost entirely free from pain or inconvenience.

ST. THOMAS'S HOSPITAL.

TALIACOTIAN OPERATION, FOR THE FORMATION OF A NEW NOSE.

MR. GREEN, on Friday last, performed the Taliacotian operation for the formation of a new nose. The patient, a young man, had lost his nose from syphilis, and was exceedingly anxious to have the deformity remedied. The operation was effected by cutting out a triangular portion of skin from the forehead, bringing it down, twisting it, and applying the cut edges to the sides of the original situation of the nose, a kind of groove being previously formed on each side, and also at the lower part, for the reception of the skin. The parts were held in their situation by four sutures on each side, and two at the lower part. There was not much blood lost in the performance of the operation, which occupied nearly one hour.

The parts were dressed by Mr. Green on Tuesday the 21st., and there is reason to suppose that the operation will be successful—adhesion having taken place to some extent. The artificial nose was of a natural colour and temperature, but readily parted with its heat on exposure to air. During the process of dressing, a small artery bled from the side of the artificial nose—this Mr. Green remarked was good evidence of vigorous circulation.

We shall note the progress of this interesting case.

On the same day with the preceding operation Mr. Green divided a permanent stricture of the urethra, at the perineum.

It is gratifying to find that our remarks on the want of attention to the interests of the pupils, have effected some reform at this Hospital. We observe that there is now a board in the surgery on which the post-mortem examinations are notified, and the inspections at present are conducted with regularity. Further, we understand that it is in contemplation to make some change in the visits of the Physicians, all of whom, be it observed, under the present regulations, make their rounds on the same days, Tuesdays and Saturdays, and at the same hour—consequently the pupil loses two-thirds of what he has paid for—and we again remark, what he is not only morally but legally entitled to. Dr. Roots, (on whose appointment to the situation of Physician, we sincerely congratulate the students,) we are aware has laboured hard to effect a change,—but we are told it would greatly inconvenience the apothecary and

his dozen apprentices—there we suspect is the opposition.

In the surgical department the abuses continue. The surgeons attend as usual on the same days, and nominally at the same hours, the Senior Surgeon usually arriving after one o'clock and the anatomical lecture commencing at two o'clock. Surely this is "too bad."

WESTMINSTER HOSPITAL.

CASE OF POPLITEAL ANEURISM—OPERATION OF TYING THE FEMORAL ARTERY, BY SIR A. CARLISLE.

THIS operation was performed on 9th of August, under the following circumstances: The patient, a man, 46 years of age, of full habit of body, had been accustomed to drink a very large quantity of liquor, was admitted into this Hospital, on account of a pulsating swelling in the right popliteal space.

He stated, on admission, that he perceived a small swelling in the hamstring about two months previously, which occasioned a considerable deal of pain; he also felt a stiffness in the knee-joint after a little exertion, and frequently experienced cramp in the limb. He had been a soldier for several years, had seen a great deal of service, and had used considerable exertion during that period of life, but had quitted his avocation for two or three years. He was not conscious of having received any injury in that part during the whole course of his career. There was a firm pulsating tumour in the popliteal space, rather larger than a pigeon's egg. The pulsations of this swelling were completely checked, by making pressure upon the femoral artery at the upper part of the thigh; and continuing this pressure for some considerable time, the tumour became considerably diminished. He remained in the hospital about a week before the operation was performed; during that time leeches were applied to the knee, and 24 ounces of blood were taken from his arm at two different periods.

Sir A. Carlisle performed the operation on the 9th of August. Instead of making the usual longitudinal incision, he pinched up the common integuments, and pushed a small catlin through them, at the same time cutting upwards and outwards; the reason the learned President gave was, that in making the longitudinal incision, the operator is frequently obliged to elongate it, which causes a great deal of pain to the patient; however, before the operation was

finished, Sir Anthony was obliged to elongate his; to his great mortification, after having preached a long sermon to the pupils on his improved method of doing the incision, after a great deal of groping, to which he is so much averse, he found the vessel. There was a small nerve passing in front of the artery, which was separated, and in doing this, the femoral vein was wounded, which produced a considerable bleeding. A single ligature of silk was applied to the artery, and the wound closed by strips of adhesive plaster. After all, to use our former language, when we noticed the case, "it was, in fact, an Oysterian operation." We saw him in about an hour after the operation; his pulse was 70, and the heat of the limb 87° of Farenheit. He had been ordered the following mixture:—

Sulphate of magnesia, ʒij.;
Infusion of roses, ʒvj.

Aug. 11. Sleeps very badly; complains of a great deal of pain in the limb, which is much increased upon pressure being made in the groin. He was ordered to take two table spoonfuls of the following medicine every four hours:—

Subcarbonate of ammonia, 1 scruple;
Aromatic powder, half a drachm;
Peppermint water, 8 ounces.

13. Pain still continues; there evidently exists an inflammation of the vein; his countenance appears very anxious, and he has entirely lost his appetite. He was ordered to be bled to twelve ounces; his medicine was changed to the following:—

Carbonate of potash, one scruple;
Syrup of orange peel, half a drachm;
Antimonial wine, 15 drops;
Water, 4 ounces;

to be taken the same as the former.

16. Still continues in the same state; was bled yesterday to eight ounces; a slight hæmorrhage occurred from the incision this morning, which was soon checked. His medicine was again altered to the following:—

Carbonate of ammonia, 2 drachms.
Tincture of henbane, 1 drachm and a half.
Water, eight ounces—

1 ounce every 4 hours, with lemon-juice.

Pulse to-day about 100; leg very painful below knee; complains of cramp in the calf of the leg.

21. Since our former report, he has been gradually improving; no pain in the inguinal region; appetite pretty good; pulse 34. He continued in much the same state till the beginning of September, when mortification of the calf of the leg ensued a few days prior to his death.

Sectio cadaveris.

Nothing particular appeared upon opening the abdomen. On cutting down to the artery which was diseased, the veins evidently appeared to have been highly inflamed; several inches of the femoral vein, which was pierced during the operation, had completely sloughed away, an immense abscess had formed in the adjoining parts, and some of the muscles had suffered in the same manner as the vein.

HOPITAL DE LA CHARITE.

EPIDEMY.

A VERY remarkable affection has lately been observed in the Infirmerie de Marie Thérèse, Rue d'Enfer; it seemed for a long time to be confined to this establishment, but has latterly shown itself in other hospitals; its apparent epidemic nature, and the severity of its symptoms, claim the attention of the medical public.

Five patients of this kind were admitted at the Charité under M. Cayol; one of them died, one was cured, the three others are still in the hospital.

CASE 1.—The first patient, a man 84 years of age, a servant of the Hospice de Marie Thérèse, was on the 4th of June, without any previous cause, seized with shivering and frequent vomiting, violent headach, sore throat and pains in the eyes, with an oedematous swelling of the eye-lids, and face. Bleeding, leeches to the temples and throat, and low diet, produced no alteration, and the patient continued in this state for about a fortnight, when a remission seemed to take place; this was, however, all on a sudden, followed by very violent shooting pains, which ran like fire through the whole body, and, lastly, became fixed in the hands and feet, where they caused an intolerable sensation of pricking and formication. This new symptom, which at first was scarcely adverted to, soon took an alarming character; the patient lost all power of holding himself upright; the pain became very violent, especially during the night, and deprived him of all rest. The physicians of the Hospice, of whom M. Cayol is one, suspected an affection of the spinal chord, and ordered cupping and blisters along the spine, but without any effect. The patient was now transferred to the Charité; at this period he was almost completely deprived of motion; he could, with the greatest difficulty, bend the knee, but was not able to extend it; the arms were a little more free, but so extremely sensible, that the least touch caused convulsions. The shooting

pain had in some degree subsided, but had exacerbations; the burning heat and pricking sensation in the hands and feet, continued without any remission; there was no fever, the head was free, and the appetite good. M. Cayol applied some moxas on the lumbar region, but in vain. As some of the symptoms evidently had an intermittent type, the sulphate of quinine was resorted to, but, as well as large doses of opium, proved useless. On the 23d of August, the patient was in the same condition as when he entered the hospital; he had been using, for a few days, sulphureous baths. The epidermis of the hand and feet had desquamated in large pieces.

CASE 2.—The second patient was a charcoal burner, 40 years of age, who had lived in a very unhealthy quarter. Sickness, shivering, swelling of the face, had, as in the former case, been the first symptoms. He, as well as his wife and daughter, who were affected in the same manner, ascribed their illness to the miserable life which they led, and continued their work; within a short time, however, the acute pains in the limbs, the pricking sensation and burning heat in the hands and feet, and debility, increased to such a degree, that after having been in this condition for two months and a half without any medical attendance, they applied for admission at a hospital. When the man entered the Charité, he was in such a state as to afford very little hope of recovery; his extremities were wasted and perfectly motionless; the skin was of an earthy colour, and covered with furfuraceous scales; the face was not swelled, but the eyes painful and watery; the fever was slight, but the patient complained of pains in the chest, with a troublesome cough, and an abundant viscous expectoration. He was twice bled, and took large doses of tartarised antimony; but the dyspœa increased, and he died. The lungs were found healthy, their posterior part only was gorged with a dark-coloured foetid serum; the heart was flabby and softened; the liver pale and contracted in a remarkable manner, so that the right and left lobe were nearly in contact; the bile in the gall-bladder was very liquid; the spleen enlarged to double the natural size. The other organs were perfectly healthy.

CASE 3.—In the third patient the affection was but slight; no precursory symptoms had been observed; the face was swelled; the formication and heat in the hands and feet were moderate. The patient recovered under the use of cooling aperients, the epidermis of the extremities having desquamated.

CASE 4.—This patient is a female, thirty-three years old, and has been ill for two months; she felt the heat and pricking sen-

sation in the hands and feet, without any previous symptom. When admitted into the hospital she could walk, but with some difficulty; the sensibility and muscular power of the hands were so deranged, that she could not take hold of any thing. During the night the intense pain, cramps in the feet, and formication, deprived her of all rest; in the day time all the symptoms were slighter; the face had not been swelled, but the eyes were very painful; the skin was of a dark earthy colour; the menses had remained regular, and the appetite and digestion were good. Before her entrance into the hospital, she had been bled, and used warm baths, but without any effect; in the hospital, her condition has very slowly improved; the sensibility of the hands is apparently somewhat restored; the epidermis of the hands and feet has desquamated; but in the latter, the intolerable pricking sensation remains undiminished.

CASE 5.—The fifth patient is 29 years of age. Some months before she entered the hospital, her menstrual flux was suppressed by an emotion of mind, after which she felt indisposed, and was soon seized with shivering, heat, headach, a very troublesome cough, burning pains, and spasmodic contractions of the limbs, which had exacerbations of three quarters of an hour, terminating in vomiting. During the intermissions the patient was much fatigued, but felt only the formication in the hands and feet. The skin was of a dark earthy colour, the face swelled, and the eyes were very painful. When the patient entered the hospital, the cough had subsided, but all the other symptoms persisted, and every morning a paroxysm of pain and convulsions still takes place, preceded by shivering. Under the use of opium, and the sulphate of quinine, she seems to be slowly recovering.

At the sitting of the *Académie Royale de Médecine*, on the 26th of August, M. Chomel called the attention of the members to the epidemic now prevailing in Paris, and which we have just described. It appears to him that this disease affects, at the same time, the digestive organs, the muscular system, and the skin; that, at first, there seems to be an "irritation gastro-intestinale," which is, however, soon transferred to the extremities; the most remarkable symptoms are, the violent periodical pains in the limbs, the formication in the hands and feet, and the affection of the skin; the latter becomes of an earthy black colour, is considerably thickened, and, lastly, desquamates in large pieces; the disease is, as yet, confined to the Faubourg St. Germain; at least there is no instance known of its having occurred on the right side of the Seine. Nearly thirty individuals have been affected in the Hôpital de Marie Thérèse; in the

hospitals Val de Grace, Hôtel-Dieu, and in the Charité, several cases have been observed. A committee has been appointed to inquire into the nature and the causes of this affection.

At the sitting of the *Société de Médecine Pratique*, on the 4th of September, several of the members reported cases of this epidemic affection, which, till now, has been treated in very different ways, but, as it appears, without any great effect. It seems to be of a very chronic nature, and of an asthenic character, although the Broussaists, of course, here also see their gastro-enterite.

Several cases of the disease in question have been observed in the Hôtel Dieu, under M. Recamier, who is decidedly against its being founded on gastro-intestinal irritation; he considers it rather as analogous to scurvy, and accordingly recommends acids, tonics, and fresh air, which, indeed, seem to have had more effect than any of the other remedies employed.

[We are somewhat surprised that the French practitioners hitherto seem to have entirely overlooked the striking analogy between this epidemic affection, and the disease called raphania, in its chronic form, which, in the middle of last century, was of such frequent occurrence, but since that time seems to have almost completely disappeared.]

REMARKABLE CASE OF ABORTION.

Madame N., of a nervous temperament, being in the second month of her first pregnancy, was, in consequence of over-exertion, seized with violent vomiting, which could only be subdued by the greatest abstinence. In the third month, she was suddenly attacked with pains in the lumbar and uterine region, which gradually increased, and, at last, were accompanied by a discharge of blood from the vagina. On examination, the neck of the uterus was found somewhat dilated. The practitioner applied ligatures to one arm and leg as a substitute for bleeding, which, from the great weakness of the patient, appeared inadmissible, and, at the same time, sinapisms to the arm, and cold fomentations to the abdomen. By these means a transitory relief was obtained; the pains abated a little, but the discharge of fluid and grumous blood continued. A few nights afterwards, after violent pain in the belly, and during the attempt to make water, a solid body was expelled, which was found to be a placenta of three months, in a healthy state and without any sign of decomposition; its umbilical chord was only an inch in length. In the blood, which, at the same time, was discharged in considerable quantity, no

embryo was discovered; and, on examination, the os uteri was found contracted and rigid. From this time the pain subsided, and the patient seemed to be slowly recovering, when the uterine discharge, which, after the expulsion of the placenta, had changed into a pale serum, began to have a very offensive smell; and, on the evening of the twelfth day, after the discharge of the placenta, the patient was again seized with pain in the abdomen, and with shivering; the os uteri was dilated, and from it a fœtus of two inches, with an umbilical chord of sixteen lines in length, was removed in a state of complete putrefaction. The patient gradually recovered.—*Journ. de Progr.*

ITCH TREATED WITH CHLORIDE OF LIME.

By W. JOHNSON, Esq.

To the Editor of THE LANCET.

DEAR SIR,—Well knowing your promptitude and willingness in communicating to the medical world any improvement in the science of medicine, I beg leave to send you the following cases of itch, (the scabies of Willan,) which were speedily, safely, and permanently cured by the chloride of lime, as prepared by Mr. Frederick Fincham, of Manchester. If you deem the cases worth insertion, you will much oblige me by giving them a place in your highly useful periodical.

I am, Sir,

Your obliged servant,

W. JOHNSON.

Watlington Cottage, Lynn, Norfolk,
Oct. 6, 1828.

Elizabeth Fenly, a widow, of the parish of Tottenhill, and her six children, all caught the rank itch, (scabies papuliformis,) and, at the suggestion of Mr. Henry Fincham, who had several times cured the mange in dogs and horses with the chloride of lime, I ventured to give it a trial in the above-named cases, and, to my great satisfaction, I found the disease instantly give way. After the first application, the intolerable and characteristic itching went off, and all the patients enjoyed, what they had not done before for some weeks, a good night's rest. It should be observed that no other medicine, either during or after the application of the chloride of lime, was exhibited, so that the disease was cured solely by the agency of that powerful liquid. The following is the mode I adopted: it being warm weather, I made a bath of one part chloride, and six parts water; in this I had the

patients immersed for about ten minutes every day, and after the second application of the bath, the patients felt no more of the disease. However, as a further security, I directed them to go into the bath four times more, which they did; whether they would have been cured by the first two bathings, or not, I am not prepared to say. The bath was easily constructed; a common washing-tub was sufficient; I had the bath slightly warmed by heating a portion of it every day, and adding it to the whole. A better way would be to add clean hot water, with a little fresh chloride, throwing about the same quantity of the old out every day. I am of opinion, that sponging the body diligently with the tepid chloride of lime and water in the above proportions would answer the purpose.

The effect was so decided in the above inveterate cases of scabies, that I am induced to indulge the hope that the chloride of lime bath will be found hereafter a most *useful, cleanly, and cheap* application in all scabid, porriginous, and impetiginous eruptions. While speaking of the valuable properties of chloride of lime, I cannot avoid bearing testimony to its *very great* utility, as a lotion in mercurial sore mouth, in the proportion of sixty, seventy, or eighty parts water to one of chloride: I have found it singularly beneficial in ulcerated sore throat, particularly where there has been much sotor, and a typhoid tendency.

All manufacturers of the chloride of lime do not make it of the same strength; but as Mr. Frederick Fincham is careful to make his of one specific and uniform strength, if his chloride is used, the proportions here given may invariably be depended upon.

ABUSES IN ST. BARTHOLOMEW'S.

To the Editor of THE LANCET.

SIR,—To effect a salutary reformation in any abusive system, it is requisite to expose the disadvantages attending its continuance, and likewise to explain the remedies best calculated to bring about its non-existence. I beg, therefore, to be allowed, through the efficient medium of THE LANCET, to submit the following to the dispassionate consideration of the Bartholomew's surgeons and dressers. Almost invariably, as on last Saturday, when Mr. Lawrence secured the extremities of the radial and ulnar arteries for an injury to the forearm, many individuals of the great number of assembled pupils, completely lost the benefit of witnessing distinctly the process of the operation, in consequence of the congregated heads of the "privileged few." Now, as

no essential utility can accrue from the continuance of this unnecessary nuisance of clubbing craniums, not only to the evident disadvantage of even themselves, but also to the total and unqualified exclusion of all the other pupils who may not be so fortunate as to purchase the right of occupying the operating portion of the theatre, I would humbly suggest the propriety of confining to the first, and, if necessary, second bench, the dressers, merely retaining as many as shall be required for the convenience and expedition of the operation, selecting those in regular succession from their own body; thus securing to themselves their "just and lawful" prerogative, while it confers an incalculable benefit on their less fortunate fellow labourers. Nor will it be too much to expect, that the individuals alluded to, whose otherwise gentlemanly deportment and professional acquirements entitle them to respect, will obligingly concede in courtesy and good fellowship, what ought to have been in justice demanded as a right. The slightest progress towards the attainment of this truly desirable object, will be gratefully felt, and acknowledged by, Sir, for self and friends,

Yours, respectfully,

A SUFFERER.

Oct. 15, 1828.

LITERARY INTELLIGENCE.

Dr. Richard Bright of Guy's Hospital, has been for some time engaged in preparing for the press, a second volume of his Medical Reports.

Dr. Forster is printing, at the Chelmsford press, an Essay on some Remarkable Effects from Change of Air on the Intermittent Fever of that County; the result of many years' research.

SUBSCRIPTIONS

FOR THE DISTRESSED MEDICAL GENTLEMAN AND FAMILY.

Subscriptions already received	£231	5	6
Dr. Robinson	1	1	0
Dr. Holland	1	1	0
John Epps, M. D.	1	1	0
John Watton, Esq.	1	1	0
H. S. Chinnock, Esq., Brompton	1	0	0
George Woolley, Esq., ditto	1	0	0
Stephen Anderson, Esq., ditto	1	0	0
George Glen, Esq., ditto	1	1	0
Samuel Cartwright, Esq.	1	1	0
Dr. James Durie	1	0	0

ERRATA in our last Number, page 85.

For *aposiophesis* read "*aposiopesis*;"
For *quos ergo* read "*quos ego*."



THE LANCET.

VOL. [] LONDON, SATURDAY, NOVEMBER 1.

[1828-9.

LECTURES

ON THE

GRAVID UTERUS, AND ON THE DISEASES
OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

LECTURE II.

Contents of the Womb.

THE human ovum, as we find on examination, is composed of two principal portions, the *appendages* and the *fœtus* itself. In the essentials of its structure, the *fœtus*, on which I shall first make a few observations, very exactly resembles the adult, and yet there are some *peculiarities* in its structure and functions, which are worth a little observation.

In the *fœtal* cranium, and that of young children, the cranial bones are more numerous than those of the adult; and those bones are not united by harmony, nor by serrated suture, but by means of intervening cartilage, the false sutures, as they are called, from their softness, allowing of that change in the form of the head, which, in cases of coarctation, prepares it for transmission through the pelvis. In the *fœtus*, when it is under the age of seven months, we find in the eye a peculiar membrane—the *membrana pupillaris*, thin, vascular, arising in a circle from the margin of the pupil, and dividing the aqueous fluid into two portions, the posterior, and that which lies before the iris. The use of this membrane has not been properly ascertained; by Blumenbach it has, I think, been suggested, that it may be designed, as the eye grows, to keep the iris on the stretch; but, to my mind, this is by no means a satisfactory explanation. In the child at birth, and for a length of time afterwards, we find the nervous system bears a larger proportion to the rest of the body, than in the adult; that is, if you weigh the body, and after-

wards the brain and spinal marrow, in the manner stated in a preceding lecture, you will find the spinal marrow, and the brain, weigh together more, in proportion to the rest of the body, than the same parts in the adult. In the *fœtus* the lungs are compact, the cells being wholly undilated, not containing a single particle of air, though the whole structure expands itself under the act of inspiration, as soon as the child enters the world. There is a popular notion, that if the child has been born dead, the lungs will not float in water, and that they will be buoyed up by this fluid, if the child have been born alive. Now, it certainly is very possible for the lungs to float in water, although the child have not been born alive; and more especially, although it have not been born with that vigorous vitality which would have enabled it to survive, unless violence had been used to destroy it; first, because if a child is begun to putrify, gas may, in this way, become formed into the lungs—thus, the other day, on examining a body within twenty-four hours after death, I found in the lungs, and other parts, air which had been evolved by early putrefaction, and why might not the same accident happen to children? So if a child were still-born, and efforts were made by the mother to inflate the lungs by the mouth, if much force were used in the inflation, I think that some of the air might find its way into the lungs, and render them capable of floating. Or, which is a more important consideration than the other two, if a child is in good measure still, when it comes into the world, yet it may *sigh once or twice*, and then die irrecoverably, examples of which I have myself seen. Now if the child should sigh but once, this, I suspect, would cause the lungs to float, without however affording any satisfactory proof, or even presumption, that violence was necessary to destroy it. But though the floating of the lungs is no proof that a child was born alive, and more especially in a state of lively vitality, the sinking of the lungs, on the other hand, furnishes a very strong presumption that the child has been born dead, or, at all events, that it has never breathed. It is true the lungs may become hepatized

in consequence of disease, even in the adult; and when solidified in this manner, they may sink just in the same way, as if the person had never breathed; but, then, this disease is by no means common even in the adult, though I have myself seen it, still less is it a disease common to the fœtus, in which, perhaps, it has never been observed; and, further, still less likely is it to occur in a case of suspected child murder. I will venture to assert, if we could get together data, so as to form a calculation, we should find that the chances are myriads to one against such a concurrence. Now, in the uncertainty of all human affairs, chances, of myriads to one, may be looked upon as approximating to certainty, near enough for practical purposes; and, therefore, I conceive that the sinking of the lungs in water, is to be considered as proof, only not certain, that the child has never breathed; how far we may reasonably infer from this that the child was dead at birth, I leave for others to determine.

The heart of the fœtus is remarkable for having both the ventricles of equal thickness; it is also remarkable on account of an opening which leads from the right auricle to the left, and which is denominated *foramen ovale*. In the blood-vessels, too, there are peculiarities, some of which I may notice; and first, I may observe, that there is, in the fœtal state, a short artery leading from the pulmonary artery into the aorta in the fœtal state, the *canalis arteriosus*, as it is called, a canal which becomes closed not many months after birth. Secondly, there is, moreover, a short vein, the *canalis venosus*, also peculiar to the fœtus, leading from the vena porta of the liver to the vena cava ascendens, and, like the former, becoming, in good measure, closed no long time after birth. Thirdly, there are two umbilical arteries and the umbilical vein, also peculiar to the fœtal state, and, like the former vessels, becoming obliterated after the child has entered the world. Of the internal iliacs, each gives off an artery, which rises to the navel; and issuing there, passes along the umbilical chord, to reach the placenta, and be distributed throughout its substance. With these arteries there are veins which correspond, and these ultimately coalesce, so as to form one trunk, and this passes along the funis to the navel, and enters the abdomen, and mounts to the portæ of the liver, through which it ramifies in conjunction with the vena portarum, and the hepatic artery affecting principally the left side. It is this canal, the umbilical vein, which, becoming closed after birth, constitutes what by the anatomist is denominated the *ligamentum rotundum*. Of the fœtal blood it has been asserted, that it does not coagulate, but

this is a mistake. If the placental portion of the umbilical chord be laid open after the child has been delivered to the nurse, blood may be collected from it to the amount of one or two ounces, and if this be set aside in a cup, in the course of a few hours it will separate itself into the serum and crassamentum. I am not prepared to determine whether the circumstances of coagulation are the same with the fœtal blood as with that of the adult; perhaps they are not. Nor am I sure that the fœtal blood coagulates so firmly as the adult, for in some instances I have found, that when touched with the finger, the coagulum has fallen to pieces; nevertheless, in its essential nature, the coagulation of the fœtal blood seems to differ in nothing from the same process in the adult. It is, I think, asserted by Bichat and others, erroneously, that the fœtal blood, when exposed to the air, does not become brighter and more scarlet, like the blood of the adult. No opinion, however, is more easily disproved by experiment, and I am sure, if you will examine the fœtal blood for yourselves, after it has been exposed to the air for a few minutes, as before proposed, you will find it assumes the scarlet arterial tint, and this, too, in a very conspicuous manner. This change becomes the more visible if you remove the crassamentum from the cup, and divide it vertically with a knife; for on making a section in this way, you lay bare at once the upper and the inferior layers of which the clot is composed, when the dark red of the one, and the bright scarlet of the other, are brought by their joint exposure into very conspicuous contact. So, too, if after observing the upper part of the crassamentum, you invert it so that you may inspect the under surface, the difference of the two colours involuntarily and forcibly strikes upon the attention.

In the fœtus, the stomach is not unfrequently empty, or nearly so, and when it does contain any thing, if I may judge from some two or three observations, this consists of a mucous secretion mixed with the gastric juice. Liquor amnii I have not hitherto been satisfied that it contains, though Darwin, and others, have suggested that this fluid may form its food. The bowels are remarkable for their great length, being proportionably longer than in the adult; and this is the reason why, in young children, when undressed for inspection, the abdomen is always found to be of large proportion. This large proportion of the chylipoietic apparatus, contributes to that speedy growth for which the infant system is so remarkable. In the fœtus, also, the liver, which is indeed a part of the chylipoietic apparatus, is of very large bulk, and this proportionate bulk of the liver exists

after birth; indeed, it may not be till the end of three or four years, or even later, that the liver becomes reduced to its adult proportion. Now this should be borne in mind when you are inspecting the body after death, otherwise you may err, by supposing, on seeing the great bulk of the liver, that it is enlarged by disease,—an error which has, I believe, been committed not unfrequently. The capsulæ renales are very large in the foetal state; they contain a good deal of secretion, but their use is unknown. The kidneys are conspicuous, on account of their being separated pretty distinctly into a number of smaller parts. If you were to take a kidney, and divide it into an anterior and hinder portion, by carrying the knife from the convex to the concave margin, you would expose, in this manner, eight or ten pyramidal portions, not very firmly adherent. It is remarkable that, in certain animals which haunt the water, the kidney is frequently constituted by separate pieces, which are loosely compacted with each other. Nor is it to be forgotten here, that while it remains in the uterus, the foetus is aquatic. In females, the *clitoris* is larger in the earlier than in the latter months; and this large proportion of the organ I the rather notice, as, in an unguarded moment, it may lead you to mistake a female abortion for a male. It is only in the end of pregnancy that the testes descend to the scrotum; like those of birds, they lodge, till then, within the abdominal cavity. The descent of the testicles, it is said, takes place somewhere about the seventh month; and this fact may assist us in determining the age of the foetus. Sometimes both the testicles fail to descend; sometimes one only leaves the abdomen; in some cases, too, they descend partially, and may lie in the abdominal ring, and may prevent its closure.

By an eminent agriculturist in the West of England, Mr. Wreford, I am informed, that, where the testes fail, in this manner, to descend in the ram, the animal is not capable of procreating; although it retains the power of sexual intercourse, and perhaps more so than the perfect animal. If one of these rams be employed, the whole flock remains unpregnated—yet unions are frequent. Men who labour under this failure of the descent of the testicles, sometimes suppose they are impotent; and this impression, if strong, may have the effect of really creating a disability. I believe, however, that this impotency is almost entirely *mental*—not arising from physical causes: and this opinion seems to gather strength from those frequent unions of the ram. In the ram, it is true, the seminal fluid wants the generative power. But the defect rests there; and it may be fairly doubted, till we have proof

to the contrary, whether even this defect necessarily attaches itself to the human genitals. I may here add, that, when the testes do not descend, they are not usually thoroughly developed; the organ, perhaps, remaining of one-third the size which it would have acquired if descent had occurred. Hunter has remarked this. A patient dying with strangulated hernia, I was requested to be present when he was opened: one testicle, of large size, was come down into the scrotum, while the other remained at the abdominal ring, and, lying a little way within, was certainly not above one-third of the size of the former. It was this testicle that had occasioned the strangulated hernia; for it kept open the ring, and a small piece of intestine having forced itself into the aperture, strangulation occurred and death. So that old as the patient was, and he was more than thirty, the hernia was what is called congenital. This man, during life, repeatedly refused to be examined; asserting that he had no swelling at the groin, though, in reality, the intestine protruded there; and thus, by a foolish aversion to the necessary investigation, arising out of a consciousness of this small defect of structure, the poor fellow actually lost his life. Really some persons seem to think, with certain ladies of old, that all human merit is concentrated in the groin—

Unciolum Drusillum habet sed Gillo deuncem

Partem quisque suam mensurâ ex . . .

But, to return.

In the foetus the thyroid gland is very large; being well supplied with blood, and larger in proportion than in the adult. The same observation applies to the thymus, proportionally much larger than in the adult, and lying behind the sternum, well charged with blood, and containing a whitish secretion, the use of which has not been well ascertained. The arms and hands of the foetus are pretty thoroughly developed at birth, in order, I suppose, that it may lay hold of the breast. The inferior limbs are very small proportionally, and this, I presume, because children are designed to be carried in the arms. The skin of the foetus is frequently covered over with a sort of fat; I have never myself made any accurate observations upon this; but if the foetus were supported by the absorption of the liquor amnii, we should not expect to find this fat coating the surface, and this fact may, therefore, be urged as standing in opposition to the opinion.

It is a curious truth, well ascertained, that of the many structures which compose the foetus, by far the greater number are of no use to foetal life; indeed they are designed to operate after the foetus is come

forth into the world, and has entered on a new state of existence. That the heart itself is not peremptorily necessary to the welfare of the *fœtus*, seems to be certain. We sometimes meet with twins, where the one is well formed and the other monstrous; the monstrous structure consisting, perhaps, of the lower part merely, the abdomen being represented by a large sac, containing a few folds of intestine, and the pelvic viscera; no heart is found in such cases, and yet, while it remains in utero, this monstrous structure flourishes as well as the perfectly formed child. It is equally well known that the lungs are of no use, perhaps rather an incumbrance than otherwise, for the pulmonary function, as well as that of the stomach, while the child lies in utero, is performed merely by the placenta. Neither, again, does the child require the chylopoietic apparatus: without the liver, without the stomach, without the bowels, it may be fat, and grow. It seems that the child is nourished by means of the *nutritious* material which is absorbed at the placenta, the fetal vessels acting like the root of a plant. I once made a curious physiological experiment, not without a view to some important practical reference, which succeeded to my wish. For three whole weeks, without the help of any other nourishment, I supported a dog merely by the injection of blood into the jugular vein; every day or every other day, a few ounces were introduced in this way; and though, from the want of nicety in my operations, the system became disordered, it was evident enough that the animal was well supported by it. Now it seems to be in this manner that the *fœtus* is nourished, without the help of the chylopoietic viscera, there is an absorption, not perhaps of integral red blood, but of the colourless yet nutrient portions, and this sanguineous fluid becomes as food for the support of the child. It is a mistake to suppose that, in a well-formed child, there is no secretion going on; for, in some, certainly the kidney is in action, and a child may pass urine immediately on coming into the world; there is, too, a secretion of bile, and I have seen mucus in the stomach; but though there are secretions in the *fœtal* state, they seem to be far less general and abundant than those which occur after birth. It sometimes happens that a child is born with the urethra imperforate; now if the urethra remained in this condition for a few weeks or days after birth, the bladder would burst; but during the *fœtal* state, this imperforation may remain for any length of time, without occasioning material inconvenience. So, too, after birth, there is a large secretion of bile; but during the *fœtal* state, the secretion must be very small, for no bile passes the anus; and if the

bile were secreted very copiously, the bowels would become completely over-distended with it. During the *fœtal* state, however, those glandular apparatuses, whose action is necessary to the well-being of the child, are observed to operate vigorously enough; those, for example, which form the muscles—the tendons—the ligaments—the nerves—and so on. Indeed, these substances seem to be formed more rapidly before birth than afterwards; but those secretions which are not required during the *fœtal* state, are formed very sparingly; and the urine, the bile, and the chylopoietic secretions, belong to this class. During the *fœtal* state, we can do very well without brains, without marrow, without sensorium—without mind therefore. It is not true, however, that the *fœtus in utero* is destitute of sensibility, as some have imagined, and as the accoucheur would very willingly believe, when he is about to use the perforator. I have myself, in turning, felt the mouth of the *fœtus*, and have inserted my finger, to know whether or not the little infant would suck. Now, in two instances, I found that it has sucked as vigorously before birth as afterwards, thus showing that it felt hunger; that, moreover, it perceived the finger, that it had sense enough to perform the operation of sucking, and, therefore, that its mind was in action. It is remarkable, however, that when the perforator is used, the child is seldom felt by the woman to move. Having given myself to the more difficult part of the practice, I have too frequently had occasion to use this instrument; and, on these occasions, asking the mother whether she have felt the child move, I have usually received an answer in the negative. Whether it be that the sensibility of the brain is but small, even in the adult, so that from this cause, the *fœtus* does not feel so much pain as *a priori* we should have expected, or whether some other cause be in operation, I am not prepared to decide; but the fact is well ascertained; and it seems that little struggling is produced. Although usually the sensorium exists, yet the sensorium is not absolutely necessary for the welfare of the *fœtal* state; because a child formed without brains, is an occurrence by no means infrequent; and, in these cases, we find that the *fœtuses* flourish, and become very large, and seem to do as well as any other. Not a week ago I was present at a case of this kind, where, in consequence of the great bulk of the head, notwithstanding the want of brains, there was great difficulty in getting it away, and this shows how much the *fœtus* and its head may grow, even without the operation of the sensorium. Now and then monsters are formed, consisting solely of the lower half of the body, there being no brains and no

spinal marrow, or only a very small portion of the cauda equina, and yet those monsters grow.

There is a good deal of difference in the weight of the fœtus; the average, I believe, being about seven pounds; some, especially if born prematurely, weigh much less, some much more; you will now and then meet with a fœtus of ten, fifteen, or seventeen pounds, to omit those which are larger. Of one of these gigantic fœtuses I here exhibit a specimen. When there are twins, the average weight seems, from observation, to be about eleven pounds; the one being generally heavier than the other. If there is a plurality of children, say to the number of three, four, or five, the average weight has not been very accurately ascertained, because those cases are rare; but the average is supposed to be about the same as that of twins—say of ten or eleven pounds. Dr. Hull met with a case in which there were five children at a birth, the total weight of the five being about eleven pounds and a quarter. I will now circulate some illustrative preparations.

Of the position of the different parts of the child, you will form the best notion by examining the casts. It seems to be, altogether, a position of repose. The chin is pushed down upon the chest, the thighs are bent forward upon the abdomen; in the space between the head and knees the arms are deposited, and the back being slightly incurved, the child is thrown altogether into a form which very much resembles that of the egg, well adapted to that of the chamber in which it lodges. After birth, our most natural position is the erect, with the head above; before birth, this position is usually reversed, and the head, as in tumbling, takes its place below, the fœtus lying, in the great majority of cases, with the head precisely over the os uteri; it is not always, however, that this is the case; sometimes the nates, sometimes the face, sometimes the back presents, but the presentation of the vertex is the most common. I am not satisfied with the explanation usually assigned, to account for the presentation of the vertex; namely, that it arises from the weight of the head, which, from mere gravity, brings the lowest place, provided, the fœtus being asleep, no muscular resistance oppose. For, if this be true, why is it that the head generally presents in *quadrupeds*, where mere gravity cannot be supposed to be the cause? Why is it, too, that it generally presents in those cases where there is a want of brains, there being little more than the face of the child, and the head being by no means the heaviest part? In the case which I lately saw, and to which I have just alluded, the child came away under the presentation of the head, not-

withstanding there were no brains. Where, too, there are twins, you frequently find that one of those twins is presenting by the vertex, commonly that which first issues, while the other lies under a preternatural presentation.

The preparations on the table will illustrate the various observations I have been making, and I will now send them round. I here circulate a specimen of the human ovum, consisting of the membranous bag, with the placenta in connexion with it, the fœtus being clearly visible within; though so much larger, this ovum is, in shape, similar to that of the common fowl.

The next preparation circulated, exhibits a fœtus with a monstrous head, but I do not wish you to notice that part of it at present; observe what a large mass the intestines form, and also how large the proportion of the liver.

In the preparation which follows, you may observe the testicles, which have got down upon the abdominal ring, the descent being as yet incomplete.

The preparation I now exhibit, is of a fœtus of about five months old, and you will here again see the exceeding proportion of the liver; the younger the fœtus, the larger the proportional bulk of this organ.

The fœtus *in utero*, I have said, can subsist very well without the brains: now, here is a preparation exhibiting this defect; and you may observe that the child has been very well nourished.

The fœtus *in utero* can also subsist without the thorax; here, accordingly, is a preparation of a fœtus, consisting merely of the lower limbs; and a cyst, forming a very imperfect abdominal cavity.

Placenta.—By the placenta, of which I next proceed to speak, you are to understand the vascular structure whereby the fœtus and the mother, the ovum and the uterus, are put into communication with each other. There are three principal forms which, in the ovum of the mammiferous genera, the placenta assumes; sometimes it consists of a mere membrane with a large number of blood-vessels, such as it is asserted to be in the *cow*, and such as it certainly is in the *mare*, as I myself have seen. In other cases, we find it is made up of numerous small pieces, from 50 to 60, or more, in number, and which are distributed over the different parts of the ovum, everywhere meeting and uniting with the uterine surface; and this is the form of it in the ruminating animals. In other cases, again, as in the *human* ovum, and that of many other animals, we find the placenta consisting of a single fleshy mass only. Now, these three forms may be distinguished respectively by the names of the membran-

ous, ruminating, and that which, in structure, resembles the human placenta.

The ruminating placenta is not without its interest, as it may assist your study of the human; and I am induced, therefore, to make it the subject of a few remarks. This placenta is made up of different parts, varying in number, but usually numerous; and each of these fleshy masses is composed of two portions, one growing from the surface of the uterus, vascular, cellular, and containing a secretion of milky appearance; the other growing from the surface of the membranous bag, enclosing the fœtus, and consisting of a tassel of vessels, which shoot into the fleshy substance of the uterus, much in the same manner as the roots of a tree into the ground. This tassel is formed of the capillaries of the umbilical arteries and veins of which I was before speaking. It deserves remark, that if you inject the uterus of one of these ruminating animals, —the cow, or the sheep, for instance,—you inject the vascular part, which is growing from it; but you do not throw one particle of the injection into the tassel which is growing from the surface of the membrane; and if, on the other hand, you inject the umbilical chord instead of the uterus, you inject the tassel, but not a particle of the injection will quit these vessels; so as, by leaving them to diffuse itself over the vascular excrescence, and hence if by a sort of eradication, you bring away the whole tassel, you find the excrescence from the uterus remains perfectly white. Now, it follows from this, which is the great point on which I wish to fix your attention, that there is no communication between the tassel and the excrescence, by means of vessels capable of transmitting red blood, otherwise your injection would pass through the communication. You inject the tassel, but the injection does not leave these vessels, to enter the excrescence apart from the tassel: you inject the excrescence, but, in so doing, you do not fill the tassel. Perhaps the preparations will make this appear more distinctly.

And, first, I show you the uterus of a sheep, with some of the excrescences seated on its surface. Now these may be injected from the uterus; they are cellular, and contain secretion.

Here is the membranous bag in which the lamb is contained, and the vascular tassels, or little knots, are growing from it.

Here is a third preparation, in which the uterus has been injected, but you will find, that in the tassels, none of the tassels have been filled; they remain quite white.

Here is a preparation in which the knot of vessels has been injected, and not a particle of the injection has entered the excrescence. The large size of the parts renders all this very apparent.

Those remarks on the ruminating placenta being premised, the make of the human placenta, and of those which resemble it, may be very easily understood: there are two forms which these placentas assume—sometimes they are *circular*, forming a sort of *cake*; such is the human placenta here shown; and sometimes they form a *broad band* round the uterus, like a *belt*, whence they are sometimes denominated *zoniform*.

Of the *zoniform* placenta, you have an example in the ovum of the cat and bitch; of the *circular* placenta, you have a specimen in those of the Guinea-pig, the hare, and the bat, not to mention the human placenta: observe the specimens. Well now, of these placentas, both varieties in their minute structure are essentially the same as those of ruminating animals, being made up of cells and vessels. In the first place, we have an infinite number of cells with which the veins and arteries of the uterus communicate, so that during life there is, through this structure, a copious flow of the maternal blood. Now I wish you to observe here, that these cells probably correspond more or less in nature and office, with those excrescences before mentioned, seated on the womb of ruminating animals, and, therefore, like these excrescences, they are supplied with blood from the uterus. Again, the placenta also consists of another part, the vessels, as they are called, and they are nothing more than the capillary ramifications of the umbilical arteries and veins. This is proved by injecting the umbilical arteries and veins, and then picking away the cells with a probe, or any other convenient instrument, when the vessels appear filled with the injection; so that you may observe here a correspondence between the vascular part of the human placenta and those tassels before demonstrated, also consisting of the umbilical capillaries, and forming the vascular portion of the ruminating placenta. It seems, then, that the human placenta consists of two parts, a large congeries of cells, which are in communication with the mother, and a large congeries of vessels which are in communication with the child. But you may ask me here, is there no communication between these cells and vessels? That there is a communication, though by orifices exceedingly minute, there can, I think, be little doubt; for how else could the child be nourished, or how could the infectious diseases of the mother be communicated? but this communication is not by means of orifices or tubes, which are capable of transmitting red blood, and therefore the mother's blood does not pass into the vessels of the fœtus, nor does the blood of the fœtus pass into the cells of the mother. Accordingly, though we find the

blood of the two to be in many points analogous, yet there is evidence enough to prove satisfactorily that they are not identical. That there is not a communication capable of transmitting the integral red blood, is proved, I think, by the following considerations:—First, the placenta, cohering to the uterus, you may inject the womb with the greatest care and dexterity, so as to fill at once the cells of the placenta and the vessels of the uterus, and yet not a particle of the injection finds its way into the vascular part of the placenta—the capillary ramifications of the umbilical arteries and veins. The result here is the same as when we experiment on the ruminating animals, and inject the womb and its excrescences. On the other hand, if you take a placenta, and inject the umbilical artery, provided the injection be performed with proper care, it is not found that the fluid makes its way into any one of the cells; therefore, although a communication between the cells and the vessels exists, it is by means of tubes and orifices, so minute that the red blood of the mother cannot pass to the fœtus, nor that of the fœtus to the mother; only the subtler part of the blood is transmitted. The fœtal and maternal blood in the placenta, approach each other nearly and abundantly, but they are not found to mix.

The placenta is made up of blood-vessels, of cells, of cellular web, and of membrane. Lymphatic vessels have not been clearly demonstrated; they have been sought for with a great deal of care, as it has been supposed that the nourishment of the fœtus may be absorbed by them, but they have not been found. No nerves have been seen clearly in the chord or the placenta, and it is very extraordinary that the placenta should jointly perform the offices of the stomach and the lungs, yet without the help of nervous structure. Nerves, the anatomist has never discovered by the scalpel, nor has the physiologist been able to evince their presence, by proving the sensibility of the part. One observes continually, that on cutting through the umbilical chord, neither the mother nor child appear to feel it; yet I remember once seeing a child which had a supernumerary thumb attached to the hand by a delicate filament, and which was taken off by the accoucheur with a pair of scissors; this filament was not thicker than a thread, and yet the child cried stoutly when it was divided. This child, however, did not cry when the umbilical chord, of much larger size, was cut through; so that it is pretty certain that nerves do not enter into the composition of the chord.

The placenta usually adheres to the upper part or middle of the uterus, in front, laterally, or behind; now and then it lies over

the uterine neck and mouth; and this extraordinary position, which, on cursory reflection, may appear of small importance, is, however, of great obstetric interest; for where it is so situated, the patient becomes liable to very dangerous floodings, the nature and treatment of which, as you may remember, we formerly considered at large.

FOREIGN DEPARTMENT.

CASE OF TETANUS, WITH INFLAMMATION OF THE SPINAL CHORD, AND DISEASE OF THE ANTERIOR ROOTS OF THE SPINAL NERVES.

This case, which occurred at Udina, is strongly in favour of the opinion, that the cause of tetanus is inflammation of the spinal chord; it also confirms Mr. Bell's idea, that movement depends on the anterior, and sensation on the posterior, roots of the spinal nerves.

A woman, of forty years of age, felt, in consequence of over exertion, a difficulty of moving the lower jaw, a stiffness of the neck, and a tensive pain in the limbs. On the ninth day, after the first appearance of these symptoms, she was taken to the hospital; tetanus and trismus were then fully developed; the former in the form of emprosthotonos. Warm baths seemed to diminish the spasmodic affection of the jaw, but that of the trunk increased, and carried the patient off on the twelfth day. On examination after death, the brain was found in a healthy state; the vertebral canal was filled with a bloody serum; the anterior portion of the spinal chord was of a yellowish dirty white colour, and covered with small round and oval hydatids, from the size of a millet-seed to that of a pea; its substance exhibited reddish spots; the posterior part was healthy; the posterior roots of the spinal nerves had a very different appearance from the anterior roots; the latter were evidently softened, and presented a yellow colour; the former were perfectly healthy.—*Annali Univ. di Milano.*

HYDROPHOBIA.

Dr. Hertwig, professor at the veterinary school of Berlin, has seen in this establishment nearly two hundred mad dogs, and has lately published the results of his experience. Male and female dogs are equally subject to rabies at every season of the year; it is hardly ever accompanied by the dread of water, nor is foaming at the mouth a constant symptom; at first, the dog does not carry his tail between his legs, nor does he always run in a straight line, unless he is pursued. There are, apparently, two

modifications of the disease; the one Dr. Hertwig calls the acute or fierce, the other the chronic or quiet rabies. In the first the dog becomes very restless, runs about, flies from his home, and returns again; does not easily forget his master, and even obeys him; afterwards loses his appetite, eats wood, straw, wool, and other indigestible substances; often drinks, and is constipated. The most characteristic symptom is a change in the voice; the tones of which are either higher or lower than usual; hoarse, rough, disagreeable, and indicative of distress. The bark is changed into a howl, the dog has an inclination to bite, and appears to see flies, as he often snaps at the air; his external appearance is, at first, not changed; but, within a short time, the eyes become blood-shot, and are frequently closed for a few seconds; the skin of the forehead is corrugated; in the last period the eyes are turbid as if covered with sand, and paralysis of the hind-legs always occurs before death. The chronic or quiet rabies exhibits the following symptoms: from the beginning the lower-jaw hangs down, by which the dog is prevented from eating and drinking; the saliva flows from the mouth, and the tongue is stretched out; he cannot bite, and seems to be very little disposed to do so; is very tranquil and sad, and seldom howls.

In none of the two hundred dogs, the disease lasted for more than ten days.—*Graefe u. Walther's Journal.*

PARTIAL EXCISION OF THE RIBS, AND THEIR CARILLAGES.

PROFESSOR RICHERAND has, generally, the credit of having first proposed and attempted this operation, which, however, is not the case; L. Cittadini, of Bologna, having performed it so early as in 1813; his operation, too, was crowned with success, while that of Richerand failed. Since that time M. Cittadini has, in several cases, removed considerable portions of the ribs, and the extraordinary success of these operations, entitles them to the attention of our readers.

The first case is that of a female, who had, for a long time, been affected with fistulous ulcers, caused by improper treatment of an abscess on the left breast. Several methods of treatment, the actual and potential cautery, &c., had been tried, but without any effect; and when M. Cittadini first examined the fistulous canals, he found a portion of the sternum, and the cartilages of the sixth and seventh rib, denuded. These parts were laid open by an incision, and it was found that the sternum was carious to the extent of more than an inch, and that the cartilages were con-

siderably swelled, and, in some places, perforated. In order to produce exfoliation of the bone, the actual cautery was employed, which caused a violent inflammation of the pleura, but failed in its main object. Six months after this period, a large quantity of matter had gradually collected in the pleura; the patient was affected with constant pain and dyspnoea, and was much emaciated. M. Cittadini having laid bare the bone a second time, found a fistulous passage between the sixth and seventh rib leading into the cavity of the chest. He divided the muscles, tied the intercostal arteries by means of a curved and blunt-pointed needle, and removed those parts of the two ribs which were comprised between the ligature and the sternum; a large trephine was now applied to the diseased part of the sternum, and all the isolated portions, by means of a spatula, removed from the pleura, which, although diseased to a great extent, could not be removed, on account of the great proximity of the internal mammary artery. The operation lasted a considerable time; and, on the introduction of air into the thoracic cavity, a violent attack of suffocation took place, from which the patient was recovered by friction, and the insufflation of air into the lungs; the wound was quickly covered with dossils of lint, which were kept in their place by an elastic bandage. During two months, the patient laboured under dyspnoea; the wound having however cicatrised, this symptom gradually disappeared, and she was finally cured.

The second case was that of a young man, who had, for a considerable time, a fungous tumour on the cartilages of the sixth, seventh, and eighth ribs, about an inch from the xyphoid cartilage. Repeated cauterisation and excision having been performed without any permanent success, M. Cittadini suspected that the root of the evil was in the ribs, and that the disease might be effectually cured by their partial excision. By a circular incision round the tumour, a portion of the skin, three inches in diameter, was removed, and the fibres of the rectus and great oblique muscles having been divided, the greater part of the sixth, seventh, and eighth cartilages were laid bare. It then appeared, that the disease occupied a space of no more than about two inches. The cartilages were divided by a strong probe-pointed bistoury, and the tumour having been thus isolated, was detached by a spatula from its adhesion to the pleura. This was followed by an abundant hemorrhage, which could be stopped only by the actual cautery. Cicatrization took place very slowly, and was not completed till after three months, when the patient was quite recovered.

A young man of plethoric habit, and a

strong constitution, who laboured under delirium from inflammation of the brain, stabbed himself with a stiletto in the left side of the chest. The instrument entered below the right nipple, glided along the upper margin of the sixth rib, in which it remained fixed. The hæmorrhage from the wound was abundant, but was soon arrested. The patient recovered from the inflammation of the brain, but a considerable suppuration took place in the wound, and two months afterwards a fistulous passage had formed leading to the diseased bone. Incisions and cauterisation were employed in vain; and it having been found that the cartilage and the osseous part of the sixth rib were denuded and rough, M. Cittadini determined upon excision. The integuments having been divided, the cartilage was removed by a probe-pointed bistoury, and the diseased part of the rib by the cutting forceps. The principal arteries were tied, and the smaller branches compressed. On removing the diseased portion of the pleura, the chest was opened on several points; at this part of the operation, the breathing became very short and laborious, but ceased to be so after a few hours. After two months, the wound had perfectly healed.

In a fourth patient, suppuration and caries of the sixth rib had taken place after a violent attack of pleurisy, and a fistulous passage had been formed. During the operation, the rib and cartilage were found so swelled and indurated, that M. Cittadini was obliged to use the trephine instead of the bistoury; the hæmorrhage was considerable, but no difficulty of breathing arose during the operation. The recovery was very tedious, and not completed before the end of six months.

In the fifth case, the disease of the bone was the consequence of a violent contusion; a portion of the third rib was removed, and the patient cured after two months.—*Ann. Univ. di Medicina.*

It appears from these cases, that the partial excision of the ribs is not so dangerous an operation as is generally believed; the hæmorrhage from the intercostal arteries is easily stopped by compression or ligature. The introduction of air into the lungs, is the circumstance most to be dreaded; in the cases in question, however, it caused only a transitory danger. The fatal consequences of caries and suppuration of the ribs and their cartilages, are but too well known: M. Cittadini's success, induces us to hope, that in many cases they might, by a surgical operation, be avoided.

ABSENCE OF THE SEPTUM VENTRICULORUM CORDIS.

Fr. S., ætat. 24, subject from his infancy to violent beating of the heart, was, in

1820, affected with pneumonia, in consequence of which, the palpitation considerably increased, and even brought on frequent attacks of suffocation, in which he found no relief, except by pressing the chest strongly against some resistant body. He was treated in different ways, but without any success; an incipient hæmorrhoidal discharge seemed for some time to mitigate the symptoms, but the affection of the heart, and the difficulty of breathing, presently increased anew; the patient was obliged to remain completely still; anasarca, and at last ascites, came on; the heart beat most violently, each pulsation communicating an oscillatory movement to the left side of the chest; the pulse was ninety, equal and regular; respiration stertorous, and the voice scarcely audible. At the patient's request he was tapped; but the operation afforded him only a transient relief, and he expired a few days afterwards.

On examining the body, the pericardium was found of an extraordinary size, and covering almost the whole anterior surface of the lungs. The cavity of the chest was filled by several pints of a bloody serum; the lungs were strongly compressed against the ribs, but not altered in structure. The pericardium was in its whole extent adherent to the heart, the cavities of which were filled with black grumous blood; its volume and parietes were three times larger than usual; the septum ventriculorum was totally wanting, not the slightest trace of it could be found. The origin of the vessels was natural; the apertures of the veins were slightly enlarged, and the aorta was remarkably flaccid. The other organs were found in a healthy state.—*Hufeland's Journal.*

That this was a case of malformation of the heart, there seems to be no doubt, as a subsequent destruction of the septum can hardly be supposed. It strikingly confirms Meckel's most ingenious theory, that the greatest number of monstrosities, (all except those caused by excess of organs and hermaphroditism,) are founded on a retarded formation of the organs; they remain in one of their primitive conditions, without proceeding to their further development. This is evidently shown by the malformations of the heart, the series of which, at the same time, exhibits the centre of circulation in all the different conditions, which mark the different classes of animals, from crustacea to mammalia, and thus distinctly represents the gradual progression through the different stages of animal perfection. We need hardly mention the striking analogy between the heart in the above reported case, and in the genus batrachii.

APOTHECARIES' ACT—ITS PROTECTION TO
QUALIFIED PRACTITIONERS!

To the Editor of THE LANCET.

SIR,—In perusing THE LANCET of last week, my attention was arrested by a communication from your correspondent "Medicus," who, it appears, is chewing the cud of mortification, and writhing, as it were, under the incumbent weight of barefaced and shameless charlatans. If companions in misfortune be any consolation, I can assure him his case is not peculiar—his miseries are not unique. He complains, with truth, that the interests of the regular practitioner are betrayed and sacrificed on the altar of imbecility and supineness; that those who legislate, and wield the sceptre of dominion over nine-tenths of our medical republic, enact laws, whose tendency is only to perplex and impoverish the unhappy student, utterly regardless of the rights and security of our community; and suspects, from a faint recollection of the issue of one or two cases, that their powers are inefficient. The complaints of "Medicus" are but too just; for while the regular practitioner is fleeced, the supercilious and insolent impostor remains unmolested, and left in the full and undisturbed exercise of his fraudulent and knavish tricks.

But I would ask Medicus, can he hope for a successful attack upon these provincial locusts, while the enemy himself is *in the camp*? or can a body divided against itself, act with promptitude and energy? will not their counsels be vacillating, and their operations feeble? cleanse first the Augean stable, and the consequences will soon be conspicuous.

But though the monks of Blackfriars have not the power to protect those to whom they vend their indulgences by an appeal to the laws, they might, at least, one would think, exercise that *penetration*, which such long and laborious application *as theirs*, to the whole circle of the sciences, must have afforded them; they surely are "*competent*" judges of the professional attainments, solid and profound learning, and polite acquirements of those candidates who present themselves with fear and trembling at the bar of their house; if any men may be considered as living *εὐκταδισταί* in our profession, they, undoubtedly, are entitled to that application! Can such blazing lights—such astounding prodigies of the art and mystery of physic—such Thames-firing philosophers, confer immunities on unworthy persons? Who dare question the integrity of the holy brotherhood? None, for they "*are all honourable men.*" Who dare suspect them of dishonesty? None, for Friar Johnson *honestly* "declared it to be

his opinion, that as the apothecary was destined to be a '*mere drudge*,' to attend to the lower class of the people in general, his education should be of a limited kind, otherwise he would be '*soaring in the clouds*,' instead of attending to his business;" and Friar Johnson is an honourable man, and so are they all honourable men. Who dare question their competency? Do none? then all have I offended. I not only doubt their fitness, but deny it *in toto*. "*A satisfactory examination to ascertain the competency of candidates!*" They never yet instituted one, nor even can they. Why, Sir, in the short space of thirty-five minutes, I ran the round of almost all the sciences—in fact, if my examination were a specimen, I am supported in the assertion that they do not perceive the bearing and extent of their own questions.

But to what, I think I hear you say, does all this tend, and wherefore these remarks? In answer to your interrogation I reply, that the tendency of these observations is to show, that either the power vested in these monks is as nothing, or that having that power they are satisfied with the fact, and are content to make their light shine before the world, in vexatious and useless enactments, unmindful of the actual state of the profession, or that they do their best, lamenting the deficiency of their inward man, though, like true penitential publicans and sinners, they do not so demean themselves before men, as that they should think them competent over-much. As an individual, Sir, I am inclined to give them credit for the best intentions, though they sometimes fail, as in the following flagrant instance which came under my own immediate knowledge.

A friend of mine had a footman of the name of ———, and a man of tolerable conceit, and who could not boast of what the world calls modesty—a quality, which, though it highly adorns a woman, may be considered the bane of an ambitious Æsculapian. The hero of my tale being an aspiring Johnny, conceived, I presume, a disgust at the servility of his station, and desiring to emancipate himself from his thralldom, and feeling a generous emulation glow within his lofty soul, he scorned association with the "*profane vulgar*," and marked out for himself a new path, and conjured to his imagination a splendid scene of action in which he should obtain immortal glory, and a name, "*are perennius*," more durable than adamant rock. Disdaining, therefore, the sleek footman's slothful life, he left his master's place some twelve months since, and having bought his indentures, he fell into the ranks of the *φιλάρμοφοι* *περιπληρτικοί* of St. Bartholomew's.

Regularly entered as an hospital pupil, he thought that as there were many un-

licensed practitioners, and many "*more fools in the profession*" who successfully dosed his Majesty's subjects (I mean successfully in a pecuniary point of view); and as he certainly could not know less than a fool, he had as much right to practise as any other fool; he, therefore, as a consequence of this ratiocination, took apartments in a little street in the neighbourhood of one of the new metropolitan roads, and commenced practice as surgeon and accoucheur, humanely dealing out to the afflicted poor, from the hidden treasures of his frontal region, choice, yet gratuitous, medical and surgical advice, and kindly assisted, too, by an honourable and condescending gentleman, apothecary to a public institution.

As a pupil, I think, of Dr. Conquest's, he became expert in the art of digital manipulation; and, for aught I know, could infallibly determine the precise fetal situation and presentation; and whether the head were turned more or less than "*a hair towards south or south-west side*" of the pelvis, having attended so many of the fair parturient sex. As to

"Latin, 'twas no more difficile

Than to a blackbird 'tis to whistle;" for he was so rich in it, that, after applying only a few months to what it takes other men of common minds years to acquire, he could explain with the greatest ease, and elucidate with the most astonishing precision and perspicuity, the most occult passages in the Pharmacopœia; and unfold to the amazement of the Holy Inquisitors, the most difficult scraps of medical dog-latin. In surgery and physic, none can compete with him; though, indeed, he did condescend to "*attend lectures*" on these subjects, such was his (I had almost said intuitive) knowledge, that he could not "*open his mouth, but out their flew*" an aphorism; I am not prepared to say whether it were in Coan Greek, or in Monmouth Street English; but this is not essential, it is sufficient for me to say, that Homer's surgeons, Hippocrates, Galen, and Celsus, are no more to be compared to him, than Tycho Brahe to Adam's father. And, finally, as to chemistry, why, Sir, he is so "*profoundly skilled in the analytic*" and synthetic, that could Paracelsus himself but re-appear, he would become as a little child, and humbly sit at the feet of —, while divine alchemic and salutiferous words distilled from his learned lips.

Well, Sir, to proceed, twelvemonths now having elapsed, and feeling that confidence which arises from conscious proficiency, he determined to present himself at the monastic establishment of health and science, in order to obtain, after undergoing a certain form called "*an examination*," that which should protect him against the assaults of the malevolent, known commonly by the

name of an "*opifergue*." He accordingly did so, and, as you might well expect from your knowledge of the internal economy of the above institution, passed his examination with credit to himself, and complete satisfaction to the apostolic junta.

For months after, this friend and myself lost sight of him, and probably we never should have heard of him more; for, strolling one evening along a certain ingress to the metropolis, we missed his lamp, "*signi gratid posita*." We had not, however, proceeded much further before, projecting over the door of a respectable new house, we recognised the red-eyed lamp, and, upon a nearer approach, read the names of Messrs. —, surgeons and accoucheurs.

When I commenced this letter, Mr. Editor, I intended merely to state this case, and let it stand upon its own merits; but in the few introductory remarks I proposed making, I felt an irresistible desire to expose more fully the inefficiency of the existing system. The facts I have advanced are glaring, and the imposition flagrant; I have known a candidate refused admission to examination, because his articles were not strictly according to the letter, though essentially within the spirit of the law. For though he had served a chemist, I think, in Manchester, three years, and a surgeon two, and had been twelve months in London pursuing his education, they would not admit him, because he had not wielded the pestle under the surveillance of an apothecary; and yet here is my friend's footman actually practising medicine and surgery, after "*attending lectures*" only for the short space of twelve months.

Now, Sir, a few remarks by way of conclusion. I do not find fault with —'s footman, or despite the man because he has endeavoured to raise himself above his situation; an honourable ambition is laudable, whatsoever garb it may assume. A doctrine contrary to this, savours of an aristocratic illiberality, and is, I believe, advanced only by those who have themselves risen "*from nothing*;" and who, wishing to forget their own ex-dévant humility, are desirous to keep down, and frequently asperse the fair fame of Fortune's rising favourites. History affords too many instances of the meanness of men attaining to the highest political and literary honours, to allow one, for a moment, to sanction such exploded dogmata. We need only instance Cardinal Wolsey, Oliver Cromwell, besides numberless literati and politicians of our own day, whose names it would be invidious to mention; and who knows but my hero may yet be president of the College in the West?

But, Sir, I do find fault with those whose duty it is to protect the public, and defend the rights and interests of our profession.

How preposterous is it to suppose, that either the one end or the other is answered, by requiring that an unfortunate youth should murder his time in *pidulification*, and other scientific employments of the same description, in a shop or surgery for five years; and then running the round of lectures for a few months! What cruel, what wanton disport! What a shameful sacrifice of our best, our most precious years!

It may be urged in this case, how was it possible, unless the monks had received private intimation, for them to detect the imposition, of which they became the dupes? I answer, *the fault lies in the examinations*; let the ordeal be one *in fact*, and let restrictions as to *time* be done away; but the truth is, that impudence and money will enable a man to "*finish his education*," (*risum teneatis*;) with *eclat*, and to "*do an immense practice*;" for,

"Aurum per medios ire satellites
Et perrumpere amat saxa, potentius
Ictu fulmineo."

One word, Sir, as to medical legislation, and I have done. My opinion is, that it, like every thing else human, can never be perfect; but, I believe, it might be improved. And, I think, this might be effected, *first*, by requiring that no youth enter on the study of the profession before the age of 17; *secondly*, that he be examined by a district Committee, composed of men of *known* talent and ability, and appointed by the Court of Examiners, as to his proficiency in the several branches of school education, which it must certify; *thirdly*, he must be employed during one year in the practice of pharmacy; *fourthly*, he must spend the three succeeding years in the prosecution of his medical studies at some school, the course of which might be prescribed; *fifthly*, at the expiration of this period, he should be required to present himself for examination.

Now the body before whom he is to be examined should consist of individuals of *eminence*, in the several departments of medical science, whether they be called physicians, surgeons, or apothecaries, to the number of eighteen, and this association should be designated *the Faculty of Medicine and Surgery*. Hence the trading company might be abolished, and the College of Surgeons be erected into an institution of that name; and by this, too, medicine and surgery would become by *law* united, as well as *by nature*.

As to the manner of conducting the examinations, the following might, I think, be adopted with advantage, and would be a tolerable test of "*competency*."

On the first day let the candidate demonstrate some part on the *dead subject*, after

which let him be questioned as to the *physiology* and *pathology* of what he has been describing; and let him deliver in a *thesis*, written in Latin, on some medical subject. On the *second* day let him defend his thesis, and be examined on *chemistry*, *materia medica*, and *therapeutics*. On the *third* day on *botany*, consisting not merely in the enumeration of the class and order of about twelve indigenous plants, as now adopted, but in the description of the anatomy, physiology, and classification of plants. On some points of *natural philosophy*, and on the *science* and practice of *midwifery*; and on the *fourth* and last day, on the science and operations of *surgery*, which he should perform on the dead subject.

Now, in order that there be no *dereliction of duty*, the examinations should be open to the profession; and, in order to prevent a *laxity of discipline*, from the supposition that the situation is *for life*, the members of the Court of Examiners should hold their office but for *one* year, and others should be elected in their stead. After *five* years, the former might be again eligible. Now, in order to do away with *patronage*, a grand source of corruption, the elective power should be vested in the profession at large, and any step to secure an election, further than the announcement of their names, should disqualify candidates for *life*. The *mode* of election should be by ballotation, and the installation of the new member should be the last act of the old; and the confirmation of the election by the President, should be the dissolution of the former court.

The President should be chosen by the court, from one of its own number, and should hold his office *five* years; and the end of his official functions should define the limits of his *politico*-professional existence.

The above sketch, being but brief, must consequently be imperfect; but it may serve to exhibit, by contrast, the imbecility of existing laws; and, I think, might, if even this system, imperfect as it is, were adopted, prove adequately efficient to the exclusion of such medico-chirurgical mushrooms as ——'s footman *ab artis nostræ honoribus*.

I have now, Sir, to crave absolution at your hands for this very long letter; but, as an extenuation of my fault, I plead the importance of my subject; wherein this consists, I need not point out to you, who have written so often, and so ably, on the same theme. Allow me, therefore, to conclude, thanking you for previous insertions; and, should you deem this worthy of your pages, you shall again hear from me, on a topic, perhaps, not altogether beneath the attention of the profession. I am yours, &c.

Αληθεια.

London, Aug. 25, 1828.

RICHMOND HOSPITAL.—HINTS TO MR. CARMICHAEL.

To the Editor of THE LANCET.

SIR,—The advantages afforded to the anatomical student in Dublin, are recognized throughout the empire, and they are generally allowed to have obtained the same rank for our city in this branch of professional acquirement, as London claims in the surgical, and Edinburgh in the medical departments. The numerous anatomical schools of Dublin have done much in procuring this distinction, and they have annually been frequented by numbers of our English and Scotch brethren, in search of that knowledge unattainable in their own capitals, from the natural prejudices against the disinterment of the dead, and the prosecution of their studies by dissection. Dublin then, Sir, as the principal mart of anatomical instruction, occupies a distinguished station in the British medical world, and it strictly becomes her professors, not only in imparting instruction to the youth who flock to their lectures, to exert their utmost industry for the improvement of their classes, but also so to conduct themselves and manage their institutions, as to support the dignity of Dublin as an anatomical school, and thus to render it both respected and frequented.

Amongst the schools of Dublin, none, perhaps, could claim so high a pre-eminence as the Richmond, from its contiguity to the immense establishment called the House of Industry, which, comprising medical, surgical, and fever hospitals, lunatic asylum, and wards for chronic cases, affords the student the opportunity of prosecuting every branch of his studies, within five minutes' walk of his dissecting room; and those who have been compelled, in spite of wind and weather, to attend lectures delivered at distant places, gaining abundance of dirt and fatigue, and losing much precious time for such equivalents, will estimate this advantage as it deserves; but alas! with every opportunity of increasing its importance, and the numbers of its students as a necessary consequence, this establishment appears to be losing ground, or, at all events, is very far from occupying the situation it might possess. The Surgical Hospital, although not actually, is nominally connected with the school, from two of its surgeons being lecturers, and from the prospectus of the lectures and the terms of the hospital being printed on one card. The surgeons are Messrs. Carmichael and M'Dowel, (Mr. Peile, the senior surgeon, neither interferes with the school nor the hospital practice; he is senior surgeon, *et præ-*

terea nihil;) the first is well known in England as an author and an operator, and his name, having been mentioned in THE LANCET in the highest terms of commendation, has, to my knowledge, drawn many English students to the Richmond. Hitherto I have been merely descriptive; I will now commence a narration, and, as I have a few complaints to urge, I cannot do better than accompany my notice of individuals with my murmurs at their conduct. With Mr. Carmichael then, Sir, let us commence; at the opening of the session of 1827-28, he delivered an introductory lecture, according to a notice of the prospectus of that year, and, in the course of a season of six months, he also lectured upon the surgical subjects of scrofula, diseases of the nose, on the cases requiring, and on the operation of tracheotomy; on cancer, and on the venereal disease, comprising his notice of these important subjects in about fifteen lectures. I believe I should not speak the sense of the school, if I were to assert that the class in general were anxious for more of his surgical instruction, Mr. Carmichael being confessedly a bad lecturer, and on the scrofulous, cancerous, and venereal subjects, long quotations from the works he has written formed the principal part of his information, which every student could gain from the library. We will dismiss him, therefore, as a surgical lecturer, and look to his hospital habits. As a practical surgeon, Mr. Carmichael deservedly ranks very high; but his fame must have been established in his younger days, when it was worth his while to pay attention to the hospital, for his present conduct affords him but slender opportunities of displaying his abilities; his days of attendance are Mondays, Wednesdays, and Fridays; but week after week passes, and often but a weekly visit from him on Wednesday, the operation and public day, when all is bustle, and frequently hurry and confusion, a day on which the student has little opportunity of studying his profession, or of seeing more than perhaps every third case: the attendance on Mondays and Fridays, therefore, would be highly valuable, but on these days Mr. Carmichael is frequently, far too frequently, absent. This gentleman should consider, that in his non-attendance he is injuring the pupil and the apprentice, who have paid for the expected exercise of his talents, and who cannot be satisfied by the appearance of a young and inexperienced man, unknown to many, and unheeded by all, in his stead. If occasional weighty business interferes with the performance of Mr. Carmichael's duty, let him, I say, appoint a man who thoroughly understands his business, and not an individual who merely excites the smiles of a surrounding

class, while he attempts the duties of an hospital surgeon. I have other causes of complaint against Mr. Carmichael; at the commencement of last season, he promised clinical instruction, and how did he redeem his pledge? by the delivery of ten lectures in six months, excellent of their kind, and strongly contrasted with his lectures on surgery; ; but, as a writer in *THE LANCET* on this subject some months ago expressed himself, too "like angels' visits," as being "few and far between." I have but one more ground of complaint: go into the wards entrusted to Mr. Carmichael, and look at the tickets over each patient's head; you behold the name of the patient, and of Richard Carmichael, (or perhaps of his admired *locum tenens* Thomas Belton,) in juxtaposition, and all the blanks for name of disease, previous history, and treatment, perfectly unsoiled. I have not one word to say on this score! The neglect of a plain duty is obvious, and, I am sorry to add, shameful.

Having gone over my list of grievances, I will now advert to the promises of Mr. Carmichael for the ensuing season. His name stands at the head of Lectures on surgery, in the printed prospectus of the Richmond School of Anatomy, and I would wish to know what share he will take in the labours of the season. He does not even, as formerly, open the course with an introductory Lecture, and as the rumour is afloat, that he has resigned his interest in the school to the new Professor, (late demonstrator,) Dr. M'Dowel, it may fairly be surmised, that his ensuing labours will fall short, even of his last year's exertion; and, if this is the case, by what name must the conduct of the proprietors of the Richmond School be designated? A gross act of fraud! They make use of a name, known to the profession at large, as a snare to draw newcomers into their net, and literally render Richard Carmichael, M. R. I. A., and surgeon to the Richmond Hospital, their decoy-duck. With respect to the hospital, it is stated in the prospectus to be regularly visited at eight o'clock each morning. Will the surgeons be kind enough to state by whom? By a surgeon, or his apology? By a man who knows his business, or a man who knows nothing? It is also stated, that clinical instruction will be given regularly. Do the surgeons, or, at least, does Mr. Carmichael, intend a reformation?

I am doing my duty, Sir, toward my medical brethren in stating undeniable facts, and in acquainting them of the proceedings of one season with respect to one individual, (and there are grievances enough connected with others,) and I am also doing my duty to Mr. Carmichael himself, in cautioning him not to delude the medical youth of the

empire, by promising what it is not his intention to perform, as such conduct must eventually prove the ruin of the school with which he is connected, and must eventually lead to his own disgrace.

My notice of Mr. Carmichael has occupied more room than I intended; but where abuses are numerous, they can hardly be crammed into a small space. My future communications respecting the Richmond School, will expose other grievances, and display other characters, quite as notorious, and nearly as blameworthy.

The want of a free medical press in Ireland, an independent periodical, ever anxious to bestow the meed of applause, and ever able and willing to wield the instrument of correction, throws the Irish reporter, or complainant, upon the mercy of an English press; and what press can an Irish student regard with so much favour as that fearless periodical, which has done so much for the profession at large,—which has displayed its energies in the publication of talent, in the record of abilities, and in the exposure of abuses wherever they appeared,—and which is entitled to the gratitude of the whole medical world, for its fearless and independent course? Then, Sir, while *THE LANCET* exists, we cannot need an able assistant in the cause of medical probity; and I do contend, that, judging from the last season, we have to apprehend a dereliction from honesty, in the publication of promises not intended for performance; If your insertion of this letter bring back the proper feelings of honour and integrity to the mind of Mr. Carmichael in particular, (and sure I am that your pages are as ready to afford him a reproof, when he needs it, as to bestow applause, when he deserves it,) and to the minds of the surgeons of the Richmond Hospital, and the managers of the Richmond School of Anatomy in general, I shall have accomplished my object. Of Dr. M'Dowel in my next.

I have the honour to remain, Sir,

Your obedient servant,

LENNOX.

Dublin, October 6, 1828.

CLINICAL LECTURES AT ST. BARTHOLOMEW'S.

To the Editor of *THE LANCET*.

SIR,—Every one at all acquainted with the medical profession will admit the utility of clinical lectures as a means of imparting a knowledge of disease. This excellent mode of communicating information by referring to cases which are actually under the eye of the pupil, or have recently been so, had been too long neglected at this Hos-

pital; but Mr. Earle has now zealously commenced his part, and nothing remains but that the other surgeons should follow his example. For what reason clinical lectures should be given by one only of the medical officers of this large establishment, I am at a loss to conceive. It may be argued, that Mr. Vincent and Mr. Lawrence make their observations on the various cases under their care at the visit: however true this may be, still the majority of the students derive no advantage from them; for the moment the orator commences his speech, he is barricaded on all sides by a host of disciples, anxious to catch what they can; but owing to the low tone of voice in which the speaker addresses his hearers, those forming the outer line cannot even taste of the feast. Would it not be, Sir, a much better plan for each of those gentlemen to appoint an hour every week for meeting his pupils, and delivering his remarks unrestrained by the presence of the patients? It is a real loss that the immense fund of practical information, possessed by so distinguished a surgeon as Mr. Lawrence, should not be more generally diffused amongst the large class attending this Hospital.

In the hope that you will find space for these few hints,

I remain, Sir,
Your obedient servant,
DISCIPULUS.

St. Bartholomew's Hospital.
Oct. 25, 1828.

DESCRIPTION OF A CONGENITAL MALFORMATION OF THE SOFT PALATE AND UVULA, SUCCESSFULLY TREATED BY ARTIFICIAL MEANS.

By JOHN PALMER DE LA FONS, Esq.

OF the various malformations to which the human frame is liable, there is, perhaps, none of such frequent occurrence as defects of the palate and uvula.

In many instances the deficiency extends the whole length of the roof, from the velum pendulum palati to the front of the mouth, where it not unfrequently terminates in a hare-lip.

In consequence of the air escaping through the aperture, the speech is impaired in proportion to the extent of the cavity, which, in many instances, is so large, as to render every attempt at articulation completely unintelligible, except to those who, by constant intercourse, are familiarised to the sounds.

When palatal deficiencies are confined to the osseous palate alone, assistance can always be afforded, by covering the vacancy

with a metallic plate of gold, silver, or platinum, supported in various ways, for which no rules can be given, but everything must be governed by the artist's ingenuity, whose success will entirely depend on his contrivances being adapted to the exigencies of the case; these plates are sometimes secured in their places by a cork or sponge fitted to the aperture, but this method no person would endure, who has any regard to cleanliness, as the mucus, and other matter, absorbed by pledgets of that nature, become insupportably offensive.

Although, with judicious treatment, the most effectual relief can be afforded in every instance of the above description, the extension of the evil beyond the palatal bones creates a difficulty that has hitherto been insurmountable, by reason of the irritability of the parts, and the delicately yielding substance requisite to render air-tight a cavity that is perpetually contracting and expanding.

Miss G—, the subject of this communication, was, from her birth, afflicted with a defect of the soft palate and uvula, represented by the dotted line at A, fig. 3.

In all cases of this kind, the only means of supporting a substitute, is by attaching it to a frame of gold, made upon similar principles to those that should be adopted in constructing teeth that are artificially placed, studiously avoiding those serious objections that so frequently attend them; * namely, either falling out for the want of proper support, or being made with the gold so conspicuously placed around the front teeth, as to betray them to the most casual observer, evils that can always be avoided, without affecting their security in the smallest degree.

My first attempt to cover the aperture was made with elastic gum (Caoutchouc) as approaching nearer to flesh in its texture, than any other substance; but being aware that a trial had already been made with it for a similar purpose, which had failed in consequence of its becoming speedily softened by the heat of the mouth, this objection was obviated by a number of bristles, methodically arranged, and inserted between two very thin laminæ of the India rubber; the elasticity thus obtained being just sufficient to support it firmly, without bearing so forcibly as to excoriate the borders of the orifice.

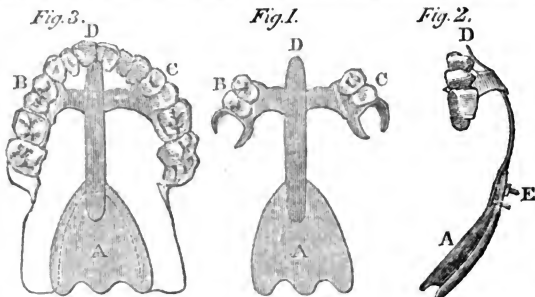
This experiment was so far satisfactory as

* Through mismanagement alone, thousands are disappointed in the attempt to wear artificial teeth, numbers of whom have been assured that their cases were impracticable, when, on the contrary, they could be accomplished with the greatest facility.

to prove, that a substitute could be borne, and with a beneficial result, the voice, with a little practice, being evidently improved; when a new difficulty arose, in consequence of the India rubber decaying, the decomposition being so rapid in its progress, as to need renewal at the expiration of two, or three days at the furthest.

The patient, greatly encouraged by the prospect of success, learnt to prepare and replace them for herself; but the constant renewal of them being attended with great inconvenience, in addition to the uncer-

tainty of making them always exactly alike water-proof cloth was tried, and found to be equally pliable, while it was divested of the tendency to decay; at the expiration of a few weeks the irritability of the parts had so much decreased, as to admit of very delicate gold springs being introduced in lieu of the bristles. Although so short a time had elapsed, * the articulation was already more distinct, attended with a greater facility in speaking, so much so, that the convulsive movement of the lips, occasioned by the exertion, had entirely disappeared.



To avoid repetition, the letters refer to the same part in each figure.

Fig. 1. a front view of the contrivance.

A The flap that covers the aperture.

BC Two teeth on each side having springs attached for its support, the arm D, by bearing against the roof, effectually secures it against dropping down at the back.

Fig. 2. A side view E a nut and screw, by means of which the flap A is easily removed by the wearer, either to cleanse, or to renew it.

Fig. 3. Represents the whole as it appears when fixed in the mouth, the form and extent of the cavity being distinguished by the dotted line at A.

14, George Street, Hanover Square.

* It should be observed, that the patient never having spoken correctly, supposing nature to have suddenly restored the parts, it would require as much practice as the infant does, probably much more, before perfection in speech could be attained.

MEDICO-CHIRURGICAL SOCIETY.

Tuesday, October 28, 1823.

Mr. TRAVERS, President, in the Chair.

The remainder of Mr. Arnott's paper on the secondary effect of inflammation of the veins was read to the meeting.

The cause of the constitutional disturbance, and of death in cases of phlebitis, has been attributed to the inflammation extending to the heart; to the entrance of pus into the circulation, and to the constitution necessarily sympathising deeply with parts so important in the economy as the veins.—Having related some cases which came under

his own observation, and cited others, the author proved that the inflammation does not extend to the heart, and that all the bad consequences sometimes ensue from inflammation of a very limited extent, perhaps of a few inches only. The morbid changes are usually bounded on the side of the heart by the junction of a vein. The contents of the inflamed veins are pus and lymph. The constitutional symptoms bear no direct relation to the extent of the inflamed vein, they are marked by fever, restlessness, great irritability and exhaustion. During the course of these, depositions of pus take place in distant parts, into the cellular substance, the joints become affected, a disease of the eye has been observed, and especially

abscesses in the lungs, with effusions of fluid into the chest. The resemblance between the course and character of these symptoms, and those succeeding to the inoculation of a morbid poison, is striking, and, considering the very limited extent of local affection in the vein, in some instances, the inference is unavoidable, that they depend upon the inflammatory secretion from the surface of the vein entering into the circulation, contaminating the blood, and operating as a poison.

The occurrence of abscesses and inflammations in remote situations, after the puncture, division, or ligature, simply of a vein, offers an explanation of those which follow more extensive and complicated wounds.—Cases were detailed, where depositions of pus into the lungs, the cellular substance, and joints, took place after amputation and compound fracture; and where a vein or veins of the injured limb were found inflamed, and containing purulent matter and lymph.—Examining a number of instances where abscesses occurred in the liver and lungs after injuries of the head, it was shown that the injury has been sometimes very slight; without either fracture of the skull, or concussion of the brain; but that there has always existed a suppurating wound of the soft parts. In two instances, inflammation and suppuration of the superior longitudinal sinus was found on dissection, and the conclusion is, that secondary affections of the viscera of the abdomen and chest are also dependent, like those of the extremities, on inflammation of the veins.

Inflammation of the uterine veins after labour is not of unfrequent occurrence, and cases were related of abscesses in the liver and lungs, taking place in connection with this.—A disease also of the joints occurs in the puerperal state, as well as a destructive inflammation of the eye, and a deposition of pus into the cellular substance, which, in the author's opinion are referred to inflammation of the uterine veins, and to the introduction of pus, or other inflammatory secretions, into the system from their surfaces.

In conclusion, Mr. A., having shown that the admixture of diseased exhalations from the inflamed veins, with the blood, is the cause of the secondary local affection in the cases which he has described, abstained from an attempt to account for the deposition of pus and lymph in the latter without signs of inflammation, as this requires that the share which a diseased alteration in the blood has in the production of the phenomena of inflammation, should be first investigated.

A conversation then took place on the nature and degree of the derangement of the nervous system in cases of phlebitis; but the discussion of the other important topics mentioned by Mr. Arnott was postponed to the next meeting of the Society,

nearly the whole of the time having been occupied in the reading of the paper. To say that Mr. Arnott's paper is the best we possess on phlebitis, is, perhaps, not saying much in its praise; it is an interesting communication on an interesting subject, and the manner in which the author considered the subject proves him to be a diligent and accurate observer of disease, and capable of the greatest research.

DUBLIN APPRENTICES.

To the Editor of THE LANCET.

SIR,—Your valuable periodical has ever been the exposé of the grievances of the junior portion of the profession. I trust, therefore, that mine will obtain a notice. I am a "Dublin apprentice;" my "master" is rather eminent in his profession, and possesses the means (if he had the inclination) of bestowing on his apprentice every necessary instruction; but, what is the fact? instruction from him, I receive none; information, none. I am, indeed, blessed with the sight of him *once*, perhaps, in every month; he smiles, I bow, and off he goes. This, Sir, will do very well for the first two or three years. But when a young man finds his examination approaching, finds himself neglected by those to whom he paid a large fee for instruction, and feels the discredit which attaches to those who are unable to "pass their examination," shortly after their time has expired; he cannot so readily remain contented. But what resource has he? the consolation of the "grinder"—to him he has to pay thirty or forty guineas for obtaining that instruction which his "master's" disgraceful inattention denied him. The "grinder" rubs him up; teaches him his business, as we teach a parrot to talk, by rote; and when he considers him sufficiently "flippant," he sends him up to his examination. The "apprentice," perhaps, "passes," and then launches into life, "*to learn his business.*" Perhaps he is rejected; why then, he returns to the "grinder" again, and, after a few more months of "repetition," is perhaps fortunate enough to sneak through his examination. This, Sir, is not an *uncommon* case; it is the case of almost all the "Dublin apprentices" at this instant. There are, however, thank God, some men yet here, who are too honourable to pocket their apprentices' money, and then leave them uninstructed. They are but few; on a future occasion I may, perhaps, send you their names; and then you, and the public, will be able to discover by whom a confidential trust is, and is not neglected.

HIBERNICUS.

Dublin, Sept. 29th, 1828.

THE LANCET.

London, Saturday, November 1, 1828.

THE extent of remark demanded of us last week, on the sacrifice of Dr. Tuomy by the College of Physicians in Ireland, prevented us from noticing not the least extraordinary feature of that mysterious transaction. Our Irish readers, we have no doubt, will immediately anticipate our allusion to the succession of Dr. Grattan to the chair of the practice of medicine previously filled by Dr. Tuomy. The appointment was in every respect worthy of the opening scene of this drama, and leaves the lovers of marvellous plot nothing to desire in its concoction. Its authors, indeed, have thrown an air of learned ingenuity over this corporate tragedy, having executed their design according to the classical precept of the "art of poetry:"—

----- servetur ad imum
Qualis ab incepto procederit, et sibi constet:

and having secured attention, at the onset, by a deed of deep and painful interest, have fully succeeded in sustaining the harassing impression to the end. That Dr. Tuomy should have been immolated on the altar of bigotry, we could, on consideration of the circumstances, credit; but, when we heard of the election of his successor, we do confess our astonishment was an over-match for our belief. Nor will our readers wonder that our surprise should have subsided into scepticism, when put in possession of the grounds of our doubt. They will, therefore, please to recollect, that this Dr. Grattan is the identical gentleman on whose defence we entered with so much warmth, so late as the summer of 1826: we say warmth, because we then supposed we were advocating an injured man; and, to be injured, we need not say, has ever been a passport to our most zealous protection. Besides the support due by us to Dr. Grattan, on

the supposition of his having been basely treated by the College of Physicians, we conceived that such a manifestation of public feeling in his favour, might have encouraged him to co-operate with us, at the time, in the exposure of those abuses of which we knew his oppressors to have been guilty. We have ever since patiently waited the realization of these just hopes; but finding that they are now less likely to be fulfilled than ever, in consequence of the re-union of Dr. Grattan with that honourable body, from which a temporary paroxysm of indignant honesty had separated him, we deem it a duty to justify that change of opinion towards this gentleman, which his withholding an explanation has necessarily produced, by laying the whole circumstances of his conduct before the public. The commencement of this scandalous transaction will be best understood by the perusal of the following official document:—

"At a meeting of the King and Queen's College of Physicians in Ireland, held on Monday, 3rd of May, 1826—Proposed by Dr. Harty, seconded by Dr. Litton—Whereas Dr. Grattan, a Fellow of this College, did, during their late *delicate discussions* with Dr. Leahy, publicly canvass the subject matter thereof, with sundry persons not Fellows thereof, and did subsequently, in order to prevent a vote of severe censure for such conduct, express, before the College, his regret for having done so, and his determination, for the future, never to disclose the secrets of the College. And whereas Dr. Grattan did, on the 8th ult., at an extraordinary meeting of the College, not only openly disclaim such determination, but did, on the contrary, state his intention to disclose the transactions of the College, whether secret or otherwise, to *Honorary Fellows* and *Licentiates*, notwithstanding any opinion expressed by the College, of the impropriety of such conduct. And whereas such conduct is subversive of all confidence and freedom of discussion, and must tend to degrade the College in the estimation of the profession and the public. Resolved, That Dr. Grattan, having therein greatly misbehaved, and rendered it impossible for the College to consider him a safe and sound member of the Corporation, be accordingly removed from his fellowship, unless, as a mark of lenity of the College, he accept of a *leave of absence for two years!* ?

"To this resolution it was proposed, as an amendment, by Dr. Lendrick, and seconded by Dr. O'Brien, That the College are of opinion, that there are no legal grounds for adopting the course recommended in the motion; which, being put from the chair, passed in the affirmative."

Supposing himself secure against the hostility of the College, on the strength of the rejection of this resolution, Dr. Grattan indulged his irritated feelings in a circular letter, distributed among the physicians of Dublin, and containing the following paragraphs against the College of Physicians:—

"Dr. Grattan contends, that every Honorary Fellow and Licentiate has a right to be informed of the transactions of the College, and he has no hesitation in asserting, that the plea of mystery and secrecy, when put forward, in order to prevent discussion, is only resorted to for improper purposes, and by persons who are afraid or ashamed of having their conduct fairly inquired into. * * * * *

The College of Physicians are entrusted by the legislature with the management of estates, with a power of granting leases, and with the receipt of large sums for charitable purposes. Let it be supposed that these sums are *misapplied*—they fall into improper hands; that they are *appropriated to the private uses of some of the members*; that *bribes* are received when leases are to be made; or that any other abuse is to be practised;—is it to be imagined, that an obligation of unqualified secrecy, even if such an obligation existed, could bind the minority, and prevent them from vindicating their own purity of conduct, and from assisting in the exposure and punishment of fraud and peculation? * * * * *

The insolent attempt of Dr. ———, who was originally a medical reformer, a self-constituted leveller of medical distinctions; who, noisy, ignorant, and presuming, opposed the College of Physicians at the commencement of his otherwise obscure career, and who continued his insignificant opposition for years, on the pretended ground that their regulations were narrow and illiberal!—who, at last, procured from that same College, whose authority he had so long resisted, his license to practise medicine,—on this disgraceful understanding, that, when examined as to his qualifications, he should only be asked a few questions, for form's sake; that, however defective might be his answering, he should nevertheless not be rejected!! * * *

* * * * * Dr. Grattan, in the *genuine spirit of charity*, (observe what comes next,) will say nothing of Dr. ———, the conscientious, the philanthropic, the disinterested,

the donation-acknowledging, the alms-dispensing, the debt-compounding, the charitable Dr. ———, in whose person, as treasurer, a most important bye-law of the College, connected with the safety of its *private and trust funds*, has been for a long time, and is at this time, violated!"

The circulation of these charitable paragraphs, secured for Dr. Grattan the enviable distinction of being deprived of his fellowship. Being asked whether he was the author of this letter, before the College of Physicians, and neither granting or denying the authorship, his neutral reply was justly construed into an admission of his guilt; for which he was immediately expelled the College. A successful appeal to the proper authorities caused the resolution of his expulsion to be rescinded, and he was again restored by law to his fellowship. His restoration favoured the performance of those duties which, under any circumstances, conscience should have exacted from an honest man. In the paragraphs which we have quoted from his letter, it will be observed that he has preferred the heaviest charges against the College of Physicians. He distinctly accuses them of having entered into an arrangement with one of their Licentiates, to give him a license to practise medicine, whether he acquitted himself or not in a proper manner at his examination. He indirectly charges them with the reception of bribes, for giving unfair leases of those lands over which the legislature has appointed them to preside for charitable purposes. He states, without reservation, that the treasurer was in the habit of violating an important by-law of the College, with respect to its private and trust funds; by which, we presume, he means, that the public monies intrusted to the care of the College, were appropriated to improper uses. Lastly, Dr. Grattan contends, that, in a case of this kind, an honest man is bound to defend his own purity, and to endeavour, by all means in his power, to bring the authors of such abuses to punishment by exposure. He has

thus clearly pointed out the improper conduct of the College, and defined his own duty. It would be nugatory, not to suppose that he knew whether these charges were true or false; for he had, in his capacity of Fellow of the College, the most ample opportunities of becoming acquainted with its proceedings. Let us, therefore, suppose, what is most probable, that he was convinced of the truth of his own assertions—what should have been his conduct? Possessed of these awful secrets, would an honest man have remained the passive associate of a body of men to whom this damning knowledge related, without making the slightest effort to expose those abuses of which he knew them to have been guilty, until roused into revenge by a personal insult? Dr. Grattan himself gives us to understand this conduct would be incompatible with rectitude; for, in his letter, he tells us plainly, that the solemn obligation of even an oath of secrecy, should not prevent him from vindicating his own purity, and bringing the culprit to justice. Of no attempt to expose these abuses, by Dr. Grattan, have we as yet heard; and we only fear that the time has gone by, when he could consistently comply with his own code of morality. If, on the other hand, he knew that these accusations were false—that they were mere splenetic effusions, invented to injure the fair fame of his College—in what other light will his character be laced by this hypothesis? He must, therefore, either proceed to do a tardy act of justice to the public and his own reputation, by proving the truth of his assertions, or, by admitting them to be erroneous, exonerate the College from the charges preferred against it. We do not see in what other manner he can extricate himself from this dilemma. Yet this is the individual who has accepted a professorship from the hands of that body which he has accused of the grossest misconduct, and this is the body which has elected an individual who has inflicted so

deep a wound on its fame. By what speculations on the motives of human conduct,—by what calculation of probabilities,—are we to arrive at a solution of this enigma? Has the election of Dr. Grattan been intended as a reparation for the injury done his fame by the College of Physicians?—or accepted by him, as a bribe for his future silence on their deeds of darkness? Answer, ye casuists in corporate intrigue, for we confess the mystery to be far beyond our comprehension. Talk to us, indeed, of our severity on public bodies, composed of individuals who compound with their conscience for the commission of crime as it suits their convenience; who betray their companions in guilt one day, that they may barter for place with more advantage the next; who are, in short, vicious, or virtuous, just as it suits their present purposes; and are controlled by no principle of action but their selfish interests! But we, who may well exclaim with JUNIUS, “What villain have I spared?” will proceed, unawed by legal threats, and unaffected by the whine of complaint, to let JUSTICE have its victims.

WATSON, the secretary to the OLD HAGS of Rhubarb Hall, has published the following letter, to explain the meaning of the Company's EXACTIONS, inserted at page 111 of our last Number. This letter is, in fact, a *repetition*, but certainly no explanation. The truth is, that these fellows are as ignorant as their own porters, and are only calculated to wield the pestles in the shop which they have opened in Bridge Street. A contemptible gang of RETAIL DRUGGISTS to legislate for the members of the College of Surgeons, and for medical students! This is the “march of intellect,” indeed.

We intended to have proved here, that the powers now claimed by the Apothecaries' Company, under the Act of 1815, are clearly the results of *usurpation*, and, consequently,

that their proceedings, at least the greater part of them, are **ILLEGAL**. Before we do this, however, it may be well to show the *medical students* of the present day, and the *new members* of the College of Surgeons, how agreeably their interests have been promoted by the despicable Act of 1815; with this view, we shall, after recording the *explanation* of the OLD HAGS, insert notices of two trials already printed in this Journal, and some of the remarks which we considered it our duty to offer on that of *Steed v. Henley*.

WATSON'S LETTER.

All medical students who commenced their attendance on lectures prior to the 1st of February, 1828, will be admitted to be examined agreeably to the regulations of 1826—viz. after an attendance on one course of lectures on chemistry; one course of lectures on materia medica; two courses of lectures on anatomy and physiology; two courses of lectures on the theory and practice of medicine; and six months' practice at a hospital, or nine months at a dispensary.

Those who began to attend lectures subsequently to the 1st of February, 1828, and previously to the present month, will be expected to comply with the regulations of 1827, and will only be admitted to be examined after the following course of study: viz. an attendance on one course of lectures on chemistry; one course of lectures on materia medica and medical botany; two courses of lectures on anatomy and physiology; two courses of lectures on the theory and practice of medicine;—these last to be attended subsequently to the lectures on chemistry and materia medica, and to one course, at least, of anatomy—and six months', at least, physician's practice at a hospital, or nine months at a dispensary: such attendance to commence subsequently to the termination of the first course of lectures on the principles and practice of medicine.

Those students whose attendance on lectures commenced in the present month, will be required to observe the regulations of 1828—viz. to attend two courses of lectures on chemistry; two courses of lectures on materia medica and botany; two courses of lectures on anatomy and physiology; two courses of anatomical demonstrations; two courses of lectures on the theory and practice of medicine;—these last to be attended subsequently to one course of lectures on chemistry, materia medica, and anatomy; and six months', at least, physician's prac-

tice at a hospital, or nine months at a dispensary: such attendance to commence subsequently to the termination of the first course of lectures on the principles and practice of medicine.

But all students who shall commence their attendance on lectures at the second course of the present winter session, (namely, in January, 1829,) will be required to attend the physician's practice at a hospital for nine months, or at a dispensary for twelve months.

I have the honour to be,

Your obedient servant,

JOHN WATSON,

Secretary to the Court of Examiners.
Apothecaries' Hall, Oct. 16, 1828.

BENEFITS ARISING FROM THE APOTHECARIES' ACT.

“*Court of Common Pleas, Wednesday, May 17.*

[Sittings in Banco.]

ALLISON V. HAYDON.—This was an action brought by the plaintiff, who is an apothecary, to recover the amount of his bill from the defendant, for certain attendance as an apothecary.

The cause was tried at Westminster, before Mr. Justice Burrough. It was then objected, that the plaintiff could not recover, consistently with the provisions of the 55th Geo. III., which were, “that no apothecary should be allowed to recover any charges claimed by him in a court of law, unless such apothecary should prove at the trial that he was in practice as an apothecary prior to the 5th of August, 1815, or that he had obtained a certificate to practise as an apothecary from the Master or warden of the Company of Apothecaries.” It appeared, that the plaintiff had not practised as an apothecary prior to August, 1815, nor obtained a certificate from the Apothecaries' Company. The learned Judge was of opinion, that the words of the statute were imperative, and therefore nonsuited the plaintiff.

Mr. Serjeant TADDY, in the next Term, obtained a rule to show cause why a new trial should not be had, on the 29th section of the above statute, which made an exception in favour of members of the Royal College of Surgeons. Cause having been shown,

The CHIEF JUSTICE now gave it as his opinion, that the learned Judge who tried the cause, had acted properly. The defendant's illness in this case was such as would not require the attendance of a surgeon, as it was a *typhus fever*. It was *exclusively* in the practice of an apothecary. The rule for setting aside the nonsuit must, therefore, be discharged. Could it have been proved that the medicines had been admi-

nistered to accelerate some surgical case, he might have entertained a different opinion.

The other Judges concurred in the judgment of the Chief Justice.—Rule discharged!!

COURT OF COMMON PLEAS,

Thursday, Dec. 2, 1824.

(Before Lord Chief Justice Best, and a Common Jury.)

STEED v. HENLEY.—Mr. ADOLPHUS, jun., opened the pleadings. This was an action brought by the plaintiff to recover 11*l.* 10*s.* 6*d.* from the defendant, for work and labour done. The defendant pleaded the general issue.

Mr. Sergeant PELL stated the case to the jury. From his statement it appeared, that the plaintiff is a surgeon, residing in Caroline Street, Bedford Square, and that the defendant is a lady of a certain age, living with her mother in Chalton Street, Somers-town. Between the months of November, 1823, and June, 1824, the defendant was in ill health, and applied to the plaintiff for his medical assistance. In consequence, he furnished her with sundry draughts and medicines, for which he was entitled, according to the usual charges of his profession, to demand 11*l.* 10*s.* 6*d.* of the defendant. Why she resisted this demand he could not tell.

The LORD CHIEF JUSTICE.—Perhaps she has not recovered, and therefore she thinks the Plaintiff ought not to recover.—(A laugh.)

Mr. Sergeant PELL replied, that she had recovered, and, therefore, that his client was entitled to recover also. He could not be expected to prove the delivery of every precise draught and pill-box; but he would prove that physic had been furnished to her in large quantities; that she had admitted the delivery of it, when a bill of it was presented to her; that she had acknowledged herself to be indebted to the plaintiff in the amount of that bill, and that on various occasions she had promised to pay it. It was in consequence of her refusal to perform these promises, that the present action was brought to enforce it.

The delivery of the various medicines was proved by the plaintiff's servant-boy, as was also a promise by the defendant to pay the amount claimed for them.

Mr. Sergeant PELL said this was his case.

Mr. Sergeant WILDE reminded his learned friend, that the plaintiff's demand was for medicines furnished: he must, therefore, either prove that the plaintiff was licensed to practise as an apothecary by the Apothecaries' Company, or else that he had prac-

tised as such previous to the 5th of August, 1815.

Mr. Sergeant PELL said, that he was prepared with such proof.

A Mr. Gould was then placed in the box, but he merely proved that the plaintiff, in the year 1814, had prescribed once or twice for him and his family; but he took no fee for his prescription, and at that time did not keep any shop.

A diploma from the Surgeons' Company, authorizing the plaintiff to act as surgeon, was then put in. It was dated August 6, 1813.

A Mr. Cummins was then called on his subpoena, but did not appear.

This being the case for the plaintiff, Mr. Sergeant WILDE submitted, that the plaintiff must be nonsuited. It was true that the plaintiff was a regularly-admitted surgeon: but this action was brought by him to recover medicines furnished to the defendant as an apothecary, and not for anything done by him as a surgeon. Now the statute 55 Geo. III., cap. 194, section 21. enacted, that no person should recover for any medicines furnished by him, unless he proved that he was practising as an apothecary on or before the 5th of August, 1815, or produced a certificate of his admission into their body from the Master and Warden of the Apothecaries' Company. Now, there was no evidence to show that the plaintiff had practised as an apothecary previously to the day stated in the Act of Parliament, and a surgeon's diploma could not, and did not, authorize him to act as an apothecary.

Mr. Sergeant PELL submitted, that there was evidence to go to the Jury, that the plaintiff had practised as an apothecary on or before the day mentioned in the Act of Parliament.

The Lord Chief Justice Best was of opinion, that there was no evidence as to the plaintiff's practice as an apothecary before 1815. The Act of Parliament to which reference had been made was a most excellent one, and was the best security that the public had against ignorant persons acting as apothecaries, without being duly qualified. A person in passing through life could not fail to know that surgeons did practise as apothecaries; but after that Act, they had no authority to do so. To practise as apothecaries they must be examined by five persons, named in the Act, and must obtain a certificate from them stating their approval. Now, the plaintiff had not undergone this examination; he, therefore, could not produce the certificate required; and as he had, in his opinion, proved his practice as an apothecary before 1815, it appeared to his Lordship that he must be called.

Mr. Sergeant PELL submitted that his client, though he could not recover for the physic in this action, could recover for the

phials containing it, which had been sent to the defendant.

The LORD CHIEF JUSTICE thought that he could not. If a party chose to act as an apothecary, contrary to law, and to deliver phials in consequence of such choice, he was of opinion that he could not recover for them. If the law directed that a person should not do a certain thing, it would not allow him to recover for any thing which he might have done in his endeavours to perform that which the law prohibited. The plaintiff was acting in defiance of the law in practising as an apothecary without a certificate; he could not, therefore, have the *melancholy satisfaction* of even recovering for the bottles which he had furnished to the defendant.

The plaintiff was non-suited. In ordering him to be called, the LORD CHIEF JUSTICE observed, that he ought to say that the present was a hard case, as the plaintiff appeared to be a person of skill, having been regularly admitted to the Royal College of Surgeons!!!

Whether we look in the above report at the obliquity of the Judge, appointed by his King to dispense justice; at the quibbling of the counsel while under the influence of the *fee*; at the execrable effects of the Apothecaries' Act, or at the conduct of the Legislature in passing that Act, we feel ourselves overwhelmed with shame and indignation. That the Chief Justice praised the Act is not surprising, when in all probability he was a member of the House at the time it passed; but we crave his Lordship's attention one moment, and ask whether he considers it possible that the House of Commons could have contemplated dispossessing the *Members of the College of Surgeons* of their right to recover for medicines, when that right was *conceded to the ignorant chemist and druggist*—impossible! and we contend, fearlessly contend, that the plaintiff in this action was *illegally nonsuited*. He lost his cause it seems (to quote the words of the Chief Justice,) from there being "no evidence to prove that he was in practice as an apothecary before the 1st of August, 1815."

Now to recover this debt it was not necessary that such evidence should be adduced, inasmuch as the plaintiff did not sue the defendant in the character of an apothecary, nor was the debt incurred from any thing that he had done as an apothecary. If his Lordship will turn to the Act in question, he will discover that the *practice* of an apothecary consists in compounding and preparing medicines *prescribed by a physician* legally authorised to practise physic, the prescriptions bearing the initials of such physician; now the plaintiff had not dis-

pensed the prescriptions of any physician, authorised or unauthorised, but merely forwarded to his patient medicines that he had *himself prescribed*, and, at the same time, attended the patient as a Member of the College of Surgeons; and we beg his Lordship to recollect, that Mr. STEED obtained his diploma from the College on the 6th of August, 1813, whereas the Apothecaries' Act did not pass the Legislature until two years subsequently.

Now we defy his Lordship, or any other person, to point out a *single sentence* in the Apothecaries' Act which tends to prove that *visiting* a patient is acting as an apothecary; that *prescribing* for a patient is acting as an apothecary; or that dispensing a prescription even, is acting as an apothecary, unless that prescription bear the initials of a legally qualified physician. The Apothecaries' Act contains *no such clause*; and every conviction, *without exception*, that has occurred under the operation of that Act, has been *illegal*. How then could his Lordship, consistently with his duty, nonsuit this plaintiff? To visit and prescribe for patients is, indeed, an offence under the Charter of the College of Physicians; but the decision of the House of Lords, in the case of *Rose v. Searle* in 1691, has rendered it a *nominal offence* only, as the College has no longer the power to inflict the penalties. As a member of the College, Mr. STEED was justified in visiting and prescribing for his patient, surely without being in any apprehension of the legal weapons of the Old Hags of Rhubarb Hall. The chemist and druggist, with equal security, can prepare medicines prescribed by himself; wherefore, if the law of the learned Judge be correct, it follows that a member of the College may possess wit enough to *prescribe*, but that he has not wit enough to *dispense his own prescriptions*; that although some judgment may be requisite to determine whether one grain or one ounce of arsenic should be administered, yet that he who could thus decide would not be competent to hold the balance and adjust the *weight*, and that this great intellectual (not manual) achievement can only be accomplished by *chemists and druggists*, whose great talents secure them harmless from the penalties of the Apothecaries' Act, while members of the College of Surgeons, who have wit enough to *prescribe*, but not to *weigh*, are the only victims of its monstrous policy and oppressive degradation. His Lordship stated, at one part of the trial, that the Act "was the best security the public had against ignorant persons practising as apothecaries." This, probably, is his Lordship's opinion, but it certainly is not ours; that it was the intention of the Legislature to render it a protection, we would fain believe, although

this acknowledgment of their rectitude amounts to a denial of their judgment. And are the members of the College come to this! The Act was intended to guard the public against ignorant apothecaries. Mr. STEED is a member of the College of Surgeons, and, THEREFORE, he is too ignorant to practise as an apothecary, and the law will not allow such a man to recover! Most worthy and irresponsible Council of Lincoln's Inn, do you not experience some compunctious visitings in your chartered consciences? Do you not feel some shame, some pity, for the fallen condition of your members? On this occasion, however, we will supply an antidote to your grief in a contradiction of the learned Judge, who remarked, at the termination of the trial, "that the plaintiff's was a hard case, as he appeared to be a person of skill, having been regularly admitted to the Royal College of Surgeons." If the plaintiff were a person of skill, how then could the Act apply to him, as his Lordship before told us that it was to protect the public against ignorant persons; moreover, the plaintiff, having become a member of the College in August, 1813, according to the Chief Justice he was a man of skill two years before the Apothecaries' Act was in existence, yet that Act, passed in 1815 to protect the public from ignorant persons, is the means of nonsuiting a plaintiff, who had been, during two years, a person of skill. This is legislating for the benefit of the public with a vengeance, and the members of the College of Surgeons may congratulate themselves that the Act of 1815 was not an instrument to "transport them beyond the seas for the term of their natural lives." Had it been such, we dare swear it would have experienced no opposition from the College in Lincoln's Inn Fields."—(*Lancet*, 1826-7, p. 516.)

The student, after he has carefully read the foregoing notices and comments, will be fully prepared for the observations which we shall offer in our next Number, on the USURPATION and the illegal exactions of the Old Hags.

The unfortunate pupil, at the present period, from the tortures inflicted upon him by the Company of Apothecaries and the College of Surgeons, may be compared to the lamb between two hungry wolves; but, if he will assist us, we will deliver him from the jaws of both.

COURT OF KING'S BENCH,

Westminster, Wednesday Oct. 29th.

COOPER v. WAKLEY.

MR. BRUGHAM moved, on the part of the defendant, that this cause, which stood appointed for Monday next, should be postponed until the sittings after Michaelmas term, on account of the absence of important witnesses.

SIR JAMES SCARLETT opposed the postponement, and said, that "the defendant ought to have been prepared before he had written such a libel, which charged the plaintiff with having killed a man in Guy's Hospital, and that he has JUSTIFIED."

MR. BROUGHAM having been heard in reply, LORD TENTERDEN smilingly observed, that it would be to the plaintiff's honour to allow the absent witnesses to be brought forward; and, accordingly, that the cause must stand over until the sittings after term.

Observations on the Nature and Treatment of Cholera, and on the Pathology of Mucous Membranes. By ALEXANDER TURNBULL CHRISTIE, M.D., Madras Medical Establishment, and lately in Medical Charge of the Civil Department in the Southern Mahratta Country. Edinburgh, MacLachlan and Co.; and Simpkin and Co., London. 1828. pp. 137.

THE cholera of the East.—What a frightful import do these words bear! Of the general nature of this momentous disease, we possess abundance of information; we have, indeed, an accumulated mass of records—bills of mortality we might designate them, with few exceptions, as they contain but little satisfactory information on the most essential point, namely, the pathology of the disease. From a conviction that the pathology of cholera was far from being correctly understood, and from observing that, in every case, the mucous system, from

the very onset of the complaint, was the part principally affected, Dr. Christie's attention was directed to the investigation of this important question,—what share the diseased conditions of the mucous membranes have in the production of cholera? His observations, he tells us in the very commencement of his preface, are the result of considerable experience. This is a powerful claim on our attention; and as the author has not produced a large volume, we shall, in the analysis, principally confine ourselves to a statement of his practical remarks on the treatment and autopsy of the disease.

There is an observation in the preface, as connected with the history of cholera, which we deem worthy of notice; it is as follows:

"For the last seven or eight years, it has made its appearance regularly every year, in the Southern Mahratta country, in the month of March or April, generally commencing in the southern parts, leaving one village to attack another; thus gradually proceeding northward, and disappearing in June or July, after the commencement of the heavy rains."

Previously to treating of the more immediate object of his essay, the author has made a few general remarks on the pathology of mucous membranes; and, from various facts and reasonings, he is led to these conclusions:—

"1. Mucous membranes are liable to two distinct simple morbid affections, viz. inflammation and catarrh.

"2. Catarrh consists of a diseased action of the secretory apparatus of a mucous membrane, which produces an increased and vitiated secretion; and is characterised by the membrane in which it occurs being generally whiter than natural, and by the quantity of the blood towards the surface of the body being diminished.

"3. Either of these morbid affections may occur alone in a mucous membrane, or conjoined with the other.

"4. Some medicines produce an inflammatory, others a catarrhal action, in mucous membranes; and a long-continued action of certain medicines produces the former, while a short-continued action of the same medicines produces the latter effect.

"5. There is no direct sympathy between the skin and liver; and the action of the liver, and many other glands, is much influenced by the condition of the mucous membrane upon which their excretory ducts open."

We may remark, that the author is fully justified, by various precedents, in extending the application of the term *catarrh* to affections of the mucous membrane of the bowels. Schneider, Boerhaave, and Hoffman, are authorities on this point. The fourth proposition, it is important to state, was arrived at by a series of experiments on animals, to which, tartar emetic, calomel, opium, and muriate of mercury, were separately exhibited. From three experiments, it was found that a scruple of tartrate of antimony powerfully increased the secretion of the gastro-enteric mucous membrane, without inducing inflammatory action; but Dr. Christie expresses his belief that, if the medicine did not quickly pass through the alimentary canal, but were to lodge in any part, it would, by its continued action, produce inflammation. Such also are the effects of calomel.

Autopsy of Cholera.—In all the dissections made by Dr. Christie, the following appearances were invariably met with:—

"A whitish, opaque, viscid substance, was found adhering to the surface of some portions of the mucous membranes; and, in many cases, it was so abundant in the intestines, as completely to fill parts of them of a greater or smaller extent. The stomach, and portions of the intestines, were filled with a transparent or turbid serous fluid; and, frequently, the viscid matter mentioned above, was found intimately mixed with the serous fluid, or floating in it in the form of flakes. The mucous membranes, except when inflamed, had an unnatural whiteness; were frequently soft and pulpy; and, in general, (especially in the stomach and small intestines,) could be easily detached by scraping, in the form of a thick pulp, from the subjacent coat. These appearances were sometimes more or less partial; but some of them were generally found throughout the whole extent of the alimentary canal. They extended, in some cases, to the mucous membrane of the bladder and ureters, and were found, in

two or three instances, in the pulmonary mucous membrane."

The author has seen two or three cases in which the secretion of the mucous membrane was of the colour and consistence of cream, having much the appearance of pus. The bloody variety he has never witnessed. He goes on to observe:—

"The morbid appearances that have been found next in frequency to those already mentioned, are venous congestion in the viscera, particularly in those of the abdomen; dark-coloured blood in the veins, and sometimes in the left side of the heart; and inflammation in some part of the mucous membranes. I have generally found inflammation (when present at all) confined to the pyloric extremity of the stomach and small intestines. I have also met with many cases in which no inflammation could be detected.

"The red colours which are frequently met with in different parts of the mucous membranes, in cholera, are not always to be attributed to inflammation. They are generally owing to congestion; which may be ascertained by strictly observing the other appearances which accompany them."

The blood drawn by venesection or leeches, in cases of cholera, differs in appearance, sometimes being perfectly black, and of the consistence of liquid honey, and at other times forming an uniform coagulum a few minutes after exposure to the air, and retaining this state without separating into serum and crassamentum.

From a careful examination of the cholera secretion, procured from the stomach and intestines of several fatal cases, Dr. Christie found that it had the following chemical characters and composition:—

"It does not affect litmus or turmeric papers. It becomes of a dark-grey colour when mixed with calomel. It consists of two substances: the one a transparent serous fluid, the other an opaque white coagulum. The former is perfectly soluble in cold water, which enables us easily to separate it from the latter, which is quite insoluble. This separation (which indeed often takes place spontaneously, the coagulum being often found diffused in the form of flakes in the serous fluid,) may be considered the first step towards the analysis of the secretion; in the same way that the coagulation

and separation of the crassamentum form the first step towards ascertaining the nature of blood.

The following experiments were made on the two substances taken separately.

1. Serous Fluid.

- a. Tincture of galls produced a precipitate, when added to a mixture of the serous fluid with cold water.
- b. Alcohol produced a precipitate when added to the same mixture.
- c. Muriate of mercury produced a white precipitate.
- d. Sulphuric acid produced a white precipitate.
- e. It was coagulated by heat.
- f. It did not affect litmus paper.

2. Coagulated Matter.

- a. Insoluble in cold water.
- b. Slightly soluble in boiling water.
- c. Dissolved when boiled in acetic acid.
- d. Dissolved by pure aqua ammoniac.
- e. Not changed when triturated with calomel.
- f. Prussiate of potassa, when added to the solution c, produced a copious yellow precipitate.

The first set of these experiments proves that the fluid part of the secretion is pure serum, which is particularly confirmed by d and e. The second set proves, that the coagulated part of the secretion is fibrin; test f being that which, according to Berzelius, particularly distinguishes that substance. The secretion, therefore, has a composition similar to that of blood, deprived of its colouring matter; but the proportions of the serum and fibrin in the secretion are, I imagine, seldom the same as those we find in blood; for, in most cases of cholera, there is an enormous quantity of the serum thrown out by the stomach and intestines, with only a small quantity of coagulated matter."

From these analyses Dr. Christie concludes that the cholera secretion is not merely an increased natural secretion, but that it is also vitiated. The pulmonary mucous membrane is frequently affected in cholera, and "perhaps (says the author) invariably in severe cases." Two instances are related in confirmation of this opinion, in each of which the bronchia were found to be filled with white froth.

Ratio symptomatum. Looking to the symptoms of the disease, and the morbid appear-

ances, the author arrives at the sub-joined conclusions:

"That there are two essentially distinct kinds of cholera; one, the disease usually denominated cholera morbus, or cholera biliosa, consisting of an inflammation of the gastro-enteric mucous membrane; the other, the Indian cholera, or cholera asphyxia of SCOTT, consisting of a violent catarrh of the mucous membranes generally; and farther, that cases sometimes occur of a mixed nature, from catarrh and inflammation being present in the mucous membranes at the same time."

Dr. Christie maintains, that the catarrhal affection is invariably the first link of the chain of morbid phenomena which constitute cholera. These are nearly the author's own words, and, if we understand them correctly, they mean that catarrh is an integral part of the disease. How then, can it be said to be the *cause* of the disease? It implies the absurdity that a thing is the cause of itself. There has always been a stumbling-block in medical science, in the use of the term *proximate cause*: as the expression is generally used, it means the disease itself. Now, causation, as the learned and ingenious Dr. Parry has remarked, implies not only difference and separation, but also priority. We will not dwell further on this subject, but we hold out these remarks, lest men should deceive themselves, as Dr. Christie has done, in supposing that he has discovered the *cause* of cholera morbus; whereas, in fact, he has only discovered what is the first *effect*. He must go one step further, and interrogate Nature respecting the cause. We are not of that school to which he refers, where the belief is inculcated, that the disease is referrible to some mysterious cause connected with nervous energy, or vital principle. We leave these subtleties to the profound and philosophic writers on "constitutional irritation," "reflected," "inflected, and all its varieties.

Treatment of Cholera.—"In the catarrhal cholera," says the author,

"There will always be two principal indications of cure, viz. to remove the dis-

eased action of the mucous membranes, and to restore the circulation of the blood towards the surface. The first will always be present; the second, only after the disease has made some progress, and in all severe cases. But, in order to effect these indications, we shall require to employ different means under different circumstances; and to vary our remedies according as certain symptoms predominate or are wanting."

Blood-letting, Dr. Christie considers to be more extensively applicable in the treatment of cholera than is usually admitted; that it may be pursued not only in cases where there is an increased action in the circulation, but even in every case where blood can be obtained; except only those cases where much debility existed prior to the attack. In the *inflammatory* variety of cholera morbus, the indications for blood-letting are, of course, obvious; but we must confess, that we should have hesitated to employ it in what we would designate the *congestive* form of disease. On this subject our author remarks:—

"It relieves the catarrhal affection of the mucous membranes, by diminishing increased action, and it restores the circulation of the blood towards the surface. How it produces the latter effect, is, in the present state of our knowledge, not very evident; but that it does so, is a fact, and that is sufficient. It has been observed, that blood-letting in cholera, frequently removes the dark colour of the blood; which must be owing to its removing the causes of this dark colour, viz. the catarrhal affection of the pulmonary and gastro-enteric mucous membranes."

Blisters and sinapisms are recommended, and Dr. Christie usually applies a strong cantharide plaster to the abdomen, and sometimes to the thorax; cataplasms of mustard, or capsicum, to the feet, hands, and legs; and hot sand, or frictions, to the arms and hands. In extreme cases, he thinks, it may be right to use boiling water, or acids, as vesicatories; having, in two or three desperate cases, seen the boiling-water blister productive of the most beneficial results. In the opinion of the author, opium is only admissible in the inflammatory stage of cholera, for the

purpose of allaying the vomiting; but he thinks this medicine well adapted to the catarrhal (congestive) form of disease. Alcohol, and diffusible stimulants, are only applicable in the latter stages of the diseases.

On the use of calomel, Dr. Christie thus expresses himself:—

“Calomel is certainly one of the most extensively useful remedies we possess for the treatment of this as well as of various other tropical diseases. From what has been said of the action of calomel, in the first part of this essay, it might, at first sight, appear that, since it increases the secretion of the gastro-enteric mucous membrane, it will be inadmissible in the catarrhal form of cholera. But it must be remembered that, while it increases the secretion, it also restores it to a healthy condition. Accordingly, when cholera has been cured by calomel, the looseness, to a certain extent, continues; but then the evacuations are feculent, yellow, or of a dark colour.”

And, on the administration of calomel and opium, he says:—

“The combination of calomel and opium, which has been so much extolled, appears to be a remedy admirably calculated for fulfilling the intentions of cure in the catarrhal form of cholera; for the requisite properties wanting in the one medicine, are supplied by the other. Thus calomel keeps up a permanent stimulant effect on the system, which opium does not. Opium represses the abundant discharge from the gastro-enteric mucous membrane, while calomel corrects it. Lastly, calomel increases the peristaltic motion of the bowels, and thus effects the discharge of vitiated secretions, while opium relieves irritation.”

Dr. Christie suggests, that fumigation with mercury might be employed with good effect in cholera; but it does not appear that he has himself used it.

The cases which are related, with a view of illustrating the doctrines contained in the author's essay, are ten in number, and form an Appendix to the work. They are good examples of the different forms and modifications of the disease, and of the various modes of treatment employed, according to the peculiar circumstances.

Dr. Christie's book is entitled to attention; his opportunities for observation upon

the disease of which he treats, have been very considerable, and he appears to have bestowed much attention upon the subject.

A General Description of the Bones of the Skeleton, intended for the Use of Students. By HENRY KEMP RANDELL, M. R. C. S., London, S. Highley. 12mo., pp. 144. 1828.

NO MAN conversant with anatomy, will deny the importance of an accurate acquaintance with osteology; it constitutes, indeed, the very first link in the chain of the knowledge of human structure. Osteology, nevertheless, is confessedly a dry subject, and in penning this article, our mind forcibly recurs to past scenes—to that period in which we were *boring* over the temporal bone, or the one hundred and one processes and foramina of the os sphenoides. Seriously, we are persuaded, that many unnecessary difficulties have been thrown in the way, by the prolix descriptions of the bones which have generally been in the hands of students. The writers on this subject have encumbered their descriptions with an abundance of hard words, which, as Mr. John Bell tritely observes, are “at once the pride and disgrace of anatomists,” and it might be fairly inferred, that they were endeavouring to solve a most ingenious problem in the doctrine of maximums and minimums, namely, “the acquisition of the least possible knowledge by the greatest possible labour.”

The author of the little work before us, informs us, in his preface, that he intends it as “a concise and familiar guide to the study of osteology.” We feel no hesitation in saying, that Mr. Randell has fulfilled his intentions in a very complete manner: the book is admirably suited for the pupil commencing his studies. It is, we perceive, dedicated to the present Mr. Grainger, and the author says, that the notes of the late Mr. Edward Grainger have materially assist-

ed him in the compilation of the work; these circumstances will doubtless contribute to render it a standard class-book amongst the very numerous and respectable body of pupils constituting the Webb Street School.

The following description of the ulna will suffice to show the general character of the work.

"The Ulna.—So named from its being often used as a measure, is the longer of the two. It is much expanded at the upper part, and considerably contracted below. It is lengthened at its upper and back part by the olecranon process, which receives the insertion of the triceps extensor cubiti muscle, and partially that of the anconæus. On the fore part of the bone, about an inch below this process, we find another, called the coronoid process; and this receives the insertion of the brachialis internus. The cavity placed between these two processes is called, from its resemblance in profile to the letter *s*, the greater sigmoid cavity of the ulna, to distinguish it from a smaller one. This cavity is covered with an articulating surface for connection with the internal condyle of the humerus, which it embraces so closely that it allows not the smallest degree of lateral motion. On the radial side of the bone, below this cavity, is seen the lesser sigmoid cavity of the ulna, and this allows the head of the radius to roll upon it in the rotatory motions of the arm. On the back part, below the olecranon process, there is a smooth and somewhat triangular portion of bone, which is merely covered with the fascia, and common integuments. On the fore-part of the bone, below the coronoid process, there is a small projection, which gives attachment to the oblique ligament, tying the ulna to the radius. The body or shaft of the bone is triangular, and as it descends it becomes gradually narrower, and then, at its lower extremity it again expands a little, to form its head, which is articulated by means of cartilage to the carpus. The inner part of the shaft of the bone is perfectly smooth and convex, but on the radial side there is a sharp ridge, to which one side of the inter osseous ligament is attached. The lower end of the head has a flat surface, by which it is joined to the saxiform cartilage, which intervenes between it and the os cuneiforme; and thus it is that the ulna is excluded from the wrist joint. On the radial side of the head there is a convex articulating surface, which is received into the sigmoid cavity of the radius, whilst on the inner side is seen the stiloïd process, which gives origin to the internal lateral ligament of the carpus. On the fore-part of the lower end of the bone

there is a flat surface, extending upwards about two inches, which gives origin to the pronator radii quadratus muscle. On the back part there is a distinct groove, situated just between the origin of the stiloïd process and that part which is received into the sigmoid cavity of the radius, which transmits the tendon of the flexor carpi ulnaris. The foramen for the entrance of the nutritious artery is placed upon the fore-part of the bone, about one third down."

LONDON MEDICAL SOCIETY.

October 27, 1823.

Dr. HASLAM, President, in the Chair.

WOUND OF THE LIVER HEALING SPONTANEOUSLY.—CANCER OF THE UTERUS.

THE minutes of last meeting were read.

Mr. SCRIVENS produced to the society a part of the liver of a gentleman who had stabbed himself with a carving knife, showing a complete cure by nature. [The speaker was scarcely audible.] We, however, collected, that he was called to the patient soon after he had stabbed himself; that he found him in a state of syncope, having lost a great quantity of blood, but without having vomited; and that the patient did well, without any active treatment, until the 11th day. On that day, no symptoms of interitis, or peritonitis, having appeared, he incautiously left his home, walked from the Borough into the City, where, it was supposed, he had drunk freely of spirits; he returned, was taken with *mucro-interitis*, which gradually subsided; and then with *sero-interitis*, of which he died. The body was examined by Mr. Scrivens, in the presence of Mr. Callaway, Mr. Grainger, and Dr. Blundell, and there was every reason to conclude, from the state of the parts through which the knife had passed, that, but for the imprudence of the patient on the 11th day, he would, at this moment, have been perfectly well.

Mr. CALLAWAY considered this was interesting, as it had generally been considered that wounds of the liver proved fatal. In the present instance, the wound in the liver was considerable, and had perfectly cicatrised.

Mr. ASHWELL expressed great satisfaction in seeing this specimen. Some years ago, it was considered that wounds of the abdomen were to be regarded as so fatal, that surgeons hardly ever thought of attempting a cure. Modern practice, however, had sufficiently shown the futility of his idea; and he was always happy to find an instance added to the record of skilfully-treated cases of wounds through this im-

portant part of the body. He considered that some analogy might be drawn between such a case as this and the extirpation of cancerous uterus.

Mr. CALLAWAY could not see the analogy. He wished to be informed what were the circumstances favourable to the operation of removing cancerous uteri; what the circumstances were, prohibiting the operation; and what was the best mode of performing it. In asking for this information, he did not wish to be understood, either as objecting to the operation, or as cavilling at it; he had seen it performed by Dr. Blundell, and, unless the different members of the profession rightly understood all the circumstances which he had inquired into, he feared that the publication of Dr. Blundell's skilful cases might induce others, less dexterous than Dr. Blundell, to undertake an operation under unjustifiable circumstances. He believed Dr. Blundell was two hours in performing the first operation of this sort, an hour and three quarters in performing the second, and that his two others had been performed more quickly.

Mr. ASHWELL had been furnished with two of Dr. Blundell's unsuccessful cases; and he believed, in the course of a week, the circumstances attending them would be made known to the medical public. *Post-mortem* examination had shown that neither of the operations had failed in consequence of any want of tact, or ability, or mistake, on the part of the operator. The operation was a choice of two evils; it was an operation, of all others, the most hopeless, and could only be justifiably undertaken under certain circumstances, when, without its performance, the patient was sure to perish. In thinking of performing it, it was necessary to consider the state of the patient's health, her digestive powers, the continuance of the disease, the state of the functions in general, and also her mental powers. If the vagina were deeply involved in the mischief, if the rectum and bladder were also diseased, it would be madness to think of the operation. If the womb were immovable, and the inguinal glands diseased, then, perhaps, the operation ought not to be thought of. But if the vagina were only slightly affected, if the uterus alone was diseased, the rectum, and posterior surface of the bladder, all free from the mischief,—the patient's general health good, her circulation regular, her digestive organs not gone, and she possessed mental courage in a high degree,—then it might be prudent to undertake the operation. Those who were not perfectly acquainted with the anatomy of the parts, ought, by no means, to think of performing the operation. The vagina ought to be dilated as much as possible,—though, he believed, Dr. Blundell

had not used a dilator,—and every proper care exercised.

Mr. FIELD inquired whether it was not the opinion of the Society, that there was a looseness about *Lisfranc's* diagnosis?

Mr. ASHWELL considered the cases related by Lisfranc, to be well marked.

Mr. WIGAN had seen Lisfranc perform the operation many times, and of all the horrible operations the human mind was capable of conceiving, the removal of the uterus, or a part of it, in the hands of Lisfranc, was the most appalling. He had never performed the operation successfully but in cases where it was unnecessary to have performed it at all, and he had never performed it in cases where it might justifiably have been undertaken, but where it had proved fatal. He strongly recommended the use of Weiss's speculum vaginae. This instrument had only one defect; it cost three guineas; whereas it might very well be afforded for half-a-guinea. (*Hear, and a laugh.*)

Mr. LAMBERT did not think the profession had clear and satisfactory grounds of coming to a true diagnosis with respect to this malady. There was a sort of soft ulceration of a part of the uterus, very often mistaken by many practitioners for cancer, when it had no malignant nature whatever. As far as he had been able to collect, in true cancer of the womb, the lumbar glands had become diseased very early; and, where this existed, it proved a complete bar to the operation. Dr. Blundell was no fee-hunter, but a man eat up with an ardent desire to cultivate the science, and entitled to the gratitude of every living individual; yet it was to be remembered, that he was not the first who had performed this great operation. He agreed with what had been said of the great necessity there was for a practitioner to understand well what he was about, before he attempted the removal of this viscus. He could name a surgeon of one of our great hospitals, who thought he would remove an uterus through an opening made in the abdomen; he commenced operations, laid open the abdomen, but found the uterus so firmly attached, that he shut up shop without making any further attempt! (*Laughter.*)

Mr. LLOYD strongly recommended the greatest caution to be adopted in ascertaining, beyond all doubt, the existence of true carcinoma, before the operation of removal was attempted. He also recommended the injection of strong solutions of arsenic, and of nitrate of silver, to cure ulcers,—and the application of ligatures to excrescences. He had no doubt that many of these cases had been mistaken for cancer.

GUY'S HOSPITAL.

REMARKABLE CASE OF STRANGULATION OF
THE LOWER PORTION OF THE ILEUM.

ISAAC LOCK, æt. 45, admitted October 9th, had laboured under constipation of the bowels eleven days previously, and at the time of admission complained of great pain in the abdomen, especially on the right side. He had, in short, every symptom of strangulation of the intestines; but upon the most accurate examination no appearance of hernia was discovered. Various drastic purgatives were given, but they failed in producing any effect. Croton oil was rubbed over the abdomen, which, it is somewhat curious to remark, purged the nurses who used it. The man ultimately sank, under all the symptoms characteristic of continued strangulation of the intestines.

Upon examining the abdomen, the seat of mischief was found in the lower portion of the ileum, which was drawn out and adherent to the abdominal parietes: the mesentery by this means constituting a stricture. The gut, below the seat of stricture, was dark coloured, but not gangrenous. A drawing was made of the parts.

The only operations performed at this Hospital, recently, have been, for inguinal hernia, by the assistant-surgeon; and two amputations of the leg, by Mr. Morgan.

ST. BARTHOLOMEW'S HOSPITAL.

List of Patients admitted under the Care of Mr. Vincent, October 25.

Rahere's Ward, No. 2.—Richard Wood-fire, æt. 38, swelling of the left leg, with a small ulcerous opening near to the external malleolus.

No. 9.—Edward Sweeney, æt. 8, chronic abscess of the upper part of the back, and scrofulous ulceration of the right leg and thigh.

Henry the Eighth's Ward, No. 4.—William Townley, æt. 22, syphilitic ulceration of the throat.

No. 8.—John Farrington, æt. 25, phthisis and ulcerated hand.

No. 9.—Richard White, æt. 30, painful affection of the lower extremities.

No. 11.—Michael Gilligan, æt. 30, ulceration of the tibia from a wound.

Luke's Ward, No. 19.—William Gill, æt. 19, inflammation of the absorbents of the left arm, from a punctured finger.

No. 21.—John Atterbury, æt. 48, retention of urine.

Darker's Ward, No. 9.—James Macnamara, æt. 40, fistulous opening into the rectum.

Lazarus' Ward, No. 3.—J. M., æt. 21, purulent discharge from the inside of the prepuce, with phimosis.

No. 5.—D. R., gonorrhœa and bubo in the right groin.

President's Ward, No. 12.—Sarah Buckland, æt. 33, diseased rectum.

No. 7.—Thomas Walls, æt. 4, injury to the head.

No. 23.—Harriet Bridge, æt. 22, inflammation and swelling about the right knee.

No. 24.—Ann Lynn, æt. 21, varicose veins of the left leg.

Magdalen's Ward, No. .—A. C., æt. 24, syphilitic sores.

Faith's Ward, No. 12.—C. C., æt. 21, syphilitic ulceration of the right leg, and nodes on the shin.

No. 13.—A. E., æt. 21, syphilitic ulceration of the toes.

No. 4.—(*Back Ward.*)—M. H., æt. 21, inflammation of the leg, with foul ulcerations.

Patience's Ward, No. 1.—M. S., æt. 30, gonorrhœa, and excoriation of the external organs.

No. 4.—L. B., æt. 20, gonorrhœa, excoriation and ulceration of the labia, perineum, anus, and foul ulceration of the toes.

No. 6.—H. P., æt. 17, gonorrhœa and ulceration of the external organs.

No. 7.—E. W., æt. 21, gonorrhœa, excoriation and ulceration of the external organs.

No. 13.—L. H., æt. 25, phagedenic ulceration of the labia.

No. 9.—M. W., æt. 19, gonorrhœa and psora.

Charity's Ward, No. 10.—S. M., gonorrhœa, large chronic swelling of the labia, and ulceration of the nates and legs.

FRACTURE OF THE BASIS OF THE SKULL, WITH
EXTENSIVE LACERATION OF THE BRAIN.

— Lucas, a muscular man, æt. 50, was admitted into Harley's Ward, Oct. 17, at half-past three in the afternoon, having fallen from a window that he was cleaning, a height of about thirty feet. Was sensible when brought in, with breathing slightly stertorous, and an intermitting pulse of 90. There was considerable bleeding from the nose and ears, and he vomited. The pupils acted slightly; there were two incised wounds of the scalp, each an inch, or rather more, in length. There was also simple fracture of the tibia and fibula of the right leg, just above the ancles. He had been held previous to admission. He remained

insensible, and died at half-past nine in the evening.

Examination next day at One o'Clock.

There was great effusion of blood at the base of the cranium, with a fracture, extending from the anterior inferior angle of the right parietal bone, across the temporal bone, to the body of the sphenoid; and very extensive laceration of the base of each hemisphere of the cerebrum, but more particularly on the left side, the one opposite to that on which the skull was fractured. Two of the upper ribs of the right side were fractured. An incipient hydrocele was also discovered.

Mr. Vincent removed a diseased finger on Saturday 25th, and also punctured an encysted tumour in a girl's arm, containing a glairy fluid. Much previous doubt existed as to the contents of this tumour.

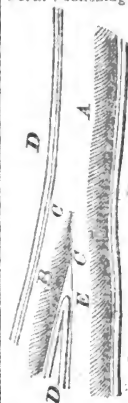
STRUCTURE OF THE VEINS.

To the Editor of THE LANCET.

SIR,—Having repeatedly injected the pulmonary veins, contrary to the course of the circulation, I was somewhat surprised to see in a Number of THE LANCET, dated Aug. 9th, an account of their containing valves. This has induced me to examine the lungs of such animals as have come in my way with a view of discovering these valves; but I have been unable to perceive anything that would in any way answer the same purpose as the valves in the veins of other parts of the body. In the pulmonary veins of the ox I certainly found, that where a small vein falls into a large one obliquely, the serous coat extends the division between them farther than the other coats: consequently part of the septum, between the veins, is entirely formed by this serous membrane; but this piece of membrane is in no way fitted to perform the office of a valve. It is elastic, and kept constantly tense; consequently, will not easily move to either side. It requires considerable force to draw it over the mouth of the smaller vein, which even then it will not completely cover.

To me it appears that the only use of this piece of serous membrane, extending beyond the other coats of the veins, is to prevent the too abrupt termination of the septum between them, which would have happened had all the coats terminated at once. In this case there would have been a small space left, which would have been out of the regular course of the blood in the veins, and where consequently the blood would have lodged.

The following diagram, if you think it worth publishing, will perhaps explain the structure of this part. It represents a longitudinal section of two veins which unite.



A The larger vein.

B The smaller one.

C C C The cut edge of the serous membrane lining the veins.

D D D The other coats of the veins.

E The point at which all the coats of the veins terminate, except the serous.

The space C E, occupied by the supposed valve, if not so occupied, would produce an eddy, some of the blood passing into which would not readily regain the current.

By inserting this paper in your valuable Journal, you will much oblige

Your most obedient servant,

JOSEPH CURTIS, M.R.C.S.

Camdentown, Oct. 1, 1828.

SUBSCRIPTIONS

FOR THE DISTRESSED MEDICAL GENTLEMAN
AND FAMILY.

Subscriptions already advertised	£ 241	11	6
Collected at a dinner of the Medical Society, Nottingham, by Benjamin Maddock, Esq.	12	16	0
— Jackson, Esq., Charles-st., St. James's	1	0	0
Taylor, Dr. George, Kingston on Thames	1	0	0
Crucefix, Dr., Bouverie Street	2	2	0

LITERARY NOTICE.

MR. THOMAS BELL, Lecturer at Guy's Hospital, has nearly ready for publication, a Treatise on the Diseases of the Teeth. In one volume, 8vo., with plates.

TO CORRESPONDENTS.

WE must entreat another week's indulgence from our numerous correspondents; indeed, we have been so much engaged with the lawyers, that we have not had time to read half the letters received.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, NOVEMBER 8.

[1828-9.

LECTURES

ON THE

DAVID UTERUS, AND ON THE DISEASES
OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

R. BLUNDELL.

LECTURE III.

Contents of the Womb—(continued.)

Umbilical Cord.—The fœtus, Gentlemen, is put into connexion with the placenta, by means of what is called the umbilical cord, short, generally, in the ovum of animals, and longer, proportionally, in the human ovum, though its length is liable to much variety. An average measure of this cord may be about *two feet*. Dr. Haighton met with a funis which was not more than *six inches* long. Mr. Lloyd, a gentleman formerly associated with this class, in one instance found the cord surrounding the neck of the fœtus, as many as *six times*, whence you may infer, that its length was by no means inconsiderable. Mr. Briggs, in another case, found the chord coiled around the neck seven times; and I think a case similar to this is put on record by the celebrated French practitioner Mauriceau. I know not that any serious inconvenience results from the extraordinary brevity of the funis, excepting, perhaps, that if you lay hold of the child, and drag it too far from the mother immediately after birth, you incur the risk of prematurely detaching the placenta by a sudden pull, and may in this way give rise to hæmorrhage, not to add, that if the adhesion of the placenta be firm, so as to prevent detachment, the sudden effort might, perhaps, occasionally invert the uterus. Hence the propriety of the rule which I before prescribed, namely, that as soon as the child enters the world, you ought to keep its abdomen as close as possible to the genitals of the mother, till you find by a little exa-

mination, whether the cord be or not of the ordinary length.

If the umbilical cord is much longer than ordinary, there is always a risk, lest in the form of a loop it should lie forth in the vagina before birth, an accident which is prevented by its being coiled round the neck or limbs of the child. If the cord lie forth in this manner, as already explained to you, the danger to the fœtus becomes very considerable, for the vessels becoming compressed when the head descends among the bones of the pelvis, and the circulation being in this manner arrested, at a time when respiration cannot proceed, the child dies in the uterus, suffocated. To prevent this, it was formerly recommended that a piece of sponge should be procured, and that this, together with the cord, should be pressed into the uterus, provided this may be accomplished without violence or risk of laceration; the sponge (to prevent the descent of the chord a second time) being left in the uterus, to be afterwards expelled by the pains, in conjunction with the placenta.

No nerves have been detected in the umbilical cord, although they have been sought for with great diligence; and I can state, from my own observations, that this part seems to be wholly destitute of sensibility, in respect to both the mother and the fœtus. No large lymphatic trunks have been found there: there is reason to believe that lymphatics are wanting altogether in the placenta, and, therefore, we should not expect to find them in the funis.

It seems, then, that the umbilical cord is in its composition exceedingly simple, made up, apparently, of the vessels, a cellular web, filled with a sort of gelatinous material, and by which cellular web those vessels are bound together, and of a membranous sheath, or prolongation of the chorion, hereafter to be spoken of, and which gives a covering to the cord from one extremity to the other. Of this membrane you may observe the thinness, the smoothness, the firmness, when you are bringing away the placenta; for when you lay hold of the funis, this membrane is lying in your hand.

The blood-vessels, of which the umbilical cord is in part composed, are, in the human ovum, three; one large umbilical vein, (when fully distended, nearly as big as the little finger,) and two smaller arteries—the umbilicals, of which I formerly had occasion to speak. Those vessels, in general, do not take a direct, but a more or less serpentine course, and, in some instances, they are very much contorted. In the cord of the mare, as I am informed, the veins, like the arteries, are two in number. In the funis of the calf, besides the blood-vessels, there is another canal called the *urachus*, which leads from the bladder along the cord into a peculiar membranous receptacle, the *allantois*, of which I shall hereafter speak, and which seems to contain much of the urine of the fetal animal. In the funis of the puppy, we find a single artery and vein arising from the mesentery inosculating with the vessels, there passing along the umbilical cord, and ultimately breaking up into a large number of capacious capillaries, which ramify, with great minuteness, over a very delicate membrane called the *tunica erythroides*.

Upon the umbilical cord we sometimes meet with knots, and, if I may confide in reports received, sometimes two or three knots may be found upon the cord at once. Mr. Rogers, an American, and a student at these Hospitals, informed me, that at New York, a case had occurred where *three knots* were on the funis, and yet, notwithstanding those knots, injection could be thrown from one end of the cord to the other without difficulty. To Dr. Hunter I may refer you for a very plausible explanation of the formation of these knots when single, for he has suggested, that the umbilical cord, at birth, may perhaps form a coil round the margin of the os uteri within, and that the fetus, in passing the orifice of the uterus, may, at the same time, pass through the loop, carrying the umbilical extremity of the cord along with it, in the way here shown, so as to form the knot at the very moment when the body passes into the world. Observe the demonstration. And this explanation enables us to understand well enough how a single knot may be formed; but then how is it that two or three knots are produced? how that a knot may be found on the cord in the earlier months, though the fetus has never left the cavity of the uterus? Really the solution of this knot may remind one of that of Gordius, or of the knot scarcely less notorious, knit by the hand of Obadiah, fated to bring to light that comprehensive code of imprecations, the contents of which his liberal master so generously showered down upon every part of his person.

The origin of the cord is the navel; its termination is the placenta, where its in-

sertion is commonly central, though it sometimes unites with the placenta at the margin, or intermediately. And this I the rather wish you to notice, because when the insertion of the cord is marginal, as in this preparation, you might be led to imagine that one-half of the placenta had been torn away, the other half still remaining in the uterine cavity.

An eccentric insertion of the cord at the abdominal extremity is more rare, and yet now and then even this variety is observed, the cord springing, as in this preparation shown, from the one or other side of the abdomen. The point is curious, but in a practical view it seems to be of small obstetric import.

Involucere.—In the same way as the chick is inclosed in the shell, the human fetus, too, is shut up in a bag, or cyst, this cyst containing the water, in which the child floats, for, in our origin, we are all of us aquatic. In general the number of the cysts corresponds with the number of fetuses, though this is not invariable, for when there are two fetuses you may have a single cyst only, this being common to both, and in the opinion of some observers, this communality of receptacle is by no means infrequent. There is an advantage to the fetus, however, in having a receptacle, or an apartment of its own, because it then becomes more secure against accidents. In twin gestation, in the earlier months, it sometimes happens, that the membrane, being tender, gives way. Now, if the fetuses are contained in separate bags, and there is a yielding of the membrane of one bag only, the other fetus, included in another cyst, sustaining no injury, may still be carried on to the full period of nine months. A pupil of my own, who grew up to be one of the finest young gentlemen of the class, during the course of his uterine life, had a very narrow escape of this kind. He once told me, that while in utero, he had a twin companion; the cyst, which at that time formed his own nest, remained uninjured, and he seems to have sustained no inconvenience; but, from one cause or other, that of his companion gave way, so that, in this helpless condition, the poor fellow was crushed like a butterfly—perishing as tragically as the victims of Siloam; or, if you prefer the more familiar comparison, like those who were lost in the ruins of the late Brunswick Theatre.

In the earlier months of pregnancy, the involucra are composed of, at least, four membranes; the *decidua uteri*, the *decidua reflexa*, the *chorion*, and the *amnion*; but when the ovum is thoroughly developed in the latter months of gestation, the membranes are three only; the *decidua uteri*,

the chorion, and the amnion, the decidua reflexa not appearing. Of these membranes, the outermost is the decidua uteri, whence its name, because it is in contact with the womb, and receives vessels from it; the membrane which lies internally is the amnion, an organ which secretes the fluid already mentioned—the first element of the fœtus; and between these two membranes the chorion is interposed. In the latter months of pregnancy, the decidua uteri is somewhat thick, but it is so more especially in the earlier and middle months; being disposed moreover to exfoliate, separating into leaves or lamella; now the placenta of the human ovum is contained between two leaves of the tunica decidua, as my handkerchief is interposed between my two hands, both of the placental surfaces being covered by the leaves of the decidua. This being the case, it follows, as matter of course, that the chorion and amnion must be spread out upon the inner surface of the placenta, for they both lie within the decidua, and this I will now endeavour to illustrate by preparations.

Here is a preparation of a small portion of the placenta, with the three membranes in connexion; the decidua above, the amnion below, the chorion ranging intermediately. In this preparation you have a portion of the placenta, and of the adherent uterus, suspended by the decidua. The chorion and amnion, you may perceive, lie, as asserted, upon the inner surface of the decidua, from which they are partially detached; and the decidua itself is distinctly separated into two membranous lamina, between which the substance of the placenta lodges.

Here is a preparation of the umbilical cord, entering the abdomen of the fœtus laterally.

Here is a preparation showing much contortion of the vessels of the umbilical cord, not of uncommon occurrence.

Here is a preparation of one of those knots of the umbilical cord, on which I before took occasion to comment.

When speaking of the placenta, I ought to have observed that their number usually accords with the number of fœtuses; if you have several fœtuses, you have several placentas; if a single fœtus only, then the placenta is single; thus, with twins, there are usually two placentas; with triplets, three; and there are four or five placentas, when, as rarely happens, the woman produces four or five children at a birth. Sometimes, however, one placenta is common to two fœtuses; and you may see in this preparation two umbilical cords arising from the same centre.

Here is a rare specimen of a cord with two vessels only, instead of three, the usual number; the vein and artery are both sin-

gle; the anatomist has practised no deception here; the artery, as you may see, is of extraordinary capacity.

Decidua.—It was observed to you, awhile ago, that the outer membrane of the ovum is the *tunica decidua*, called also *caduca lacrabilis*, and the spongy chorion, adhering externally to the uterus—internally to the chorion; remarkable for its high degree of vascularity; and further deserving notice, as it derives all its blood-vessels, so far as has been ascertained by injections, from the womb. This membrane is, it seems, generated by the uterus itself, and is not produced from the same rudiments as the fœtus, the chorion, and the amnion. In extra-uterine pregnancy sometimes, though by no means universally, when the rest of the ovum is formed externally to the uterus in the ovary or tube, the tunica decidua becomes organised more or less perfectly in the uterine cavity, where, in these cases, the rudiments have never been admitted; and hence we may understand clearly enough, why it is that the deciduous vessels are derived not from the fœtus but from the uterus, they being supplied from that structure by which it is originally generated. If we observe the decidua in the latter months of pregnancy, we find that it is somewhat thick and tender, and of reticulated appearance, presenting a sort of network visible enough upon its surface, more especially if the membrane is immersed in water. In the middle months of pregnancy, the thickness is still more remarkable; and during the first two or three months, the membrane is so thick, that it loses entirely the membranous appearance, and resembles a mass of flesh, as may be perceived in the specimen which I here circulate. I have already observed, that it is between the leaves of the decidua the placenta is interposed, and it is apparently the blending of these two structures which gives rise to that fleshy and massive appearance to which I have just adverted.

The principal uses of the tunica decidua are apparently two; it forms a connexion between the other parts of the ovum and uterus, and it furnishes a bed in which the structure of the placenta may be elaborated in a way to be hereafter explained.

Chorion.—Interposed between the tunica decidua and the amnion, the true chorion is situated; this membrane having very few and small vessels only, particularly in the human ovum, and these being derived, not from the uterus, but from the fœtus; for the tunica decidua is a part or membrane of the mother, but the chorion is a part or membrane of the fœtus, indeed as much so as its arms, legs, or head, and perhaps of

more importance to its welfare in the fetal state. Hence the same rudiments which form the fetus form also the chorion, and hence the fetal origin of the vessels of this membrane becomes sufficiently intelligible. In its sensible properties, the chorion is smooth, thin, and semi-transparent, excepting during the earlier weeks of gestation, when it is covered over more or less completely with a fine shag, which gives it sometimes the appearance of plush, if I may be allowed the comparison; and this shag is found to be nothing more than capillaries of the umbilical veins and arteries, so that in truth it constitutes the vascular part of the placenta. This fact is proved by injections; the injection of the cord fills this superficial fringe. It is further proved and illustrated by the chorion of the sheep, on which we find those tassels of vessels formerly demonstrated, and which seem to be nothing more than the vascular shag collected into small knots, instead of being regularly dispersed over the whole surface of the membrane.

I know not whether we are perfectly acquainted with the functions of the chorion; but the most probable seems to be that of generating those capillaries, and assisting, therefore, most importantly in the formation of the vascular part of the placenta. Preparations of both these membranes, the decidua and chorion I mean, shall now be sent round. Here is the uterus, with the three membranes annexed, the decidua, the chorion, and the amnion. You may perceive, that the amnion and chorion contain no injection, but both the decidua and uterus are full; both being supplied with vessels from the same source.

The flocky appearance of the decidua in the earlier months is demonstrated in the preparation I now exhibit; and its disposition to separate into layers, and the delicate reticulations before mentioned, may be noted without difficulty.

In this preparation, which is of the human ovum, the tunica decidua has been removed, so that the membrane on which the eye falls is the chorion—smooth, thin, and in a great measure transparent, as before described to you.

Here is the chorion of the sheep, with the vessels separated into knots or tassels; they are injected, and the injection was thrown into them by the umbilical cord.

The remaining preparations show the fringe covering the chorion during the earlier weeks, in some of them universally, in others topically; the resemblance to the vascular tassels on the sheep's chorion is very obvious.

Amnion.—The ovum, I have observed already, is composed of three membranes;

the amnion, or third membrane, lying internally, and being spread out over the surface of the chorion and of the placenta. This membrane is remarkable throughout pregnancy for its thinness, density, and a transparency like that of glass. That it secretes the liquor amnii, there seems to be little doubt; and it is for this purpose, probably, that it is mainly intended, though in conjunction with the other two membranes, the chorion more especially, it assists in giving that strength to the ovum which is so essential to the security of the child. The human amnion, so far as I know, has never been visibly injected, though the attempt has been many times made, the failure probably arising from the extreme minuteness of the vessels; but in animals, as the cat and dog, for example, these membranes may be injected with facility, the injection being thrown in by the umbilical cord. The amnion, like the chorion, is an integral part of the fetus, being formed from the same rudiments; and we find accordingly, from our injections in brutes, that it is from the fetus that the blood-vessels of the amnion are derived. By injecting the vessels of the uterus, therefore, you cannot inject the amnion even in animals; to fill its vascular system, you must throw the injection into the cord. A preparation of the amnion I here show you; it is very firm, and may contribute a good deal to the strength of the ovum.

Formation of the Placenta.—Having said thus much respecting the three membranes of the ovum, I may now proceed to make a few remarks on the way in which the placenta is supposed to be produced, a subject on which I forbore to enlarge, when treating expressly of this organ, as in that stage of our information the formation of the placenta could not have been readily understood, a preliminary knowledge of the membranes being required. The placenta appears to be constituted of two principal parts—a large assemblage of vessels, and a large assemblage of cells; and the manner in which those two parts of the placenta are supposed to be produced, may be best explained by means of a graphic illustration. Under the stimulus of impregnation, the uterus is supposed to secrete a quantity of gelatinous material, by which the inner membrane of the uterus becomes completely invested, and this afterwards becomes the tunica decidua. As generation proceeds, the inner membrane of the uterus seems to throw off into the gelatinous decidua a considerable number of vessels, and, indeed, this admits of proof, because, if you take an ovum with the uterus adherent, on laying it open, and detaching the membrane, you may see the vessels which shoot from the one surface to the

other. Again, it is further imagined, that those small vessels shooting into the ovum, elaborate there the cellular part of the placenta; and this opinion, if true, (and its truth is highly probable,) may explain to us why it is that the cells are in free communication with the uterus during gestation, and why the maternal blood flows through those cells so abundantly; for it is from her substance that they are formed, and the cellular portion of the placenta is not a part of the fetus, but of its parent. But to proceed: in the same manner as the inner membrane of the womb throws its vessels into the decidua, a large number of vessels are also thrown off into the same membrane by the chorion; and by this membrane apparently it is, that the vascular part of the placenta is formed. All this appears to be going forward in the gelatinous material secreted by the uterus; in the very substance of which material, as shown by this drawing, these cells and vessels become formed; and this, in the most satisfactory manner, enables us to explain why it is that the placenta is lodged between those layers, or lamellæ, of the decidua, before demonstrated, for it is of this gelatinous material, which receives the cells and vessels into its substance, that the decidua ultimately consists. Thus, then, it appears, that the human placenta, like that of the ruminating animal, consists of two organs combined—the one the cellular, formed by the menstruating membrane, like the uterine excrescences of the ruminating animal, a portion of the mother; the other, the vascular, formed by the chorion, like the tassels of the ruminating animals—a portion of the fetus, indeed, nothing more than the ramifications of the umbilical arteries and veins. Of these structures, both become formed in the substance of gelatinous consistency secreted by the uterus, and of which afterwards the decidua consists.

In the earlier months of pregnancy, besides the decidua, chorion, and amnion, there is yet a fourth membrane, to which, as you may recollect, I adverted at the outset,—I mean the tunica decidua reflexa. If taking an ovum about two months old, you wash it and lay it in water, you may then see distinctly a membrane, thick, flocky, and laceable—the decidua uteri; and if you dissect this away, you next exhibit the tunica decidua reflexa; removing the reflexa, you find the chorion, and beneath this the amnion. Observe the preparation. Now it is remarkable, that if the ovum be examined about the third or fourth month, we find that the reflexa is either wholly, or in a great measure, vanished, the reason of which appears to be, that about this time the reflexa itself ceases to grow, though the growth of the ovum continues, and thus this membrane

becomes more and more stretched, or attenuated, till at length it vanishes completely, or small vestiges of it alone remain.

The mode in which the decidua uteri reflexa appear to be formed, may be best illustrated by drawing, but for the accuracy of those opinions I dare not venture to vouch. (Dr. Blundell explained himself by a diagram, and then proceeded).

It is said that the gelatinous material may go on accumulating within the cavity of the uterus, till the rudiments, which are entered from the fallopian tube, become completely imbedded in it, so as to lie below the surface. These rudiments, however, possessing the vital principle, and deriving nourishment from the surrounding parts, grow, and, becoming bigger, they spread out that portion of the gelatinous material which was lying over their surface, so that, as you see in the drawing, another membrane begins to form in this manner, the decidua uteri being doubled back upon itself, this reflexion becoming more and more apparent as the growth of the ovum is proceeding. The use of the reflexia is unknown; it has been supposed that it may assist in fixing the ovum, when small, in the uterus; and hence it is said, the cessation of its growth, and its ultimate disappearance, when the ovum has attained bulk sufficient to prevent its slipping from the uterus.

In the ovum of the puppy we meet with a membrane called the tunica erythroides, very delicate and vascular, communicating with the mesentery by the artery and vein, already demonstrated; what is the use of this membrane, however, I am unable to explain. In the ovum of the calf we meet with a large membranous bag, the alantois, as it is called, holding many pints of water—two or three gallons when distended—and communicating with the bladder by means of the urachus before shown. In the human ovum we sometimes find a little bag, about as big as a pea, and which always lies near the margin of the placenta, this bag containing within it a little coagulated mass, the use of which is unknown. This small cyst is denominated the vesicula umbiliculi, and what may be the use of this vesicle has not been ascertained; it seems to be more analogous to the tunica erythroides of the puppy than to the allantois of the calf, to which it has been likened, and the rather, because a filament, divisible into two more delicate, may be traced down from the vesicle to the fetal mesentery, the filaments apparently representing the omphalo-mesenteric arteries and vein. From Professor Mayer, of Bohn, I first learnt, that with proper care this membrane may

be detected, not only in the earlier, but in the latter months. It seems not to be much larger in the end of pregnancy than in the commencement. Observe the specimens.

Liquor Amnii.—The membranes are filled with a fluid varying much in its quantity, consisting sometimes of a few ounces, and sometimes of several gallons, but, on an average, measuring from half a pint to a pint, and this, which forms our first element, is called the liquor amnii. When the liquor amnii is unusually sparing in its quantity, I know not that any inconvenience arises from that circumstance; but when there is too much of it, then you have that dropsy of the ovum of which I formerly took occasion to treat, and which is most effectually relieved by puncturing the membranes. The office which the liquor amnii discharges appears to be very important; in the first place it affords the fœtus a yielding medium, in which it moves about with ease; for, if the liquor amnii had been wanting, we should then have been fettered in our earliest formation, by the fibres of the uterus; again, facts prove that this liquor, somehow or other, defends us from the destructive pressure of the uterus, which, but for the action of the water, would crush us as you may perceive it has done the fœtus exhibited; for, in case of twins, the fœtus, which lodges in an unbroken bag, remains unhurt, though its companion, if the membranes burst, may, at the same time, be crushed by the pressure of the same uterus, which, owing to the protection of the water, inflicts no injury on the other child. Thirdly, in the progress of delivery, the water, in conjunction with the involucre, forms a sort of wedge, which, playing in the os uteri, lays it open, and, of course, expedites the delivery. You will observe, accordingly, that when there are pains, the bag is forced into the mouth of the womb, pressing gently upon the margins, and acting expansively, like a dilator, whence the necessity of a rule formerly laid down—I mean, that we should leave the disruption of the membranes to nature—or, at all events, that we should take care that the mouth of the womb be fully opened, before we have recourse to any artificial means for laying open the bag.

I have said that a principal use of the liquor amnii is the protection of the fœtus from the effect of the uterus; and this is best proved from the consequence of a premature discharge of the water. Here are three fœtuses that have been crushed in this manner, like thousands before them; and it deserves especial remark, that, in one of these cases, the crushed fœtus was a twin, the other child, its fellow, enclosed in a separate bag, but subjected to the pressure

of the same uterus, escaping in consequence of being protected by the water of the ovum. Conceive to yourselves an egg lodged in the centre of a bladder filled with water; while secured in this manner, external pressure would not injure it; but should the bladder burst, and the water flow, the egg being no longer protected, might be crushed by the same pressure which it before sustained without injury; and thus, perhaps, it is with the fœtus in the midst of the liquor amnii.

It has been asserted, that the liquor amnii nourishes the fœtus; but to this opinion I cannot accede, and on these grounds: first, where children are born in a perfectly healthy state, the liquor amnii is sometimes found to be fetid; secondly, the fœtus, as you observe in the glass at the corner of the table, sometimes consists merely of the lower parts of the body—the legs, pelvis, and parts immediately contiguous, all the rest of its structure being wanting, and yet those fœtuses are nourished. Now it is clear that such monsters cannot swallow and digest the liquor amnii, for they have no apparatus for digesting, nor any organ for swallowing. Again, it happens now and then that the liquor amnii is discharged a fortnight or three weeks before the birth of the child; and I believe cases have occurred where the umbilical cord has hung a little way through the os uteri, showing clearly that the bag was open, and empty of the liquor, and yet the fœtus has been plump, and well nourished at birth, which could not have been had the nourishment of the child depended on the liquor amnii. So that not to push this point any further, on all these grounds, as children may remain in utero for a fortnight or three weeks after the discharge of the liquor amnii, and be nourished very well; as healthy children may be born where the liquor amnii is fetid; and as you may have monsters without mouths or digestive organs, perfectly well nourished—notwithstanding, I think, it cannot be said the liquor amnii nourishes the fœtus. Add to this—that if you evaporate a table-spoonful of the liquor, you may find, indeed, that it contains a little solid matter, allied to serum in its nature, but the quantity is very small. Remember, too, that from the place where it accumulates, the liquor must be formed either by the amnion, the cord, or the fœtus, strictly so called—its skin, its kidneys, or some other part. Now, which ever of these organs produce the liquor, they are all parts of the fœtus, and it seems absurd to suppose that the fœtus can be nourished, and grow by means of a fluid which it secretes from its own vessels.

FOREIGN DEPARTMENT.

ON THE CIRCULATION AND RESPIRATION OF THE ANELIDES ABRANCHI.

In the sitting of the *Académie des Sciences*, on the 29th of September, MM. Cuvier, Duméril, and Latreille, made a very favourable report on M. Dugès's memoir on this subject. From his researches, it appears, that in the naides and lumbrici, the blood is carried in a circle round the longitudinal axis of the body; in the dorsal vessels it moves towards the head; in the abdominal vessels, from the head towards the posterior part of the body. Between them there is an intermediate system formed of vesicles, which are covered on their external and internal surfaces by a very fine net-work of vessels, by which respiration seems to be performed. In the hirudines, the circulatory motion is round the vertical axis; each pulmonary vesicle also receives a branch from, and sends a branch to, the lateral vessel.

REMARKABLE CASE OF RABIES IN A WOLF.

A she-wolf was lately killed in the Département de la Meurthe, apparently with all the symptoms of rabies, after having bitten about thirty sheep, a dog, and two men; its viscera, on examination, were found in a healthy state, except the intestinal canal, the mucous membrane of which was violently inflamed. As the two wounded persons, one of whom was most shockingly lacerated, got perfectly well, it would seem that the animal was not labouring under true rabies, and that its fury was produced merely from the irritation of the intestines. A very remarkable circumstance in the examination of the animal was, that a musket-ball was found imbedded in the substance of the heart, and covered by a whitish and very firm cicatrix.—*La Clinique*.

ON SEVERAL CASES OF DISLOCATION, WHERE THE ATTEMPTS AT REDUCTION WERE PRODUCTIVE OF VERY SERIOUS INJURY.

In the *Repertoire d'Anatomie et Physiologie*, M. Faubert, surgeon to the Hôtel Dieu at Rouen, gives some very interesting cases of dislocation; in one of them the attempts to reduce the dislocated joint produced a rupture of the axillary artery, gangrene, and, subsequently, the death of the patient; in another hemiplegia ensued, most likely in consequence of extravasation in the brain, from the efforts used in reduction; the paralysis gradually diminished, but the lower extremity never recovered its natural heat

and sensibility, and the use of the arm was almost completely lost. In a third case the dislocated shoulder was reduced thirty-eight days after the accident; immediately after the operation, emphysema supervened over the arm, and a great part of the back; very soon afterwards violent headach and hemiplegia ensued, and proved fatal on the twelfth day. On examination, the brachial plexus was found extensively lacerated; at the sixth, seventh, and eighth cervical and first dorsal vertebrae, the spinal cord was swelled, softened, and of a reddish brown colour. In the fourth case, the reduction was followed by an enormous painful swelling of the extremity, the arm could never be used, and the fingers only retained a very small degree of sensibility and motion. In a case of dislocated hip, the reduction was made very soon after the accident, and the head of the femur was very distinctly heard to slip into the cotyloid cavity; the patient died, however, five days after the operation. The anterior and exterior part of the hip was found ecchymosed; the pyramidalis, gemelli, and quadratus femoris, the capsule and ligamentum teres were ruptured, and the cavity of the joint filled with pus. In this case, the fatal termination was apparently rather the result of the dislocation, than of the reduction; the observations, however, of M. Faubert, show how cautiously the attempts at reduction ought to be made, and how necessary it is to consider whether a sufficient extending force can be used, without inflicting serious injury on the patient.

SKETCHES

OF THE

SURGICAL PROFESSION IN IRELAND.

No. XXIV.

THE PRIVATE SCHOOLS OF DUBLIN.

- - - - - ridentem dicere verum
Quid vetat? Non.

"We were now," says Dr. Johnson, in his Journey to the Hebrides, "treading that illustrious island which was once the seminary of the Caledonian regions, whence roving clans, and savage barbarians, derived the benefits of knowledge, and the blessings of religion. This island, which was once the metropolis of learning and piety, has now no school for education, or temple for worship. That man," he continues, in a tone of sublime sentiment worthy

of its author, "is little to be envied, whose patriotism would not gain force on the plains of Marathon, or whose piety would not grow warm among the ruins of Iona. Perhaps, in the revolution of ages, Iona may be some time again the instructress of the western regions!" Who, in this descriptive prediction of the fate of Iona, does not see the three stages of bloom, decay, and regeneration, which the literary reputation of Ireland has undergone?—that country to which Iona itself is indebted for its founder and its fame. The first to diffuse the light of learning through the isles, it became the Iona of scientific recollections, amidst whose ruins the philosopher wept, and is now again, in the fulness of time, restored to the honourable ascendancy of being that "School of the West," which it was called by Dr. Johnson, in one of his letters to O'Connor, the historian of Bellemeane.

Persons superficially read, and still less observant, have been strangely puzzled to account for the sudden supremacy which the schools of Ireland have lately attained over their competitors. They cannot conceive, poor blind mortals, how pupils from civilized countries can, in the face of barbarism and insurrection, venture to live in Ireland. Now, if they only recollected the hint implied in Dr. Johnson's prophecy of Iona, they might at once perceive that what happened once may happen again. William of Malmesbury, too, could have informed them, that, about 1000 years ago, "Students resorted from England to Ireland in such crowds as to require whole fleets to carry them over; Ireland being then a blooming country of scholars, whose students you might as well enumerate as reckon the stars of the sky." Put "corraghs," constructed of wicker-work and horse-skin, for our steam-boats,—and students in arts for medical pupils,—and what change has taken place in the studious intercourse of Ireland and its neighbours? so true is the exclamation of Solomon, that "there is nothing new under the sun!" So far were the students of those times, more than those of the present day, from being deterred from visiting Ireland, that Bede, the father of British history, represents its inhabitants to have been then, what, we can assure our calumniators, they are still—"Gens innoxia, et nationi Anglorum semper amicissima!" Alas! that the innocence and the love should have been all upon one side,—the hatred and the guilt on the other! But we must not wander from proofs to politics. So fashionable was it for pupils to come to Ireland in those days, just as they do now, that the usual answer to inquiries after one being missed from home, was—"Amandatus est ad Hi-

berniam;" or, as it is more elegantly expressed by the poetical biographer of Sulpicius—

"Exemplo patrum commotus, amore legendi,
"Ivit ad Hibernos, sophia mirabile clara."

One essential difference, indeed, there was in the circumstances of this studious immigration,—that the pupils were fed, clothed, and educated, gratuitously, by the Irish; a fact which it may be necessary to point out, as the national hospitality has certainly degenerated so far, that it may not be prudent to venture over without a trifle of money now. For this important information we are indebted to George Lord Lyttleton, who says:—"We learn from Bede, that, about the seventh century, numbers, both of the noble and second rank of English, left their country for Ireland, to study there; and all these, he affirms, the Irish most willingly received and maintained at their own charge; supplying them with books, and being their teachers, without fee or reward!" Yet is it a matter of surprise, with the ignorant calumniators of Ireland, that pupils should resort there; and that the descendants of men who were susceptible of the most enlightened generosity recorded in the history of any nation, should not only establish schools at home, but still send missionary professors, by dozens, to England at the present time. Let us but just touch these delusions with the magic wand of history, and mark how they vanish like the mists before the morning sun. Wonderful wonder, indeed, that Irishmen should still be the founders of schools at home and abroad! Why, the three greatest British universities have been founded by Irishmen, and several on the Continent. Johannes Caius, in his "*Cantabrigiensis Academiæ Antiquitates*," positively asserts, that our illustrious ancestor, "Johannes Scotus Erigena, was one of the founders of the academy of Cambridge;" Fabius Ethelwardus, and the Saxon annals quoted by Usher, state, that "three Irishmen came over, in the year 891, to Alfred—Dufflanus first, Macbaethus second, and Magilmuminus third,—to superintend the three first colleges in Oxford;" and it is quite a mistaken notion, to suppose that Trinity College, Dublin, was established by Queen Elizabeth, for it had been founded, long before her reign, by Alexander Bignor, Archbishop of Dublin, and confirmed by Pope Innocent XXII. The French, indeed, have the candour to admit, that their University of Paris was instituted by Irishmen, as well as several of the continental seminaries of education. Thus we find the compiler Moreri, so highly complimented by Boyle, asserting, that "Ifeland has given

the most distinguished professors to the most famous universities of Europe—as Claudius Clements to Paris, Albuinus to Pavia, and Erigena, our namesake, to Oxford.” To this honourable testimony we are happy to add the authority of Mosheim, who says:—“The learned men of Ireland discharged, with the highest reputation, the functions of Doctors, (*mark that*), in France, Italy, and Germany;” and also of Scaliger the younger, who writes:—“For 200 years after Charlemagne, all the truly learned men were from Ireland.” In the same spirit, we find Henricus Aristidodorenensis writing to Charles the Bald:—“Why should I mention all Ireland, with its crowd of philosophers, despising the dangers of the sea, and flocking to our shores?”

In one particular, indeed, we fall short of our ancestors in the number of our authors, for we are informed by Sir James Ware, that there were, from the 5th to the 16th century, 156 Irish writers; and the 10th age was called the “*sæculum obscurum et infelix*,” on account of the few eminent men it produced. Where, then, is the wonder that our Abernethys, our Lardners, Bennets, Quains, and Dermots, *cum multis aliis*, should still be the instructors of England? and that Ireland, whose very soil is made up of the *dùirtus* of Parnassus, and the mould of philosophers, and whose very atmosphere has been inspiration to its inhabitants, should now, resurgent from its ashes, realize the phenomenon of that bird of Asiatic fiction, from whose remains an offspring is reproduced, with all the beauty and attributes of its parent? But what, it may be inquired, has all this vain parade of antiquarian lore to do with the subject indicated in the title of this paper? We may answer this impertinent interrogatory in the Irish way, by asking, in our turn, what was it that gave the preceding superiority to Ireland, and what has done so again? We answer, PRIVATE SCHOOLS made Ireland the “Island of Saints;” they have now made it the “Island of Doctors;” and for this inestimable blessing, we are most certainly indebted to JOHN TIMOTHY KIRBY, on the dome of whose theatre, in Peter Street, we shall, with the reader’s permission, pitch our telescope, while making a critical survey of the private schools of Dublin.

Peter-Street School, the first, we believe, established in Dublin, as late as 1810, still continues to maintain a numerical superiority of pupils over its junior contemporaries, and a higher place in public estimation. The impulse of talent and vitality communicated in the “*nisus formativus*” of its birth, still invigorates its maturer years, and promises a perpetuity of its original strength and soundness of constitution.

Like a new-made planet, hurled into space by the hand of Omnipotence, — “*parvis componere magna*,”—it has shone on through time with unclouded splendour among its associates of the scholastic zodiac of Dublin. It has certainly the merit of great simplicity of construction; and singleness of purpose, without being obstructed in its movements by a complexity of objects, and a multitude of teachers. Anatomy, physiology, surgery, and pathology, are the only sciences taught; and are not these quite enough to be taught in one private school? We confess, we think that Mr. Kirby’s imitators have not acted wisely, in attempting to unite the tuition of every branch of medical science in their schools; for they have but encumbered themselves with numbers, without increasing, in many instances, their strength. Mr. Kirby, it is true, must be considered “a host in himself,” and needed not the adventitious aid of a long train of scientific sutlers to his establishment, in order to make a show; while the peculiarity of his manner, and the felicitousness of his elocution, render the task of learning, from him, less a toil than a pleasure. In our early days, when our young blood made us, perhaps, more chivalrous than prudent, we tilted off some of the more gaudy trappings of Mr. Kirby; but we always conceded to him the possession of sterling abilities and much useful information. And, after all, though these eccentricities are fair food for characteristic delineation, it is possible that, without such qualities, his talents might never have become so extensively useful. Genius, without artifice to buoy it into popularity, often perishes in the husk; while, possessed of this extensive quality, it diffuses its beneficial influence to all around it; like those seeds furnished by Nature with wings of down, which, wafting them into the air, beautify the surrounding fields, and furnish food, both to bird and bee, by their fruit and flowers. It is more than probable, that, in our profession at least, some such buoy is indispensably necessary to float merit into notoriety; the distorted vision of our artificial society being no longer able, or indeed inclined, to discover ability in its naturally unpresuming retreat,—like the pearl in its humble shell. We are, at all events, pretty certain that, had not Mr. Kirby’s gold been combined with a little of the volatility of mercury, it could never have enriched so many; and that the latter, alone, could never have been circulated so extensively without the weight and worth of the former metal. Such as Mr. Kirby was, he is still, in person and accomplishments; for we can by no means agree with those who conceive that his beauty has been injured by a late attack of strabismus; on the contrary, the obliquity of vision pro-

duced by it has improved his appearance, by throwing into his countenance a certain degree of humorous archness, which admirably consorts with certain passages of his lectures. We have some suspicion, indeed, that Mr. Kirby has discovered the elixir of Paracelsus, and that he will never die. Just as all Dublin was lately looking out for his professional demise, on the death of his late partner, Mr. Daniel, out he comes in a pamphlet advertisement, which does honour to that fashionable species of literature, announcing, instead of his resignation, his intension of conducting the whole establishment by himself. There can be no doubt but, from the versatility of his talents, he would have been fully able to perform his promise; but his subsequent selection of a partner to share his toils, happily relieved him from this obligation. In Mr. Ellis he has found all the advantages which extensive experience in private teaching, unremitting industry in the study and practice of his profession, and most respectable talents, can bestow. We congratulate Mr. Kirby on the selection he has made; but, indeed, he is peculiarly fortunate in finding partners, whether professional or matrimonial. The demonstrators, Mr. Brenan, and Mr. Young, are yet untried men; should they deserve that meed of approbation which the public voice has already conceded to them, and which their appointment, in some measure, justifies, we shall be happy to record the realization of these hopes; for, of all the duties which fall to our critical lot, that of twining the laurel around the brow of youthful desert is the most grateful. The establishment is furnished with a considerable museum, an useful library, and, with Mr. Kirby at its head—

“ Nil desperandum, auspice Teucro.”

Turn we then our glass across the water, on Moore Street. The object is certainly small, but extremely brilliant. Albeit our eyes are weak, and, being dazzled by its splendour, we shall not venture on a simile of a diamond, minute, and highly polished; but proceed to consider it as a medical school, without the illustration of a parallel. It is essentially different in character from any of the other private schools of Dublin; being smaller, and conducted principally by one individual, Mr. Wallace, though amply compensating for want of size, by the talents of its proprietor, and the objects to which he directs the attention of his pupils. We know, indeed, no professor in Dublin, who has struck out a more original course of cultivating medicine, or one more calculated to extend its boundaries, than that adopted by Mr. Wallace. Instead of directing the energies of his mind on the great mass of science and disease, he has

separated fragments from this mighty pile, and committed them to the crucible of experiment, with the judicious hope of being able to analyze their nature in this more manageable form. Disease of the skin, for the treatment of which his establishment has acquired a deserved celebrity, is one of those subjects which he has thus considered experimentally; and his lectures promise to throw much light on the obscure nature of this topic. Besides these points of pathology, which, by an exclusive attention to them, he has made his own, in some measure, in Dublin, his laudable zeal prompts him to test the doctrines and practice of others, as they come before the public, and to add to their utility by some improvements of his own. He is consequently less of the routine practitioner, and keeps up with the rapidly-increasing intelligence of the day, better, perhaps, than any of his contemporaries in our city. Mr. Wallace's various and numerous contributions to medical literature will bear us out in this estimate of his character. To all students who aspire beyond the application of their art, who, in short, would extend its limits by pathological experiments, and learn the proper manner of conducting them,—we would, by all means, recommend an acquaintance with Mr. Wallace and his excellent institution.

How we should have been so long looking out for the Richmond School, and not have found it, appears to us a little odd; unless, indeed, the filth and smoke among which it is placed should have obscured our telescope. We have now, however, a very distinct view of this bulky object, thanks to a rich gleam of sunshine that has just dissipated the darkness around it! This vast repository of science and disease, which in the extent of its wards, and the number of its teachers, may remind the English student of the great London hospital schools, has a mean, if not a dreary aspect. It contains, however, within itself, vast resources for the support of a medical school, greater, undoubtedly, than any other place of the kind in Dublin. One way or other, we believe, there are connected with it about three hundred patients; from among which, that pupil must certainly be an epicure in nosology, who could not select appropriate objects for observation, while its relation to the House of Industry facilitates a constant supply of the materials for anatomical pursuits. Its list of professors seems to be ably filled up, at the head of whom is Mr. Carmichael, whose name conveys a higher panegyric than even now, in a paroxysm of admiration of all the private schools of Dublin, we are able to indite. With Mr. Reid, to whom a part of the surgical course, we perceive, has been consigned, the readers

of this Journal must be acquainted, through a short notice of him in our sketch of Mercer's Hospital, of which he is one of the surgeons; so that it is unnecessary to renew here the favourable impression conveyed of his transcendent merits on that occasion. Attached to this school; as professor of chemistry and materia medica, there is an individual of very rare attainments and singular manners, of the name of Donovan. He is the only exception that we have ever known to the universal ignorance and worthlessness of that body to which he belongs—the apothecaries of Dublin—a body from the nature of whose pursuits so much might be expected, and from whom so many splendid discoveries in science have emanated in other countries. In person, Mr. Donovan is a short, square built, dark-looking man, without, apparently, a single ray of talent illuminating the gloomy disc of his countenance. His physiognomy, indeed, is the very antithesis of intellectual expression; and but for a certain morose abstraction of look, as if wholly absorbed in the intensity of his speculations, and that his countenance is rendered still more sombre by a dark cosmetic seemingly composed of the dust of the laboratory, with the oily dews of laborious cogitation, he might pass without being remarked by the most expert disciple of Spurzheim and Lavater. His demeanour corresponds pretty much with his personal appearance. His stern features are seldom or never seen to relax even into a smile, or to assume, for a moment, any one shade or modification of the expression of painful or pleasurable emotion. Go where he will, his face, like certain points of our earth, however it may revolve, is shrouded in perpetual darkness. His conversation, from the philosophic orbit in which his mind travels, is stiff and formal as his appearance. His words flow from him with the regulated punctuality of a pendulum, and his descriptions conducted *a la* Euclid. We have frequently heard him describe, geometrically, his passage from Apothecaries' Hall to his residence in Townsend Street, and reduce the circumstances of a visit to one of his patients into a sorites of syllogisms. He speaks on all subjects, and on all occasions, as if he thought Newton should supersede Blair; and that prosody, or the doctrine of verbal quantities, is the only part of Belles Lettres which should be consulted in conversation. Mr. Donovan, however, is a gentleman of undoubted ability, and his eccentric manner has been remarked only because it is allied with superior qualifications. The same devotion to descriptive accuracy which distinguishes his phraseology, is conspicuous in his compositions, of which he has given many, on very oppo-

site subjects, to the public. His first and largest work on the history of galvanism, with a new theory of his own, was honoured with the prize of the Royal Irish Academy, and is less known than it deserves. Since his communion with the lightning of heaven, most of his productions have been of a more terrestrial cast; and like Benjamin Franklin, who could grasp the bolt of Jove, and philosophize with a boy's kite, Mr. Donovan has descended from the clouds to the kitchen, and adorned the humble labours of the cook with the splendour of science. We recollect reading, not long since, (and we regret we cannot now refer to the page for the sake of all lovers of the bran of Mocha,) in the Dublin Philosophical Journal, an Essay on the Roasting and Infusion of Coffee, by him, which is, perhaps, the best written on that thought-inspiring beverage, not excepting the culinary lucubrations of Count Rumford. In the same journal may be also found the description of a rain-gauge manufactured by him, which may give some notion of the patience of his demonstrations, and an idea of his great mechanical invention. The instrument itself is an extraordinary curiosity; one of those automats of art, which, in the multiplicity of its operations, and the regularity of their performance, mimics the animated contrivances of nature. They are generally toys, and Mr. Donovan's is scarcely an exception. Having admired the wonderful accuracy with which it executes its various functions, our next feeling will be surprise, how man could have taken such immense trouble for the trivial object of measuring the height of water which descends on the earth in a year. There is also, in the same journal, a review of the last Dublin Pharmacopœia attributed to him, in which a multitude of errors are corrected, which have escaped the notice of other critics; thus showing the superiority of the working man of the laboratory, over those sciolists who concoct reviews in their closets for the medical journals. But we must have done with this interesting personage, by pointing out his high qualifications for discharging the duties assigned to him in the Richmond School, while we turn our instrument back upon the Park Street School.

This school, which we described at some length, along with its principal founder, Mr. Jacob, comprises teachers of many of the branches of medical science, some of whom are men of considerable merit. From this number we must exclude Mr. Cusack; for in every quality, except a practical knowledge of surgery, he appears to us defective as a teacher. Whatever success may attend his exertions as a stage manager, he should never venture the audience side of the curtain. Having himself the com-

mand of a respectable school of his own apprentices, and a consummate knowledge of fees and the funds, we would, by all means, recommend him to remain satisfied with exerting his ability in this way, and, for the rest, indulge in the luxurious privileges and immunities of a "sleeping partner" in the concern. Mr. Porter, his new collaborator, might, we fear, be stretched on the same couch. He succeeded Mr. Jacob "by purchase," as the *Government Gazette* has it, and, at least, promised a vast deal on his appointment. The rumour of the surgical lectures which he was to have delivered at the time is still painfully tingling in our ears, like the boeing of a bull-frog. But blustering of this kind generally subsides into a monotonous calm. We cannot, at our pleasure, command information, for it can be acquired by long and gradual application alone; nor instantaneously transmute our dulness into talent, which is the gift of nature only. It is easy to excite expectation—how difficult to realize! By a little artifice we may readily awaken the curiosity of men; talent alone can keep this capricious passion alive. Mr. Porter's representations of himself to his private friends, have, we believe, disappointed the public. His success convinces that there must be something more than pounds and pupils to ensure the success of a school; indeed, we suspect this joint-stock system of organising didactic establishments is liable to great abuse. The natural origin of such institutions is, that where they commence with perhaps a single individual, whose confidence in his own resources prompts him to, and, in some measure, justifies so arduous an undertaking. To such training in the open field of competition, where merit should rise without extraneous assistance, we would rather look for excellence, than to those hot-houses of mushroom professors, forced into a sickly pre-eminence by the sheer influence of interest and affluence. With respect to the other arrangements of this school, we see nothing which calls for our censure or our praise, except that by a singular valuation of talent, the two cleverest men in the establishment, Mr. Hort and Mr. Alcock, have been placed at the bottom of the list. With anything like a fair portion of those advantages which assist the ascent of talent up "the steep of fame," and without which the task is always difficult, and sometimes fatal, we have no doubt but these two men, who are now at the bottom, would soon rise above their presumed superiors. With their useful exertions, and many other advantages which this school possesses, we have no doubt of its success, which we have no intention of marring by our preceding remarks.

So much have we gazed at the private

schools, that we fear our sight will not stand us for the examination of a class of teachers of a different character, but whom we could not find in our heart to omit, in this panegyric on private instruction. There is, of course, in Dublin, as in all other great medical schools, species of tutors vulgarly called "grinders," who, like gypsies, practise their legerdemain art without any fixed habitation. Without theatres, museums, libraries, dissecting-rooms, or any of the other ostensive chattels of medical schools, these wonderful men undertake, from their own exclusive resources, to perfect pupils in all the arts and sciences, or what answers precisely as well, to get them diplomas. There is something really so bold in the enterprise—so heroically romantic in the lives of these men, that they disarm criticism of its terrors, and reconcile us, by their extravagance, to their imposture. Yet, though this practice savours so strongly of charlatany, still we are not hostile to it in the abstract, however grossly it is abused. It is, after all, but the application of the most useful form of education—private instruction; and if, in some instances, it is made subservient to bad ends, it might puzzle more expert casuists than we pretend to be, to apportion the just quota of crime which belongs to the pupil and the preceptor. We fear the balance of guilt would be oftener found on the side of the former than on that of the latter. Besides, it should be recollected, that it affords a respectable subsistence to many young men, and an useful employment of their time; for, to be under the necessity of explaining a subject to others, is one of the most powerful stimuli to make us understand it ourselves. Among this interesting class of men, there is, in Dublin, one of the name of Dr. Davis, who is a very perfect representation of the singular genius to which he belongs. He has certainly attracted great attention by the indefatigable industry and amazing ingenuity of the devices displayed by him in the prosecution of his multifarious avocations. He seems to have taken up the idea, probably from that compounder of paradoxes, Mr. Hazlitt, that a man is estimated by the world at his own price, on the supposition advanced by this writer, that all men of genius have been invariably men of confidence and assurance. Of this very questionable doctrine, Dr. Davis affords the most amusing illustrations. Though really young, he has contrived, by a well-designed costume, and a simulated manner, to bury all indications of youth beneath a broad-brimmed hat, a cravat seemingly tied by the very fingers of decrepitude, a suit of black of a designedly obsolete cut, and a look of mysterious profundity. Meet him at any hour in the street, and you are sure

to find him in what we call in Ireland, a "jog trot," such is the heavy tax which the support of a foolish and feigned character imposes on his unfortunate loco-motive apparatus. Instantly he stops in the street; reads, perhaps, a slip of paper, and off with him again at his toilsome career. Should you be so kind to him as to stop him for a moment, and to break the current of his public meditations, he is sure to assail you with complaints of his restless existence and his incalculable profits; he cannot, in fact, comply with one half the demands made by the public on his professional skill, nor is the bank able to receive as fast as he can pour in the emoluments of his practice. Private society, however, is the sphere in which these demonstrations of laborious prosperity are manifested with the most elaborate assiduity for the production of effect. We recollect being at a party one night in Dublin, where Dr. Davis was one of the invited: he arrived, of course, fashionably late; he had not been long seated, when the noise of a carriage rolling up to the door seemed to threaten the house with instant destruction; the rumbling of the wheels had scarcely ceased, when a breathless lacquey appeared at the door, vociferating, with the utmost appearance of anxiety, "Surgeon Davis—Surgeon Davis—Surgeon Davis;" in a tone of trepidation still more awful, "Alderman Apoplexy, of Turtlesoup Square, has just fallen out of his standing! Christ save us!" The bow of old Timotheus, "placed amid the tuneful choir," instantly sunk from his hand; the ladies, appalled by this unexpected intrusion of the voice of death amidst their merriment, stood motionless in the quadrille, like the fair dames of Egypt, warned of their mortality amidst their mirth, by the introduction of a garlanded corse, while Surgeon Davis, pressing his side pocket to ascertain the presence of his instruments, rushed through the astonished multitude, apologizing to his fair hostess and her spouse for the interruption, in the well-known line of Horace:—

"Serius aut oculus, metam properamus
ad unam."

Rogueries of the Doctor.

Anatomy	Dr. Davis.
Physiology	Dr. Davis.
Pathology	Dr. Davis.
Theory of Surgery	Dr. Davis.
Institutes of Medicine	Dr. Davis.
Practice of Physic	Dr. Davis.
Chemistry	Dr. Davis.
Botany	Dr. Davis.
Materia Medica	Dr. Davis.
Medical Jurisprudence	Dr. Davis.

One, perhaps, of his best schemes to deceive the world into a belief of his imaginary business, may be witnessed at the examinations at the College of Surgeons. Generally within about ten or fifteen minutes before the business of the meeting is over, the door opens abruptly, and in struts the Doctor at his accustomed pace, and, wiping the big drops from his fevered brow, instantly all eyes are turned on the Doctor, and all watches are out to ascertain whether he has deviated by a minute from his usual time of executing his farce. He seems to enjoy as tribute of admiration, what is really intended for a sarcasm; and, after felicitating himself for a few moments, with a look of melancholy satisfaction, he suddenly starts up, looks profoundly on a billet or his tablets, mutters over the words of some address with a look of distraction, and, as if the genius of restlessness had taken possession of him, is off again on his never-ending excursions to his ideal patients. It may well be supposed, after this slight insight into the Doctor's innocuous and pleasant habits, that his pretensions as a teacher equal, at least, his success in personating a practitioner. They far, indeed, exceed his other exertions; for, like Orator Henley, there is no science of which he is not master, and which he does not profess to teach. We know of no means by which we could describe his pretensions to universal knowledge, as by the publication of one of his advertisements, which, we suspect, may be even mutilated by some accident or other. In order to give a stronger relief to this extraordinary document, we shall contrast it with the play-bill of the celebrated mimic and ventriloquist, Mons. Alexandre, whose wonderful versatility enabled him to represent in rapid succession, a vast number of characters. We shall, therefore, place the announcements of the performances of these celebrated rivals to reflect light on one another, and leave our readers to judge whether the Doctor does not beat the ventriloquist hollow:—

The Rogueries of Nicholas.

Lord Mayor	Mr. Alexandre.
Alderman Orlington ..	Mr. Alexandre.
Tom Lovemore	Mr. Alexandre.
Sir F. Durable	Mr. Alexandre.
Nicholas	Mr. Alexandre.
Moses Israel	Mr. Alexandre.
Archer	Mr. Alexandre.
Crip	Mr. Alexandre.
Grogan	Mr. Alexandre.
Mrs. Orlington	Mr. Alexandre.
Miss Tirilda	Mr. Alexandre.

Here we must separate these illustrious competitors, the Doctor having beaten the ventriloquist, by the support of the following additional characters:—

Midwifery	Dr. Davis.
Diseases of Women and } Children	Dr. Davis.
Toxicology	Dr. Davis.
Practice of Humbug	Dr. Davis.

But we must take our leave in peace of this medical Mokanna, sincerely hoping that our innocuous attempt to raise his "silver veil," may not lessen the number, or diminish the faith of his followers, in his miraculous attainments; for the point of our pen admonishes us that we have written more than the lawful extent of a sketch. We shall merely remark, that the anatomical market of Dublin promises to be abundantly supplied this season at the usual low prices. We ourselves, indeed, in order to insure attendance, have taken the trouble to organise a *cordon sanitaire* of resurrection men around the churchyards of the capital, in order to protect them against foreign invasion. To any Scotch or English bone-grubber found trespassing on these prohibited grounds, the penalty will be burial alive in the very first grave he violates. Having made this proclamation, we shall conclude by wishing success to all private schools, private teachers, grinders, &c., and may they increase like the Israelites and the Irish in bondage, until they burst the chains in which corporations have bound them, by their merit and multiplication.

ERINENSIS.

Dublin, Oct. 25th, 1828.

WESTMINSTER MEDICAL SOCIETY,

October 25, 1828.

Dr. SOMERVILLE in the Chair.

ANEURISM OF THE AORTA. — PROTECTIVE POWER OF VACCINATION.

THE minutes of the last meeting having been read,

Dr. GREGORY, agreeable to an intimation he had given, related a case of aneurism of the aorta, which, he considered, presented appearances as curious and interesting after death, as the symptoms were extraordinary while the patient lived. T. C., ætat. 42, No. 2, Castle Street, Grosvenor Square, originally a baker, but, for many years past, out of employment, applied for advice at St. George's and St. James's Dispensary on the 1st of September last. For the first fortnight he was under the care of Mr. Reynolds; and complained of a very se-

vere cough, which he had had for about two months, with very copious expectoration. His chest altogether was uneasy; pulse 88; countenance very anxious; the veins of the arm were full. He was bled, and took rhubarb and saline mixture. He came under the care of Dr. Gregory, on the 13th of September, labouring under a cough, with extreme hoarseness. The cough came on in paroxysms, with extraordinary violence; he could not lie on the right side. He stated that he had been ailing for five months, but that, at the beginning of the present year, he was perfectly well. The Doctor tried a variety of means, and found his patient most benefited by medicines of a stimulant kind. On October the 6th, he was confined to his bed, and had fits of dyspnoea. The inspirations were long, and very like croup. The night before, he had a violent fit, in which he bit his tongue. The fit lasted for three hours. He referred all his sufferings to the bifurcation of the trachea. Ether afforded but very little relief; wine, of which he took a very considerable quantity, afforded more. His sufferings continued, and, on the 20th October, they were extremely great; his countenance excessively anxious, but he spoke quite coherently. On the following night he felt worse, and his wife left the house, in order to get assistance; in the mean time the daughter, who was left in attendance, fell into a dose, at which moment the patient got out of bed, in one of his paroxysms, opened a window, threw himself out, fell upon his head, and was taken up dead. The following day an inquest was held; and, on examining the body, the Doctor, when detaching the clavicles from the sternum, met with a round substance, the nature of which he could not readily understand, but which he afterwards found to be an aneurismal sac. The part of the trachea to which the patient had referred his sufferings, was excessively red, and showed great marks of inflammation. The larynx was not in the least degree affected. Ulceration, to a considerable extent, had proceeded in the bronchia. The parts he had made a preparation of, and brought for the inspection of the society. He had not been able to trace the commencement of the disease further back than six or seven months. During the whole time he had attended the patient, nothing arose to induce him to suppose the existence of aneurism of any of the great vessels. The growth of the aneurism appears to have been entirely inward. There were times at which the patient could fill the chest, and breathe with perfect freedom; at other times the dyspnoea was most distressing. Though he had thrown himself out of the window in a fit of insanity, yet the Doctor had never observed him labouring under any attack of delirium.

In answer to some questions put to Dr. Gregory by different members, he said that he certainly never had suspected the existence of an aneurism, till he had detached the clavicles. The disease lay at the bifurcation of the trachea. He had never noticed any increased action of the temporal or carotid arteries. The patient had all along complained of *tightness*. His constitution was too much impaired to have submitted to any active means.

Mr. MAYO, after examining the preparation, considered it an extremely curious specimen. In fact there were two aneurisms, one of the convex, and the other of the concave side of the great vessel. One of the tumours was directly between the œsophagus and the trachea, and he wished to know whether the patient had suffered any difficulty in deglutition. Again, being a case of great disorganisation, he desired to be informed whether, if the stethoscope had been applied, the nature of the case must not have been so apparent, as not to have been overlooked.

Mr. BENNETT was much surprised that Dr. Gregory had not resorted to the use of the stethoscope, especially after all that had been said in the Society respecting it, during the last session. He felt perfectly satisfied that, if even the ear had been applied to the chest or thorax, the aneurism, in this case, must have been detected.

[The aneurismal sac appeared to be about the size of a full-grown lemon.]

Dr. GREGORY said, the patient had never suffered difficulty of deglutition; indeed, his appetite had been always good, and he had swallowed with ease. In bringing forward the case, he expected to be blamed for not having resorted to the stethoscope. He could only say he had not done it, and that he had not suspected aneurism. The lungs, on the side on which the aneurism was situated, were diseased and extremely tuberculated throughout; and he thought if the stethoscope had been applied, that this would have been detected, and the practitioner would have gone no further.

Mr. BENNETT considered this condition of the lungs the very best to have led an examiner to a correct knowledge of the state of the heart and large vessels. The lungs being a solid mass, the sound would have been easily communicated through them to the side of the thorax.

Dr. SOMERVILLE related the case of a soldier, who applied, three or four years ago, for relief at St. George's Hospital, where there was no indication whatever given, by the condition of the pulse, of the existence of aneurism, but which was clearly detected by the application of the stethoscope to the chest. The soldier laboured

under a diseased liver, for which he applied to the Hospital.

Mr. TEBBS related the case of an emaciated man, fifty-six years of age, who applied for assistance at the Westminster Hospital, complaining of continued pain at the pit of the stomach, and labouring under symptoms of dyspepsia. No suspicion existed in the minds of the surgeons that there was an aneurism; but he, (Mr. Tebb,) one day placing his finger very carefully upon the part to which the pain was referred, supposed that he felt very distinctly a pulsation; he immediately got the stethoscope, and at once ascertained, beyond all doubt, that there was a very large aneurism of the abdominal aorta. The post-mortem examination showed this opinion to be correct.

Dr. BURDER related to the Society a communication that had been made to him from Professor Miller, of Washington, Baltimore, upon vaccination and smallpox. The substance of it was, he said, taken from facts that had come within his own personal knowledge; that the little pits, or depressions in the cicatrix after vaccination, gradually became obliterated; and that as they wore away, so the individual became liable, unless re-vaccinated, to be affected with the smallpox. The period occupied in the obliterating process, was very different in different individuals; in some he had found it to be five, eight, nine,—and, in others, even thirty years. This was a subject of great importance, and required to be refuted or verified by the experience of the most intelligent part of the profession. Dr. Miller seemed to think that the indentation in the cicatrix of some, wore out more readily and more completely than in others; that, in the greater number of cases, the indentations remained throughout life, and that, in such cases, the constitution was to be regarded as perfectly safe, but that, in proportion as the obliteration went on, so the protection of the vaccine power was lost.

Dr. GREGORY said, it was beyond all doubt that the vaccine cicatrix altered with the enlargement of the skin as the child grew, and that the appearance of vaccination, in some cases, also entirely disappeared. He did not consider the experience of the last ten years bore out the notion of the vaccine power being so effectual and permanent as had been previously supposed. He thought, as the distinctive characters of vaccination wore out in the course of time, so the protective power diminished, and he had, in a great many instances, recommended re-vaccination. He considered, that as life advanced, there was a disposition to take the disease, stronger than in early life. He

looked upon the average time of the protective vaccine power wearing out, to be under 14 or 15 years. In proportion to the perfection of the vaccination in the first instance, so would be the period of the cessation of its protective power. The vaccine vesicle was by no means uniform in its appearance. When vaccination was first introduced, the objection to it was, that its protective power would not be so permanent as inoculation with the smallpox. It was said, the protective power of the smallpox inoculation was, and would continue to be as permanent at one period as at another; this pathological principle Dr. Gregory did not believe obtained with respect to vaccination, and he considered those who were vaccinated more safe during the first ten years, than during the remainder of their lives.

Mr. BURNETT regretted deeply to have heard this statement from the lips of Dr. Gregory. He had had great experience at the Broad Street Institution, where 1400 or 1500 had been vaccinated in the course of the last year. The greatest attention was paid to the cases there, and he felt bound to state, and had no hesitation in telling the Society, that the principle laid down by Dr. Gregory was *not supported by facts, but was unfounded, and utterly incorrect*. Very, very few indeed, who had been vaccinated in Broad Street, took the disease again; those who did were under the age of 14, nay, of 10 years. He had known patients labouring under vaccination and smallpox at the same time; others to have smallpox, while the indentations were perfectly distinct in the vaccine cicatrix; and he had known nurses, who had been most dreadfully disfigured in youth by smallpox, take the disease again at 50 years of age, and die of it. Under these circumstances, he hoped the Society, and the profession at large, would be of opinion, as he was, that where it happened, (and very rarely indeed it was, compared with the bulk of mankind,) that a person was attacked with the disease after vaccination, in such a case it was owing to idiosyncrasy of habit.

Another Gentleman, who spoke on the subject, considered that great blame attached to many practitioners, for not thoroughly satisfying themselves that vaccination was perfect and complete. They were content to be told by nurses, or any person in attendance, that after vaccination, inflammation had taken place, a crust had appeared, and the child had done well. This was not the way to enable persons fairly to estimate the effects and worth of vaccination.

November 1, 1828.

Professor THOMSON in the Chair.

SUBDIVISION OF LABOUR IN THE PROFESSION.—TREATMENT OF VARICOSE VEINS, AND INTERMITTENTS.

Dr. STEWART read a paper on the expediency of the subdivision of labour in our profession. The paper had been submitted to the consideration of the Committee, and they having concluded that it was not calculated to disturb the harmony of the Society, gave permission to its being read. The Doctor carefully avoided adverting to the divisions made in the profession by the existing chartered bodies, simply stating, that he considered them, as far as they went, for the benefit of the community. He regarded it as highly to the advantage of mankind, that the medical practitioner should adopt one particular branch of the profession, and give his almost entirely undivided attention to that particular branch: the branch to be determined upon according to the liking of the practitioner, the particular condition of society in which he was placed, and a due consideration of any other circumstances calculated to assist and direct his views. He considered, also, that it would be much to the advantage of medical pupils, as well as to practitioners, that, in such places as the hospitals in London, all diseases of the same class, particularly chronic diseases, should be collected and kept together.

Dr. JAMES JOHNSTONE agreed in the utility of the subdivision of labour; but the question with him was, the grand point at which the minimum of education, without which no one ought to be allowed to practise, was to be determined. Upon this question there would be the profession, the public, the corporate bodies, and Parliament, to consult; and, in all probability, no two of these would be found to agree. He thought the minimum of time, in acquiring the knowledge, ought to be double that which it now was, and that the additional time should be taken out of the required period of apprenticeship!

Mr. A. THOMSON objected to this scheme. If there was to be any modification in the profession at all, he held that all men should be required to be general practitioners. The general practitioner he looked upon as at the head of the profession.

Mr. MAYO thought he might usefully state the mode which he adopted, of obliterating varicose veins in the lower extremities. Where the vein was either cut through, or tied, he had found inflammation very usually supervene to a fatal extent; but he had been in the habit of applying a

caustic paste (*caustic potash*) made into a stiff paste with *soft soap*, for about an inch, or an inch and a half, along and across the vein; this he allowed to remain on for about seven hours; slough and ulceration followed; and, for a day or two, the vein did not appear to be much affected, but, in about five or six days, its character became completely obliterated at the spot where the caustic had been applied. In some instances pain had supervened, but not to an extent requiring any active treatment.

Mr. ANNOTT had found Mr. Mayo's plan most successful.

Mr. A. THOMSON, and the Chairman, had never tried, in their opinion, a better course of treatment than that of puncturing the vein, and applying a pretty tight compress, a roller, and cold applications. They had found this generally to succeed.

Mr. MAYO alluded to cases in which it was necessary to obliterate a part of the vein altogether. He looked upon puncturing as a palliative only, the patient being liable to a varicose state of the veins at some subsequent period, where obliteration was not effected, and which could not be effected, by puncture.

Dr. JAMES JOHNSTONE wished to hear the opinion of the Society upon a particular class of intermittents, which he considered to be much more common in this country within the last 18 months, or two years, than they had been at any former period. Not long ago he had been called to a case of severe diarrhoea, coming on every third day, and lasting for about six hours. It resisted all the usual remedies; but, as soon as he found it to be an intermittent, he gave *quinine*, which at once cured it. A lady, a patient of his, was troubled with diabetes, coming on every third day. On tasting the urine on the third day, which was exceedingly abundant, he found it as sweet as syrup, and which he immediately stopped by the exhibition of arsenic and quinine. On the very evening on which he was addressing the Society, he had been called to a case of violent palpitation of the heart, accompanied with ringings in the ears, which, the patient informed him, came on about 10 o'clock every night, and continued till four in the morning. He had not had time to try any thing in this case, but he had no doubt that the same class of remedies would be found effectual.

The CHAIRMAN certainly considered the air of London, within the time specified by the last speaker, to be materially altered; for he believed intermittents had been much more common within that period than for the preceding 15 or 20 years.

A great part of the evening was wasted in useless disputations. After one or two gen-

tlemen had spoken on one subject, another was commenced; one or two gentlemen having spoken, then a third wished to make observations on the first; and this was continued throughout the whole of the evening—a continued course of vacillation, and, as the Chairman observed, a pendulum-like action, characterised the discussion of the night; which he considered extremely injurious to the interests of the Society, and which, he trusted, would not occur again. The whole of the inconvenience arose from the non-existence of an explicit law, by which the members might know when one subject was completely disposed of, and when they were at liberty to bring forward another.

POST-MORTEM EXAMINATIONS AT ST. BARTHOLOMEW'S.

To the Editor of THE LANCET.

SIR,—There is an old adage which runs thus, "time ripeneth and bringeth all things to maturity;" by time every thing cometh to be made manifest and patent, and that time is the father of perfection—to this I shall not subscribe my assent; but there will appear a very obvious reason, when we know that "nothing is perfect," "*nihil est ab omni parte beatum*;" therefore we cannot suppose that St. Bartholomew's Hospital could be faultless. However, as there is yet "a single fault," and that one so clearly connected with our interests, I cannot refrain from noticing it. I allude to the irregular, and "hole and corner," manner in which post-mortem inspections are conducted. I look back to the past week, and find that many interesting examinations have been made; but intelligence of these incidents had only reached the "privileged few," consequently any profitable observations, or any reflections which they might suggest, have been totally lost. There is a board suspended in a conspicuous place, intended, as its title imports, ("notices") to convey such information, and why is it not used for such purposes?

Trusting that this will be eradicated (as many others have been) by a hint in your useful Journal,

I remain yours, &c.

A PUPIL.

October 25, 1828.

[We have received several other letters on this subject, and to the same effect as the above. There is a great negligence somewhere, and the pupils have just cause of complaint.—ED. L.]

THE LANCET.

London, Saturday, November 3, 1828.

THE TIMES of Monday last, in an article on the new Regulations of the Apothecaries' Company, had the following paragraph:—

"We cannot conclude these hasty remarks without expressing our disapprobation of the conduct of an able Medical Journal, which has attacked the new regulations in a style of ribaldry, for which it would require its former merits towards the public and the profession to procure forgiveness."

As we know of no other Medical Periodical which has, in any way, condemned the Apothecaries' Enactment of 1815, the charge of ribaldry, we fear, must be taken as against THE LANCET; but our regret at the accusation is more than removed by the complimentary title which our enlightened contemporary has been pleased to bestow on this publication. We hope *The Times* will consider, on reflection, that there are other words which would have more correctly defined, than "ribaldry," the language in which we have expressed our disgust and indignation at the conduct of the Apothecaries' Company. No writer is better acquainted with the force of sarcasm and ridicule than the Editor of *The Times*—weapons which he frequently and most judiciously employs. Hence we were not a little surprised at the "disapprobation" expressed by our contemporary at the manner in which we have spoken of the new "Regulations." *The Times* knows full well, that argument bestowed on some people is not only lost labour, but that, unfortunately, it sometimes adds to the self-conceit of the ignorant and bigoted. Acting on this knowledge, what was the conduct of our contemporary on Tuesday, only the very day after he had spoken with "disapprobation" of our "ribaldry?" why, by a few "banter-

ing" sentences, he raised a laugh against some old ladies, not a whit more respectable, nor more wise, than the Hags of Rhubarb Hall, and on whose bigoted and childish proceedings, reason would have had as little influence as love of justice is likely to have, on the measures of medical legislators.

We shall extract a passage from our contemporary's leading article of Tuesday, not only because we like example better than precept, but because we happen to know a little of these enemies to "*Papishes*." Let the reader bear in mind, that the writer "disapproves" of ribaldry:—

"The first Cumberlo-Brunswick Meeting which we have to announce after that of Kent, is one summoned for to-morrow at Honiton, in Devonshire! Magnificent!! How prevalent is the force of example!!! Lord Winchilsea, and Sir Edward Knatchbull—a Peer of Parliament, and one of the Members for the county of Kent—have moved John Rogers and William Rogers, the portreeve and bailiff of Honiton, in Devonshire, to form a club in that ancient *vil*, for the protection of the Protestant religion in this United Kingdom. To be sure, William Rogers and John Rogers, being no great clerks, were obliged to get the landlord of the King's Arms Inn, where the Club is to meet, to pen the requisition for them, and he has made but moderate work of it: but if men are loyal, what signifies writing, reading, or spelling? Cobbett says he was a soldier as well as the Duke of Wellington; and so was *Bull-calf* in the play, as well as *Hotspur* and *Prince Hal*; and John and William Rogers are enemies to *Papishes* no less than Lord Winchilsea and Sir Edward Knatchbull."

This "banter," as *The Times* calls it, has, we have little doubt, produced its effect, not only on the implicated parties, but also on their neighbours; yet, had argument been the weapon, we dare swear the former would have laughed at the writer, although not exactly in the same style in which they now laugh. If *The Times* may "banter" the Anti-Popery dames of that rottenest of the rotten boroughs, Honiton, why may not we banter the Old Hags of that rotten corporation in Rhubarb Hall? For surely it is not less ridiculous for a company of retail druggists to pretend to legislate for the medical

profession, than it is for John and William Rogers, druggists; C. Flood, lawyer; C. Gordon, of the Bastard* family; V. Somerset, parson; P. Mules, lawyer; L. Gidley, lawyer; G. Conry, half-pay officer; H. Wright, probably of *Charles Wright's* family; H. G. Coplestone, parson; and Captain Basleigh, grocer, of the *vil* of Honiton, holding a meeting, to support the Protestant Church against the mischievous designs of the *Papishes*. Hags of Rhubarb Hall, and Honiton Brunswickers!—'faith you are excellent company, and admirably matched. *The Times* is wrong, however, when he ascribes the authorship of the requisition to Mr. Bowerman, the landlord of the King's Arms, who is much too clever a man to pen such trash: he is, indeed, an enemy to the practices of Catholicism, because he is a confirmed hater of *fast-days*. And thus we conclude *our banter*.

If the Apothecaries' Act of 1815 had been founded upon just and equitable principles,—if it had not deceived the public, by professing what it can never accomplish,—and if it had not invested a set of individuals with powers which they have proved themselves to be incapable of properly exercising,—we should not have spoken of it on so many occasions in such unqualified terms of condemnation.

We stated in our Ninth Volume†, that the Act was projected by avarice, supported by intrigue, and enacted by ignorance. From that statement we do not now retract one word; and if *The Times* would be at the pains to peruse the document, we are persuaded that his conviction of the unjust motives of its proposers, and the impolitic provisions of many of its clauses, will not be less strong than our own.

The powers, however, which have been recently assumed by the Apothecaries' Company, are clearly not warranted by the

Act; in fact, they are **USURPED**. The fifth clause defines the business, or duty, of the apothecary.

“And whereas it is the duty of every person using or exercising the art and mystery of an apothecary to prepare with exactness and to dispense such medicines as may be directed for the sick by any physician lawfully licensed to practise physic by the president and commonalty of the faculty of physic in London, or by either of the two universities of Oxford or Cambridge; therefore, for the further protection, security, and benefit of his Majesty's subjects, and for the better regulation of the practice of physic throughout England and Wales, be it enacted, That if any person using or exercising the art and mystery of an apothecary shall at any time knowingly, wilfully, and contumaciously refuse to make, mix, compound, prepare, give, apply or administer, or any way to sell, set on sale, put forth, or put to sale, to any person or persons whatever, any medicines, compound medicines, or medicinable compositions, or shall deliberately, or negligently, falsely, unfaithfully, fraudulently, or unduly make, mix, compound, prepare give, apply, or administer, or any way sell, set on sale, put forth, or put to sale, to any person or persons whatever, any medicines, compound medicines, or medicinable compositions, as directed by any prescription, order, or receipt, signed with the initials, in his own hand-writing, of any physician so lawfully licensed to practise physic, such person or persons so offending shall, upon complaint made within twenty-one days by such physician, and upon conviction of such offence before any of his Majesty's justices of the peace, unless such offender can show some satisfactory reason, excuse, or justification in this behalf, forfeit for the first offence the sum of five pounds.”

And, in clause *twenty*, it is provided, that, “if any person, (except such as are then actually practising as such,) shall, after the said 1st day of August, 1815, act or practise as an apothecary in any part of England or Wales, without having obtained such certificate as aforesaid,—every person so offending shall, for every such offence, forfeit and pay the sum of twenty pounds.” Here we have the business of the apothecary defined, viz. “dispensing the prescriptions of physicians, who are legally authorised to prescribe;” and, secondly, the amount of penalty which is to be inflicted on those who infringe this

* Bastard is one of the county members.

† Page 5.

practice. By a most extraordinary species of ratiocination, the Court of Examiners have contrived to understand, that, by these clauses, they may mulct the members of the College of Surgeons of their immemorial rights ; prevent the graduates of the Scotch, and other Universities, from practising as apothecaries in England ; and prohibit, not only surgeons, but even the Fellows of the London College of Physicians, from dispensing their own prescriptions. Thus, from their measures, they would have it inferred, that it was the intention of the Legislature to refuse gentlemen, whom they deemed capable of prescribing for the cure of the most important diseases, the opportunity of mixing in a mortar the remedies which they have the ability to direct. Now, we ask, could this have been the intention of the Legislature ? If the following clause of the Act should furnish a negative to this question, then we shall have proved the *USURPATION* of the Company, and the consequent illegality of their present proceedings.

“ Provided always, and be it further enacted, That nothing in this Act contained shall extend, or be construed to extend, to prejudice or in any way to affect the trade or business of a chymist and druggist, in the buying, preparing, compounding, dispensing, and vending drugs, medicines, and medicinable compounds, wholesale and retail ; but all persons using or exercising the said trade or business, or who shall or may hereafter use or exercise the same, shall and may use, exercise, and carry on, the same trade or business in such manner, and as fully and amply to all intents and purposes, as the same trade or business was used, exercised, or carried on by chymists and druggists before the passing of this Act.”

To this clause we earnestly invite the particular attention of *The Times* ; for, if we can only succeed in convincing our contemporary of the inutility of the Apothecaries' Act in its present shape, or, what is worse, its pernicious effects on the interests of the public and of the medical profession, we are persuaded that he will not only aid the cause of medical reform, but, by his powerful advocacy and unrivalled influence,

accomplish its speedy and final success. The profession, at this day, stand in need of little information on the subject ; it is the public and parliament who require to be enlightened. The Legislature having considered that *chemists* and *druggists* are fully qualified to execute all the duties which belong to the business of the apothecary, can any person, possessing common sense, believe that they intended to withhold from physicians and surgeons, of the first rate character and education, privileges and immunities which are so freely and so unreservedly awarded to the ignorant and uneducated ? The words of the Act declare, that it was to protect the public from the practices of ignorant persons ; the privileges granted to the chemists and druggists, is an acknowledgement that they are not the ignorant persons from whom it was necessary to protect the public ; therefore, in seeking for those individuals, from whose ignorant practices it was deemed expedient to guard the public, we must descend from the chemist and druggist a step or two lower, and here we find the uninformed shop-boy and the impudent quack ; the former of whom, it is well known in numberless instances, is permitted to dispense the prescriptions of surgeons and physicians ; and the latter kills, far and wide, by means of his baneful nostrums. Whence, then, the protection from the Apothecaries' Act ? It is a delusion ; a profitable one, to the Apothecaries' Company, it must be confessed, into whose coffers it has caused to be thrown, even at this early period, nearly thirty thousand pounds. The individual of the present day, who styles himself chemist and druggist, is, in every respect, the apothecary, not only of the most remotes times, but the apothecary described in the Charter of James the First, and further, the apothecary described in the Act of 1815 ; a person whose attainments and practice are altogether dissimilar to those of the general practitioner or surgeon, with whom, of late, it has been the fashion

with the members of a certain corporation to confound him. Chemists and druggists, before the Act of 1815, not only in London, but in many parts of the country, were in the habit of visiting patients, prescribing for patients; and dispensing their own prescriptions. These privileges were secured to them by the foregoing clause; accordingly, at the present day, without having served any apprenticeship to a medical man, entirely divested of scientific medical information, they visit sick persons, prescribe, dispense the medicines, and can recover at law for medicines so supplied; yet, owing to the USURPATION of the Apothecaries' Company, the Fellows of the College of Physicians, even Sir Henry Hallford himself, cannot dispense his own prescriptions, unless he open shop as a chemist and druggist; Scotch graduates are prevented (no great loss, to be sure) from practising in England and Wales as apothecaries; the members of the English College of Surgeons do not recover at law for medicines with which they supply their patients, and are prohibited from dispensing their own prescriptions. These are a few of the blessings which we derive from the Apothecaries' Act, and the usurpation of the Apothecaries' Company.

We are as anxious as *The Times* can be, that the public should be protected against unqualified practitioners, and, probably, we are more anxious that the interests of the profession should be protected against the unprincipled proceedings of the same impudent imposters. But, in our anxiety to see this accomplished, we cannot laud the Apothecaries' Act of 1815, a measure which, although it may have effected some good, has gone far towards destroying the respectability of the profession, owing to the powers with which it invested a company of retail druggists. The conduct of this body to medical students has been infamous; each year they have published *ex post facto* laws, which have had the effect of putting

meritorious young men to enormous expense and unnecessary trouble, without any equivalent advantage; and in some instances students of great merit have quitted the profession in disgust, from the harassing and cruel tendency of the Company's "regulation." Give us "indentures," give us "certificates," give us "certificates," is the eternal, the senseless cry, of the Court of Examiners. They demand similar indentures and similar certificates, from young men of ability and from men of no ability; from the industrious and from the idle; from the talented and from the stupid. They must and will exact the same sum of money, from each candidate, utterly regardless of natural capabilities and acquirements. Can *The Times*, the liberal, the enlightened *Times*, support such a system as this? Will *The Times*, who has so ably and so beneficially advocated, by unanswerable arguments, the removal of restrictions on commerce, become a stickler for restrictions on science? Impossible.—*The Times*, who was for the free introduction of French silk, will not, surely, attempt to prohibit French physic. If a pupil claim to be examined, why should he not be examined without the production of a single certificate? Because if the *Examiners* are themselves qualified for the proper execution of their duty, the public will find their security in the success of the examined. Certificates, it is true, show that a certain sum of money has been expended; but in the medical profession, talent alone is the legitimate source of respectability.

A WEEKLY MEDICAL JOURNAL has just appeared at Paris, under the title of "*Journal Hebdomadaire de Médecine*," which, in point of form, type, and general arrangement, bears a striking resemblance to *THE LANCET*. It is, in fact, another imitation of this Journal; and, as far as we can judge from an inspection of the first Number, a more re-

spectable imitation of our publication than any which has been attempted in our own metropolis. The Editors state in their Preface, that they have been induced to undertake this work in consequence of the unsettled state of the medical profession in France. "*La monde medical*," they observe, *est agité, depuis quelque tems, par un vague sentiment d'irrésolution et d'inquiétude.*" What grounds there may be at Paris for asserting that the medical world is in a state of agitation, we know not; but it is a little singular that a state of the profession, which, according to the enemies of medical reform in this country, derives its origin from the appearance of *THE LANCET* in October 1823, should now be assigned, by the French journalists, as a reason for a similar publication in Paris. The supposed agitation of the medical profession in this country, is, we repeat it for the hundredth time, a chimera, a mere creature of the imagination, or, rather, a fiction propagated by the corrupt junta, which has too long batten on the spoils which it has appropriated, at the price of the welfare, the honour, and the respectability, of the profession. That corrupt junta is fully sensible of the tranquillity of the profession, and it foresees, in that tranquillity, a storm that threatens it with destruction. The great body of the profession is calm, and collected, and resolute; it is only the few obscene birds of prey, which have hitherto clouded and corrupted the medical atmosphere, that are crest-fallen and agitated.

AN account of another successful operation for aneurism of the innominata and carotid, by tying the artery on the distal side of the tumour, will be found at page 187 of our present Number. Country surgeons are beginning to take their proper station. The treatment of the case reflects great credit on the talent and discrimination of Mr. D. EVANS.

LONDON MEDICAL SOCIETY.

November 3, 1828.

Dr. HASLAM, President, in the Chair.

THIS was the evening appointed for receiving the general report of the state of the Society, and, by whom we know not, directions were given contrary to any existing law, that no visitors should be admitted into the Society until after the report was received, and its affairs discussed. The consequence of this was, that a number of visitors were kept waiting in another room until half past nine o'clock, when it was intimated to them by one of the Registrar's sons, that the private business having occupied the whole of the evening, the other business of the Society would not be entered upon, and that, therefore, they might depart.

Several members, as they proceeded up stairs to the Society, seeing the visitors waiting, regretted that they, having intended to favour the Society with their presence, should not have been admitted into the room, and expressed their abhorrence at anything in the shape of privacy being carried on within the walls of the institution. There was no report prepared for the President; therefore he was under the necessity of calling, in succession, upon the Treasurer, Librarian, and Secretary, for foreign correspondence, to lay before the Society oral statements, in order that its members might clearly understand the situation of their affairs.

The Treasurer (Dr. SHEARMAN) stated, that it appeared the Society was a little in arrear, owing to the great expense it had been at in the repairs of its house, &c.

The PRESIDENT hoped it would be found, the Society possessed ample energies to enable it to retrieve itself from its present difficulties.

Mr. TYRRELL adverted to the manner in which the Society had been detained a fortnight ago, in consequence of the absence of the Registrar, he having been detained by the Council in their room, after the usual period at which the Society meets. He cordially agreed with the observations made at that time by the President, strongly deprecated such conduct, and hoped that such a circumstance would not transpire again.

In the course of observations from several quarters on this subject, it appeared that there was a law of the Society, making it the duty of one of the Secretaries, and not of the Registrar, to be present at the commencement of the meeting, to read the minutes of the former night's discussion,

the latter officer's duty being merely to take notes of what transpired as the discussions proceeded.

Mr. CALLAWAY, one of the secretaries, observed that if this was really the duty of the secretary, he should forthwith unburthen himself of the situation he held in the Society.

The PRESIDENT trusted, after the public notice that had been taken of this violation of order, there would be no future ground of complaint.

A long discussion next arose, with regard to the publication of the proceedings of the Society, and respecting the right of the Society to detain any papers that might be read to it.

The PRESIDENT, with that openness and liberality for which he is so pre-eminently distinguished, advocated the propriety of affording, most cordially, every opportunity to the facility of publishing whatever transpired in the Society. He considered that faithful reports had done, and would do, more for the interests of the Society, and to promote the objects of its formation, than any other thing that could possibly be thought of; and, consequently, that the Society, instead of objecting to the admission of the medical press, was greatly indebted to it, for the part it took in their proceedings. As to the right of detaining papers after they had been read to the Society, he thought papers, read by authors themselves, differed very materially from those presented to, and read by, the Secretary. In the former instance, in his opinion, the papers were the literary property of the author, who had a right to make what further use of them he pleased,—either to publish them, or to lock them up in his drawer.

Mr. CALLAWAY adverted to a case, in which, he believed, it turned out that the publication of reports, where they were allowed, took away the author's literary right in what was read; and, if this were really the case, he thought there would be an objection to permitting the reports being made. He could not but state, however, that the reports in *THE LANCET* appeared to him to be faithful and accurate in every respect.

Mr. SALMON considered the eye of the press one of the most excellent checks over the Society it could under any circumstances have. Putting every thing else aside, it was calculated to prevent people occupying the time of the Society in talking nonsense. If they continued to talk nonsense, they were held up to the ridicule of the profession; and, in such cases, richly would they deserve to be bled weekly by *THE LANCET*. (*Laughter and applause*).

Mr. WALLER, Mr. HOWELL, and some other gentlemen, warmly supported the

President, and agreed with him, to the utmost extent, in the propriety of assenting to, nay, of earnestly soliciting, the very advantageous assistance of the medical press.

The Registrar, and a few others, attempted to stand up as staunchly on the other side of the question. They contended, might and main, for "Hole-and-Corner" work. They seemed, like sensitive plants, afraid of being touched, as if conscious that they were unable to withstand the fair and open gaze of the profession. A negative reply was made by Mr. Field, the Registrar, to the question of a member, whether the objection to the publication of reports of the Society, did not exist with respect to *one* weekly publication only. The question on this point might, perhaps, have been put to Mr. Field in another shape, and in a way in which it would have been impossible for him to have withheld the fact; for we conceive we have solid ground for alleging, that Mr. Field transfers the minutes of the Society to another publication.

Mr. FIELD, too, said, that the reports must either be by members, or visitors introduced by them; [what a discovery!] and, in his opinion, members ought to be held responsible for the conduct of those who were introduced by them!

The PRESIDENT politely and conclusively observed, that the accuracy with which the reports were made, was both a sufficient responsibility and security to the Society and its members.

ST. BARTHOLOMEW'S HOSPITAL.

List of Patients admitted under the care of Mr. Lawrence, October 30.

Henry the Eighth's Ward, No. 1.—Benjamin Shaw, ætat. 65, malignant tumour, proceeding from the lower part of the right orbit, with displacement of the eye and total loss of sight.

No. 2.—W. Miller, ætat. 26, large ulceration of the scrotum, with a fungus protruding.

No. 3.—E. Cummings, ætat. 36, sloughing ulceration of the left ankle.

No. 6.—Isaac Pain, ætat. 26, ulceration of the inside of the left thigh, with a sinus communicating with the femur.

No. 8.—James Haynes, ætat. 30, contracted rectum, with abscess surrounding, and a fungous excrescence growing from the anus.

No. 11.—Edw. Barber, ætat. 50, extensive ulceration of the right leg below the knee.

No. 2, (*Back Ward*).—E. Hagger, ætat. 16, slight contusion of the right knee.

No. 8.—Richard Sweeney, ætat. 15, opacity of the cornea of both eyes, and immobility of the iris of the right eye; ulceration of the right leg, and painful affection of the limbs.

No. 11.—Edward Sharp, ætat. 25, large sloughing ulceration of the left arm, with fungus.

Lazarus' Ward, No. 2.—R. B., ætat. 19, ulceration of the left groin, and bubo.

No. 3.—W. J., ætat. 27, enlarged gland in both groins, with phimosis.

No. 4.—W. S., ætat. 17, excoriation and swelling of the prepuce, and swelling of the glans of the groin.

No. 8.—W. L., ætat. 25, phimosis and ulceration of the prepuce, with pustular eruption over the body.

No. 5.—J. L., ætat. 26, bubo in the left groin.

No. 10.—W. K., ætat. 25, condylomatous excrescences about the anus.

No. 11.—W. E., ætat. 24, ulceration of the prepuce, with swelling of the glands in the right groin.

Faith's Ward, No. 10.—Ann Tilling, ætat. 23, ulceration of the varicose veins of the right leg.

No. 18, (*Back Ward*).—Mary Stewart, ætat. 28, ulceration of the upper part of the soft palate, and extending through it.

No. 22.—Jane Perry, ætat. 25, circular ulcerations on different parts, and pustular eruptions.

No. 21.—Ellen Ross, ætat. 35, deeply-seated phlegmonous ulceration of the neck, with scaly eruption.

Magdalen's Ward, No. 2.—A. K., æt. 18, gonorrhœa, and ulceration of the labia.

Patience's Ward, No. 1.—E. M., ætat. 20, syphilitic eruption over the body.

No. 3.—C. R., ætat. 18, inflammation and swelling of the right elbow; ulcerations and discharge.

No. 8.—A. S., ætat. 16, warts.

No. 9.—M. A., ætat. 21, swelling and inflammation of the right labia.

SUPPOSED PARALYSIS OF THE LOWER EXTREMITIES, WITH OBSTINATE COSTIVENESS.

John Errington, ætat. 32, was admitted on the 18th of September into Henry the Eighth's Ward, under the care of Mr. Lawrence, as was inferred from his appearance and statement, labouring under partial paralysis of the lower extremities, and a most obstinately costive state of the bowels. He was of middling stature, dark haired, five feet seven inches in height, ruddy appearance, and a potter by trade. Stated that about seven months ago he was seized with chilliness, numbness, and cramps, in

the lower extremities. Had been accustomed to get wet at work, but was not sensible of having taken cold at any particular period. The uneasiness in his limbs had continued until his admission. Could with great difficulty walk across the floor; in attempting to walk, could not place the soles of his feet firmly and flatly on the floor. About three weeks ago his urine began to pass at night involuntarily. In the day time he can occasionally pass it at will, but with considerable pain; is extremely restless at night, and has not slept soundly for some months. The ankle and knee joints always feel stiff. Pressure at the lower part of the lumbar vertebra gives pain, but there is no external appearance of injury. The bowels have been costive for a long time; pulse 84. Ordered four grains of calomel, with ten of jalap, to be taken immediately, with a dose of the house medicine afterwards; five grains of blue pill in the morning, and to be cupped to sixteen ounces.

October 3. Since admitted he has been cupped in the loins and neck; he has taken two dozen of the aloes and soap pills, four drops of the croton oil (a drop every two hours), a pint of castor oil, and a quart of house medicine, besides enemas and a very considerable quantity of calomel and jalap, and yet he persists in stating that his bowels have been but slightly acted upon, and the evacuations have been of a green watery nature. Complaints of pain in the abdomen upon pressure, though there is no unnatural appearance to the eye.

In a few days afterwards, suspicion being excited in the mind of the surgeon that this patient was acting the part of the *old soldier*, and subsequent observations confirming this suspicion, he was ordered to march, to his no small annoyance.

FRACTURE OF THE LEG IN A PATIENT AT THE SEVENTH MONTH OF GESTATION.

Hannah Bruce, ætat. 41, was admitted into No. 10, Queen's Ward, under the care of Mr. Vincent, on the 10th of Sept., at half-past twelve p.m., with a fracture of the tibia and fibula, at about the inferior third of the left leg. The patient is seven months advanced in pregnancy; gains her livelihood by selling articles in the street, and met with the accident by slipping on the floor when entering her lodgings. The child is alive, and very strong. The limb is put up in splints, and the patient confined to bed.

October 22. She has not had a bad symptom; the union is perfect; there is very little swelling of the foot; she is able to walk comfortably with a crutch, and was this day discharged.

MALIGNANT DISEASE WITHIN THE CAVITY OF THE PELVIS.

Caroline Douglas, ætat. 33, dark-haired, sallow appearance, and rather corpulent, was admitted on the 21st of July into Faith's Ward, under the care of Mr. Lawrence, apparently labouring under nothing more than simple œdema of the left lower extremity, and more particularly of the superior portion of the thigh. Leeches were applied, the saline mixture and purgatives had recourse to, and she soon left the Hospital, as was supposed, much improved.

In the course of a few days she returned, worse than on her first appearance, and was re-admitted. The limb speedily became nearly three times as large as the other, and the œdema progressively moved up the left side of the abdomen and chest, involving the mammary gland. The right lower extremity became occasionally swollen to a small extent, and towards the close of life the whole of the abdomen and chest. The patient, throughout her illness, complained of great pain in the left extremity, and, upon pressure, over the left iliac fossa. She was a married woman, had had children, and the youngest was twelve years of age. For a considerable period the limb presented all the appearances of phlegmasia dolens, but till death there was an obscurity about the case. At one period there was a complete suppression of urine; the elaterium was then had recourse to, which occasioned the kidneys again to secrete. Sometimes there was a small quantity of blood mixed with the urine. Leeches, general bleeding, cupping, and the most appropriate medicines ingenuitly could suggest, were had recourse to. As after cupping in the loins a great quantity of watery fluid escaped, and considerable relief was thereby afforded, Mr. Lawrence subsequently made two small incisions on the external aspect of the thigh, and one in the leg, with a lancet, in the hope that these outlets might prove additionally advantageous, but unfortunately the hopes were not realised. In spite of every treatment the patient gradually grew worse till the morning of the 31st October, on which she expired.

The Post-mortem Examination was conducted by Mr. Wood; and the following appearances presented themselves:—

On opening the chest and abdomen, the pericardium was found to be firmly adherent to several parts of the thorax, the peritoneum to the abdomen, and one portion of the intestines to another, in various parts, as well as almost throughout, to the omentum. The right ventricle of the heart enlarged, flaccid, and thin; the liver exceedingly tuberculated; the left kidney enormously enlarged throughout its structure, weighing at least two

pounds, but having a healthy appearance; the right kidney smaller than usual. The ureter from the left kidney traceable, though with some difficulty, through a portion of the diseased structure in the pelvis, and perfectly pervious; the right ureter was natural. The renal artery on the diseased side not much, if any, larger than usual. An immense mass of diseased structure was found firmly attached to the internal part of the left pubic and ischiatic portion of the pelvis, running along the linea ilio-pectinea to the sacro-ischiatic symphysis, as well as in front, crossing the symphysis pubis, and dipping down to the outlet. The structure likewise extended out of the pelvis, proceeding down the thigh for about an inch and a half below Poupart's ligament, and pressing firmly on the femoral vessels.

The diseased substance was of a whitish cheesy nature, having somewhat the appearance of medullary sarcoma; and from some parts of it, when cut into, a purulent discharge was observable. A small quantity of coagulated lymph and blood were found in the femoral vein, a short distance below Poupart's ligament; and these, in all probability, together with the pressure of the diseased substance upon it, occasioned the œdematous state of the limb. The tunics of the femoral artery were much thickened, indurated, its calibre diminished, and showed slight signs of commencing ossification. The arteries, throughout the subject, were small. The lower three or four inches of the rectum were free from the disease, but all the rest, with a considerable portion of the sigmoid flexure of the colon, were involved in it, as well as the posterior surface of the bladder, fundus of the uterus, the ovaries on both sides, and the lumbar glands, which, with the exception of the latter, were all, in some part or other, closely attached together, and with the diseased mass filled up the cavity of the pelvis, attached to it in front to the left ischiatic fossa and sacrum. On carrying a knife through the symphysis pubis, the bones separated easily to the extent of two inches, and then the sacro-iliac symphyses were also observed to be detached. The internal surface of the bladder, opposite to where it was pressed forcibly upon posteriorly, presented a very vascular appearance, and had the mucous membrane slightly ulcerated, which very likely produced the blood that was observed to have passed in the urine during life.

Mr. Langstaff, who saw the parts after dissection, considered the left kidney diseased, though it maintained, generally, a healthy appearance; and that, probably, its morbid condition occasioned the suppression of the secretion of the urine.

ST. THOMAS'S HOSPITAL.

PARALYSIS OF THE LOWER EXTREMITIES
FOLLOWING INJURY.

FREDERICK PERCY, a healthy-looking and robust sailor, *æt.* 22, was admitted June 12, 1828, under the care of Mr. Green; stated that about six months before admission, whilst on the look out for land, he fell from the fore-top-mast of the *Atlas East India* man on his buttocks; he experienced a great deal of pain from his fall, and his lower extremities became immediately paralytic; he was bled from his arm, and was likewise cupped on the loins. The catheter was introduced for a few days after receiving the accident, and, for some time afterwards, his urine was thick, and highly offensive; his bowels were not moved till eight days after the accident, although purgative medicine was administered. When he was admitted, there was a projection of the spinous processes of three of the lower dorsal vertebrae, and complete paralysis of the lower extremities; sensibility not at all diminished; bowels regular, and the urine not deficient in quantity, and readily evacuated. The treatment adopted, since his stay in the hospital, has been the insertion of two setons in the back, and the application of the liniment of ammonia to his extremities. He says he is much better than when admitted; he can now, November 3, move his legs and toes with facility.

OPERATION OF LITHOTOMY.

The operation of lithotomy was performed at this hospital on Friday, the 24th ult., by Mr. Green. The patient, a healthy-looking lad, *æt.* 10, had suffered under symptoms of stone for several years, and came from the vicinity of Wimbledon, Surrey. Mr. Green, as usual, used the gorget; the stone was readily grasped by the forceps, but some delay was occasioned in its extraction by its large size; there was considerable pain in the abdomen two days after the operation, and twelve leeches were applied, which were repeated a day or two following. The boy has been doing well since.

Nov. 4. Not a single bad symptom has occurred. The urine still escapes through the opening.

TALIAHOTIAN OPERATION.

The man who was operated on by Mr. Green for the formation of a new nose, is going on well: on the left side it has united by adhesion—on the right by granulation. The septum has not yet united, although there are, at this part, some healthy granu-

lations. The granulations near the forehead, on the left side, are very luxuriant, and there is a considerable discharge of pus. A day or two after the operation, there was considerable discharge through the posterior nares into the pharynx, but the matter is, at present, discharged by the nostrils of the newly-formed nose. At the upper surface, on the right side, there is a dark spot, but, in all other parts, the wound has a healthy appearance.

HOPITAL BEAUJON

LARYNGOTOMY.

A YOUNG man, 25 years of age, of a strong constitution, inadvertently let a needle slip down his throat. He was instantly attacked with violent cough and attempts to expectorate, by which, at last, the thread to which the needle was attached was thrown up; this was, however, of little use, for pulling the thread brought on fresh attacks of coughing, and caused a very painful sensation in the larynx, as if the needle were fixed in its substance. After the patient had remained in this state for three days, he was, on the 19th of June, brought into the hospital; at this time he was affected with a most violent convulsive cough, dyspnoea, extreme anxiety, intense pain in the larynx, almost total loss of voice, and very difficult deglutition. The external parts of the neck were red, hot, and swollen. During an attack of cough, the thread had again disappeared. M. Blandin being uncertain whether the foreign body was in the larynx or in the œsophagus, put off the operation until the re-appearance of the thread should enable him to form a more certain diagnosis; meanwhile leeches, venesection, &c., were employed. The above symptoms continued, but without indicating much danger, till the 21st, when the thread, having been again brought up by coughing, many attempts were made to withdraw the needle by it, but in vain; in depressing the tongue with the finger, it was evident that the thread entered the larynx on the left side of the epiglottis, and after a fruitless attempt to extract the needle by means of a curved tube, laryngotomy was resolved on. The swelling of the neck was so considerable, that it was impossible to find exactly the crico-thyreoidean space. M. Blandin made an incision in the middle of the laryngeal region, and by slowly dissecting the cellulofibrous mass, into which the subcutaneous muscles were changed, arrived at the crico-thyroid membrane, which, after the ligature of a few small arteries, was transversely

opened. A director was carried through the aperture, and the thyroid cartilage divided on it in its whole length; a violent, but short attack of cough followed this part of the operation; when it had subsided, some attempts were made to extract the needle, but the extreme agitation which followed each introduction of the forceps, made M. Blandin desist from them. The wound was dressed with a piece of adhesive plaster, with an opening in the middle for the passage of air. The act of swallowing was now attended with much less difficulty, but the fluids escaped, for the most part, through the wound. The thread had, during the operation, been involuntarily swallowed. The next morning the needle, an inch and a half in length, was found fixed in the plaster, and easily extracted. From this time all the symptoms abated, and the wound slowly healed, at the end of September, a small fistulous opening, and some hoarseness, still remained.—*Journ. Hebdomad. de Médec.*

HOTEL DIEU.

CATARACT.

In twenty-one cases of cataract, where M. Dupuytren performed keratonyxis, the following were the results:—of the patients three were under ten, seven under fifty, and eleven above fifty years of age; in eleven cases the operation was followed by immediate success; in six, the patients recovered their sight after a month; in four cases only the operation failed; in two of them amaurosis, in one opacity of the cornea, and, in another, inflammation and atrophy of the eye ensued.

ANEURISM OF THE INNOMINATA AND CAROTID.

[Communicated by Mr. WARDROP.]

Aneurism of the Innominate and Root of the Carotid, successfully treated by Tying the Carotid Artery.

By D. EVANS, Esq. Surgeon at Belper, Derbyshire.

WILLIAM HALL, *ætat.* 30, a butcher and horse-dealer, an athletic and spirited young man, about five feet six inches high, has been accustomed to laborious exercise, frequently riding from 70 to 100 miles a day, and has always enjoyed excellent health, until the appearance of the following symptoms:—About 14 months ago he was seized with shortness of breath, troublesome cough,

and tightness over the chest, after much exertion, especially in walking fast up a hill. These symptoms continued until the 6th March, when he had an attack of bronchitis, which he attributed to cold. His expectoration was copious, consisting of mucus slightly streaked with blood, and his cough came on in violent paroxysms, which were followed by a sense of suffocation.

On the 10th of March, after a fit of coughing, a soft pulsating tumour, about the size of a walnut, suddenly made its appearance behind, and extending a little above the right sterno-clavicular articulation, and covered, externally, by the sternal portion of the sterno-mastoid muscle. The tumour was greatly diminished by firm pressure, but could not be made to disappear entirely.

The pulsation of the tumour, which was synchronous with that of the heart, was increased in force by pressure upon the right subclavian artery, and was diminished, and sometimes completely arrested, by pressure upon the right carotid, above the tumour. The pulsations of the right carotid, and subclavian arteries, were stronger than those of the left; but there was no apparent difference in the pulsations of the radial arteries.

As soon as the tumour made its appearance, the cough and dyspœa ceased to be troublesome, and his health was soon re-established. His chest sounded well upon percussion, and the respiratory murmur was distinctly heard all over it. No unnatural pulsation could be detected, by the use of the stethoscope, between the tumour and the heart. A loud and powerful pulsation was heard over the tumour, unattended with any unusual sound.

In taking into consideration the situation of the tumour,—its sudden appearance, after a violent paroxysm of coughing, and its soft pulsating character, together with the symptoms above enumerated,—little doubt could be entertained of its nature, and I concluded that the root of the carotid artery was the seat of the disease.

Considering this a favourable case for the operation lately revived, and so ably advocated by Mr. Wardrop, I was induced to obtain the opinion of two eminent surgeons in London respecting its propriety. Both, however, disapproving of the operation, it was, therefore, determined, with the approbation of my friends, Mr. Bennet, and Mr. Brown, of Derby, that a fair trial should be made of Valsalva's plan of treating aneurisms.

The nature of the disease was fully explained to the patient, who, fortunately, was a man of strong sense and most determined resolution, and, from his employment leading him to study the diseases of horses,

there was no difficulty in making him comprehend the dangerous tendency of the disease. He therefore submitted, with perfect confidence, to the proposed plan of treatment; and I cannot sufficiently admire the fortitude and cheerfulness with which he bore the long privation which it was necessary to enforce, and the implicit faith which he placed in all the remedies adopted for his relief.

April 3. He was accordingly ordered to bed, to be bled, to the extent of eight ounces, every third day; his diet to consist of small quantities of gruel, broth, and tea. Small doses of digitalis were likewise administered. This plan of treatment was continued until the 13th of July. During the first month, there appeared some little improvement; his pulse was frequently as low as 47 in the minute, the tumour became harder, its pulsation less forcible, and more remote; from which it was supposed that coagula might be forming. The blood hitherto had seemed perfectly healthy, and it was noticed that, if the bleeding were delayed beyond the usual time, the symptoms were aggravated.

In the beginning of May, a great alteration, for the worse, took place, which was supposed to be owing to his taking a small quantity of animal food. The blood, after each bleeding, became buffed; pulse 80 in the minute; the tumour rapidly increasing in the course of a few days, and becoming very painful upon pressure. Twenty leeches were applied, without any relief. A few days afterwards a diarrhoea supervened, the inflammatory state of the tumour abated, the pain ceased, and the swelling, in some degree, subsided. After this attack, his pulse was never less than 80 in the minute, although the same plan of treatment was rigidly adhered to.

From this time until the 1st of July, the tumour remained stationary; but, from the latter date, until the 20th, he gradually got worse; the tumour increased, and now reached as high as the cricoid cartilage, and, by its pressure upon the trachea and œsophagus, partially impeded respiration and deglutition. His shirt-collar, which, prior to his illness, would button comfortably, could not now be made to meet by more than three inches; his countenance became bleached; pulse more feeble; and it was evident that the lowering system had been carried as far as it could with safety.

Under these circumstances the operation was recommended, as the only remaining chance. Its advantages and disadvantages were fairly stated, and the chance of success, although small, made him anxious that it should be performed. Dr. Bent, of Derby, saw the patient on the 17th, and concurred

in the propriety of the operation, as a last hope.

On the morning of the 22nd of July, the day proposed for the operation, the patient became so agitated, that the pulsation of the tumour of the heart, and the large arteries, especially the abdominal aorta, was perceptible to the eye. The operation was performed in the presence of Messrs. Bennett and Brown, of Derby; Mr. Ingle, of Ashby-de-la-Zouch; and Mr. Walne, of Chancery Lane, surgeons. In consequence of the tumour extending so high up the neck, there was some difficulty in getting down to the sheath of the artery, which was opened to the extent of half an inch. The artery appeared healthy, and was easily secured by a single ligature of strong silk. Immediately after tightening the ligature, the pulsation in the different branches of the external carotid artery ceased, except a slight fluttering in the extreme branches of the temporal. The pulsation of the tumour continued without diminution.

23 and 24. He went on well. The pulsation in the tumour was stronger than it was before the operation, and the pulsation of the right radial artery was observed to be more forcible than that of the left.

25. He became feverish; pulse 120, and full; the right lip of the wound swollen and painful. Six ounces of blood were taken away from the arm, and some saline medicine administered. The blood was much buffed.

26. Morning—Much better; pulse 92, stronger in the right radial artery than in the left; pulsation in the tumour still very forcible.

Evening.—The fever, and pain in the tumour, returned. He was again bled. Blood still buffed.

27. Better again this morning. He was taken worse at nine o'clock in the evening. Pulse 100; delirious; anxious countenance, and sickness. No diminution in the size of the tumour.

28. Much better, and continued so all day.

29. At seven a.m. he was taken suddenly worse, and appeared to be dying; his countenance ghastly, and covered with perspiration; tracheal rattle, and inability to swallow. He appeared conscious, but could only speak in a whisper; pulsation in the tumour still forcible; the pulse in the right radial artery scarcely perceptible, whilst the left pulsated as strongly as it did the previous day. These symptoms were accompanied with a profuse pyalism. He remained in this state for several hours, at the expiration of which time he rallied, and by the evening (with the exception of the salivation, which continued,) he appeared quite as well as on the preceding day.

As he continued to improve from this period, it will not be necessary to enter into a daily report of the case; I shall therefore content myself with noticing the most prominent symptoms which occurred. One of the most remarkable was the obliteration of the arteries of the right arm and forearm, which was first observed in the arteries of the forearm on the 29th of July, the eighth day after the operation, for until that day the arteries of the right arm pulsated with greater force than those of the left. The process of obliteration was attended with severe intermittent paroxysms of pain, chiefly felt in the course of the brachial and axillary arteries. The brachial artery, after its obliteration, was hard and painful to the touch, and felt very like an inflamed absorbent vessel. The right arm wasted, and became partially paralysed, and continued to diminish for three weeks, at the expiration of which time several arterial anastomosing branches were observed pulsating on the back part of the arm. As these vessels enlarged, the limb improved very slowly, not having yet (Oct. 19) perfectly acquired sensation, nor its muscles the power of obeying volition.

On the 11th day after the operation, he was attacked with intermitting paroxysms of pain in the right side of the head and face, of the same character as the pain in the right arm, though not so violent: this pain ceased within a fortnight. The right side of the head and face became emaciated, and any one looking at him would immediately discover, that the right half of the face was much smaller than the left. The blood having since found its way into the temporal and facial arteries, the right side of the face is now nearly as plump as the left.

The ptyalism, which began on the 29th of July, continued until the middle of September, during which time he spat daily about a pint of saliva; a more generous diet, and a small quantity of ale, were then allowed, and the salivation subsided.

Three weeks after the operation he was able to sit up to his meals. The first time that he got out of bed, he perceived that the whole of the right side was numbed, and weaker than the left. The pulsation in the tumour, which had hitherto been more powerful than it was before the artery was tied, now (Aug. 15) began to diminish rapidly, and by the 23d of August, the thirty-third day after the operation, had so much subsided, that it was doubtful whether it arose from the passage of blood into the tumour, or from the impulse given to it by the subclavian artery beneath.

In five weeks after the operation, he was sufficiently recovered to be able to take daily exercise in a gig, or on horse-back,

and from this time he has continued to improve in health, without interruption.

The obliteration of the right brachial artery is now complete, and above the insertion of the latissimus dorsi the pulsation of the axillary artery can be easily felt. The pulse in the radial artery is scarcely perceptible in the right arm, increases daily, but is yet far from being of the size of the left. Sensation and susceptibility of the influence of volition are more perfect on the whole of the right side of the body, but still that side is more feeble than the left. The tumour is hard and firm, and has diminished about one-third since the operation. By pressing it from above downwards, a feeble, deep-seated pulsation is felt, but in grasping the tumour and using lateral pressure no pulsation can be perceived.

On the 13th of October the wound was nearly healed; the ligature had not come away, and as it acted as a source of irritation to the small wound, it was cut off level with the skin.

The most peculiar features which this interesting case presented were—1st, The obliteration of the arteries of the right arm; 2nd, The profuse salivation; 3d, The disposition to paralysis of the whole of the right side of the body.

The two first symptoms commenced on the 8th day after the operation; and I think there can be little doubt that the obliteration of the arteries of the arm was accomplished by inflammation extending from the aneurismal sac to the internal membrane of the subclavian artery, and thence to the brachial artery. Might not the active obliteration of such large arteries as those of the arm and fore-arm, be the cause of the unpleasant train of symptoms which occurred on the 8th day after the operation? The salivation appeared to be connected with the state of the digestive apparatus; for, as soon as ale, and a generous diet, were allowed, it gradually subsided. I am at a loss to assign the cause of the numbness and debility of the whole of the right side of the body, (which were only observed when he first left his bed), unless they originated in a greater quantity of blood circulating in the left hemisphere of the brain than in the right, which undoubtedly would be the case after the application of a ligature to the common carotid. What tends to confirm this opinion is, that now, 13 weeks after the operation, the balance of circulation in the brain being re-established, the numbness and debility of the right side of the body have nearly disappeared.

In conclusion, it is worthy of notice, that, since the operation, he has become more irritable in temper, and his memory is evidently weaker.

So far as this case has yet proceeded, it

amply justifies the operation; and the man probably owes his life to Mr. Wardrop's fortunate suggestion and example. Should any untoward circumstance occur, leading to any other conclusion, it shall be communicated.

It is now five weeks since he resumed his usual avocations, and he regularly attends the markets and fairs of Derby, a distance of seven miles.

Belper, Oct. 29, 1828.

ERGOT OF RYE.

To the Editor of THE LANCET.

SIR,—Having read in your weekly publication several cases of lingering parturition, as well as of abortion, successfully treated with the ergot of rye, I beg to transmit to you the following case, if you think it worthy a place in your valuable Journal. Mrs. G., ætat. 26, who has had seven children, (and has generally trifling pains, with a sanious discharge, a week before delivery) sent for me to attend her, Sept. 26, in consequence of a violent flooding she had had upon her for three days, (being in her sixth month of pregnancy with the eighth child.) From all the circumstances of the case, considering the debility my patient was labouring under, I thought it advisable to deliver her as soon as possible. I prepared an infusion of the ergot, (ʒiij. to ʒiv. of water), and administered half, and after waiting ten minutes I gave the remainder, without any effect whatever; I sent out for ʒiv. from a friend and infused it in ʒvj. of water, administering one-third every quarter of an hour, without producing the least action about the uterus. As I was anxious to know how far it was possible to push the ergot, I sent to another friend, and obtained ʒss. more, the time occupied by sending, and making it, was not more than a quarter of an hour. I then gave her half of it, and, in ten minutes, the other half, which, like the rest, had no more effect upon the uterus than if the same quantity of water had been given. After the administration of the third dose the hæmorrhage entirely ceased; the pulse, which before was very feeble, and indistinctly felt, gradually rose until it had attained its original standard. From the favourable symptoms above-mentioned I did not feel inclined to adopt other means to deliver her, she has now every possible chance of going the full time of utero-gestation. I have since given her ʒj of the ergot occasionally, by way of experiment, as she complained, after she had the first quantity, of the desire she had to void

her urine; I found, after every dose I gave her, that it produced the same sort of strangury; but I could not ascertain that it affected the uterus in any way whatever.

Yours obediently,

F. FROGGATT, Surgeon.

Westminster, Oct. 2, 1828.

THE APOTHECARIES' COMPANY.

To the Editor of THE LANCET.

SIR,—The universal circulation of your publication renders it imperative on you to hear both sides of every question brought before the tribunal of public opinion. I appeal to your candour, justice, and interest, on behalf of the Apothecaries' Company, against the heavy charges brought against that body by you, and some of your Correspondents. You say, (and I take your assertion, *cum grano labis*, for truth,) that the general body of Practitioners possess intelligence and skill equal to monopolising Hospital Surgeons and Physicians; and does it not occur to you, that nine-tenths of them are apothecaries as well as surgeons? and does not the contempt you show for vendors of drugs insult the understandings of most of your readers? You must be well aware that the apothecary is the physician of the poor and middling, the most numerous and most useful class of his Majesty's subjects; and the Apothecaries' Company, by requiring higher qualifications in their licentiates, confer a great benefit equally on the profession and on the public.

The Apothecaries' Act was an *ex post facto* law to me, but I cheerfully complied with its enactments, because I saw I should gain in knowledge and respectability far more than I lost in additional expense of time and money. When every class in society is advancing, would you have the apothecary, the productive labourer's physician, alone stand still, or retrograde? And what knowledge do the Apothecaries' Examiners require that is not useful, not to say necessary, to the medical practitioner? Botany is not wanted in London, it is true, and perhaps less latin than they require might do to decipher M.D.'s scrawls; but is it nothing to raise the respectability of the profession? Is it not disgraceful to every member of a supposed learned profession, not to possess knowledge enough of Latin to read the quotations that frequently occur in scientific books, and even newspapers? So far from asking too much, the Examiners do not ask enough; and, if they do their duty faithfully to the public and to the profession, they will, after sufficient notice, require Greek and French, at least, to form part of

the education of the productive labourer's physician.

I am well aware of all Tom Paine has written against the learned languages, and am yet fully satisfied we cannot know too much of them, unless, indeed, we become mere book worms, which there is little fear of in the present state of society and science.

If the Apothecaries' Company were to abridge the term of apprenticeship, they would, doubtless, do a great benefit to the rising generation of practitioners; and if they enforced the law against chemist's practising "over the counter," (a subject which would itself require a long letter to do justice to,) and under various pretences, they would do good to the public and to the profession, fully equal to the injury that would be done to the established practitioner, by depriving him of part of apprentices' time and fees. Not doing this is the only thing I can see wrong in the Apothecaries' Company. But I doubt not, from what they have done, that they will pursue their course for the benefit of the profession and the public, without being swayed by their assailants; who, in fact, like the fable of the man and the ass, neutralize each other, one complaining that the Examiners do too much, and another that they do too little.

It is said, "lookers on see the best of the game," but this rule is not without an exception. Lookers on know not the conflicting interests that governing bodies have to consult and conciliate; every party thinks itself aggrieved, and demands exemption or redress; and when due allowance is made for this fact, I doubt not the majority of practitioners will concur with me, in approbation of the Apothecaries' Company, and their Court of Examiners.

With much gratitude for the important services you have rendered the profession and the public,

I have the honour to be, Sir,

Your constant reader

and obedient servant,

R. T. WEBB.

Upper York Street, Oct. 25, 1828.

BATH HOSPITAL.—LITHOTOMY!

To the Editor of THE LANCET.

SIR,—As the surgeons, belonging to our Infirmary, intend delivering a course of lectures on anatomy and surgery, commencing the 1st of November, I beg to communicate to you the capability as regards the dexterity of one of these said lecturers. Some little time since a sur-

geon, not a little celebrated for his supposed talent in this city, operated on a patient for stone in the bladder, i. e. attempted the operation, when, after cutting and maiming, introducing his fingers and forceps, &c., all in vain, the patient was returned to bed, with the stone remaining in the bladder, after being on the table one hour and a quarter. The next morning the patient died; and, upon post-mortem examination, it was discovered the BLADDER HAD NOT BEEN CUT INTO, all the poking and fumbling was among the soft parts; now I beg leave to ask, Sir, is such an individual worthy to be ranked among Lecturers? Ought not such proceedings to be made known? O that walls could speak! what butchery would they relate! But such is the link in this city, which nearly all the medical men hold with this *scientific surgeon*, that every black deed is withheld from light, and from the eyes of the medical world, until an opposition spirit began to arise to observe their foul deeds. What is here stated, Sir, are FACTS; and, such transactions, I think, ought to be made known to a deluded community.

Your humble servant,

VERITAS,

Bath, Oct. 25, 1828.

MORE "INTELLECTUAL SURGERY" AT A CERTAIN INFIRMARY! ANOTHER HERNIA!!

To the Editor of THE LANCET.

ON Thursday, a boy, between 5 and 6 years of age, was brought to the Infirmary with symptoms of strangulated hernia. On the right side of the scrotum there was an oblong tumour, rather smaller than a pigeon's egg, tender to touch. Has had no stool for four days, and the abdomen is tender, though not greatly enlarged, nor tympanitic. He had constant nausea and retching, and occasional vomiting; but whether the matter vomited was feculent or not, I had no opportunity of ascertaining. Tongue much furred, and thirst excessive; pulse 130. He was ordered immediately \frac{ss} , of castor oil; \frac{ssj} , of the *ol. terebinth.* which did not operate. The collective wisdom was forthwith summoned; long they sat in great debate, and whether the fear of THE LANCET, and the recollection of a pretty hernia job you lately exposed, swayed their enlarged intellects, we know not, for none, save the "half score clerks," are admitted to the conclave; sure it is, however, we were told by a certain newly made, and operation-loving M. D., whose case it was, that "it was probably a *hydrocele of the cord*;" and that "a delay was thought expedient!" The

poor boy, however, did not profit by the delay, for he died next forenoon. On examination to-day it turned out, that about two inches of the gut was strangulated; inflammation had spread considerably up the intestine, gangrene had commenced, and there was general peritoneal inflammation.

It is a duty to the public, Sir, to publish such cases, that unqualified men, who have obtained, by interest, situations they are unable to fill properly, may be driven from their posts to make way for abler, but less influential men. While I am on the subject, will you be kind enough to put, through the medium of your Journal, the following questions to the three wise youths, who have volunteered the defence of our Hospital; but who, I suspect, will have enough to do to get themselves out of their present scrape.—1st, Is it true that the patrons of the Infirmary I allude to (the borough-mongers) have, from private influence, put into an important and salaried situation a person who had been prevented from studying theology by the church authorities, on account of his general ignorance—whose blunders, in his office, are the source of daily dangers to the patients, and daily amazement to the students?—2d. Is it true that one of the surgeons, passing by many old and meritorious students who were anxious to obtain it, appointed to the office of dresser, and permits to retain that situation, a stranger from another school, (and why he left it, he best can tell,) a person, whose negligent discharge of his duty, is the subject of perpetual disgust to the pupils, and has called forth the remarks even of the surgeon himself who appointed him. If this be undeniable, I would ask, is it not too much that the health of the poor, in a public charity, should suffer by the carelessness of a hard-hearted and incapable dresser? The rotundity of his figure, and the obscurity of his speech, even in his ward, will be sufficient marks by which he will know whom I mean. Let the little gentleman take the hint in time, lest his name be branded, as it deserves. I had other abuses to allude to, but I have been already too long. A touch of THE LANCET is of immense service, now and then, to careless public functionaries. You are what the parsons here pray that the magistrates may be—"a terror to those who do evil, but a praise to those that do well."

Mr. Carter has set a noble example of boldness, in giving his name, which I shall imitate,

And am, Sir,

Your most obedient servant,

MAXWELL C. CALDER.

Glasgow, 18th Oct. 1828.

TO CORRESPONDENTS.

Communications have been received from Mr. Dale—Mr. Liston—Mr. Forsyth—Mr. V. Flood—An Aldersgate Street Pupil—Mr. B. Sowell—P. and the Phials—Dr. Horsley—B. R. P.—A Resident in the Country—Mr. Dewhurst—T. W.—Enemies to Humbug—Mr. T. Carter—Dr. Penneck—Mr. T. Warner—Mr. J. Emmerson—Dr. Forster—Δ—H. D.—Mr. Jas. Prowse—Mr. Thomas Baker—Mr. S. Morris—Mr. S. T. Stratford—Dr. Ryan—Mr. Rolph—Mr. Knox—Claudius Aurelius Bolus—H. S.—D. E. L.—*Egerasys*—Mr. Wandsworth.

X. It was not in the same Hospital.

"Junius" has our best thanks.

"A Pupil" complains of the manner in which the medical classes in the London University are disturbed by the playdits of some indiscreet students. The Professors should interpose.

Several other Pupils of the University complain of the coarse conduct of Dr. D. D. Davis; of his charging 5s. for his Syllabus, and of his selling it at the table at which he lectures. We hope this notice will prevent a repetition of such practices.

The letter of Mr. C. was destroyed before the note of Mr. M. arrived.

Mr. Girting's report was unfortunately mislaid; it shall appear in an early Number.

"A Constant Reader" is informed, that the part of which he speaks was a "supplement." We have two or three remaining, and should be happy to present him with one.

We cannot insert reports of cases from anonymous correspondents.

Thanks to C. S. of B—m, we have only to request a continuance of his favours.

We are much obliged to a "Constant Reader" for the list of "accidents."

The Old Matron has been punished sufficiently.

Mr. Bromley, of Deptford, states, that a draught composed of two drachms of the aromatic spirit of ammonia, in two ounces of water, is an effectual and speedy remedy for drunkenness. This has been often noticed by other practitioners.

BOOKS IN OUR NEXT.

ERRATA.

In No. 266, p. 32, in the list of prizes to Dr. Mackintosh's students, for Mr. Thomas Ward, Edinburgh, read Mr. Thomas Wood, Edinburgh.

In No. 261, p. 121, for M. Andral, read Mr. Andree, Hatton Garden.

In No. 270, p. 157, for interitis, read enteritis.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, NOVEMBER 15.

[1828-9.

LECTURES

ON THE
GRAVID UTERUS, AND ON THE DISEASES
OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

DR. BOUNDELL.

LECTURE IV.

Of the Circulation of the Blood in the Ovary.

THE circulation of blood in the ovum, Gentlemen, is, in its nature, complicated, and in a view to a more lucid consideration, it may be divided into two kinds—the maternal, I mean, and the fetal. The maternal circulation is exceedingly simple; the blood enters the cells of the placenta by means of the uterine arteries, and leaves them by means of the uterine veins; so that while the ovum remains in the uterus, a copious tide of the maternal blood flows through those cells, and this, when the ovum is detached, prematurely supplies the blood of those copious floodings, which we have already largely considered. The circulation of the fetus is a good deal more complicated, but with a little attention on our parts, it may be easily enough understood; it may be divided into three parts, the greater circulation, the lesser circulation, and the circulation peculiar to the foetal state. In the circulation peculiar to the fetus, the blood issuing from the internal iliacs by means of the umbilical arteries, is conveyed to the placenta, and diffused over its substance, which it fills like a sponge, floating at length into the umbilical vein, by which it is transmitted to the vena portarum of the liver; this is the first stage of the circulation. The blood in the vena portarum, in imagination, be divided into three portions, and of those three portions, two pass by means of the canalis venosus, formerly mentioned to you from the vena portarum of the liver, to the vena cava inferior direct,

and thence to the right auricle of the heart, while the remaining or third portion passes through the liver in the ordinary way, so as to reach the vena cava hepaticæ, the vena cava inferior, and the right auricle of the heart; and this is the second stage of the circulation, whereby, as we find, all the blood enters ultimately into the right auricle, two portions passing into this cavity by the canalis venosus, and one through the liver in the ordinary way. When the right auricle contracts, of the three portions of blood mentioned, one passes direct into the left auricle, through the foramen ovale, and thence to the left ventricle, and the ascending and descending aorta, following the ordinary route; but the same contraction which throws one portion from the right auricle to the left, through the foramen ovale, impels also the two other portions from the right auricle to the right ventricle, in the usual way, to be thrown afterwards out of the ventricle into the pulmonary artery, which, as every anatomist knows, is inserted into it. In the trunk of the pulmonary artery, the two portions of the blood separate, the larger passing direct into the aorta descendens, by a short and capacious tube, which leads direct from the one vessel to the other; the canalis venosus before demonstrated, and the blood in the pulmonary arteries flowing through the lungs into the left auricle, ventricle, ascending aorta, and aorta descendens, in the same manner as in the adult; and this it is which constitutes the third and most complex stage of the circulation. All the three portions of blood, therefore, ultimately reach the aorta descendens, though by different channels, and not simultaneously; and then, which completes the fourth stage of the circulation, this blood passes along the aorta to the common and the internal iliacs, the point from which it first issued. Thus, then, to recapitulate:—in the circulation peculiar to the fetus, the blood in the first stage passes from the internal iliacs to the vena portarum, through the umbilical vessels, being diffused over the vascular part of the placenta; in the second stage of this circulation, this blood passes from the vena portarum, into the right auricle, in part through the canalis

venous, and in part through the liver, by the same passages as in the adult; in the third stage of its circulation, the blood enters the descending aorta by three different routes, through the lungs, the *canalis arteriosus*, and the *foramen ovale*; and, in the last or fourth stage, this blood flows to the internal iliacs, from which the circuit commenced, by the descending aorta, and the common iliacs.

From what has been stated, it is obvious, that, in the *fœtus*, it is not, as in the adult, the whole, but a part, and, indeed, a small part only, of the blood which is transmitted through the lungs; hence the main difference between the fetal and the adult circulation. From what has been stated, too, it is evident, that in the *fœtus*, the blood which flows along the aorta is derived from both sides of the heart, and is propelled equally by both ventricles, the left and right, which, in the fetal heart accordingly, are of equal thickness, and hence an important difference between the greater circulation of the adult and the *fœtus*. I shall merely add, further, that although the placenta is filled, like a sponge, with two kinds of blood, the maternal, I mean, and fetal, yet these two sorts of blood, though most nearly and extensively approximated, are never in actual contact with each other; the maternal blood lodges in the cells of the placental structure, the fetal in the vessels, the two fluids, like the air, and the blood in the lungs being separated by membranous texture, in thickness, perhaps, not exceeding one part in a thousand of an inch. During our aquatic, or fetal life, the blood cannot be ventilated in the lungs; and this explains to us why it is, that a small part only is transmitted through these organs to nourish their substance, and to keep the vessels pervious.

I now show you a preparation of the heart of the *fœtus*, in which one of the auricles has been cut away, namely, the left, in order to show you the *foramen*, which, as you may perceive, is wide open.

In this preparation of the lungs and heart, you see the pulmonary artery and descending aorta, together with the *canalis arteriosus*, by which the two communicated; there is a packet of bristles placed beneath the *canalis arteriosus*, in order to direct your eye.

It sometimes happens that, in the adult, the *foramen ovale* remains open through life, and here is an example of this. This preparation was taken from a large heart; and the *foramen ovale* is so large, that you might put your fore-finger into it; this, however, is a rare occurrence.

[Dr. Blundell also exhibited various other illustrative preparations of the conversion

of the fetal circulation into that of the adult.]

In the *fœtus*, the circulation is of one kind; in the adult vascular system, of another; and we will now, if you please, proceed to consider this change, after birth is accomplished. To understand this matter right, you must remember that it is a law of the vascular system, confirmed by various observations on its different parts, that when a canal or aperture is no longer of service in the circulation, it shall close itself gradually, so as to become more or less completely closed: thus, in the adult, if you tie a large artery, so much of the artery above and below the ligature, as is no longer serviceable in the circulation, gradually contracts itself, and becomes converted into a sort of ligament, and the same holds true of the veins. Now when the *fœtus* comes into the world, it is usual to tie the umbilical cord; and, in consequence of this ligature, the umbilical vessels, together with the *canalis venosus*, become no longer of service in the circulation, and therefore they become closed in conformity with the law before announced. Hence we find in the adult, that the umbilical vein is become converted into a mere ligamentous vestige, well known to anatomists under the name of the *ligamentum rotundum* of the liver. Again, when the child comes into the world, it begins to respire, and its lungs playing, the blood passes through them with very great facility; and the consequence of this is, that a large quantity of blood passing through the lungs, and a much smaller quantity flowing through the *foramen ovale* and *canalis arteriosus*, these canals first contract, and then close. The explanation is at least plausible, though, perhaps, not altogether satisfactory. Now from what has been already stated, you may perceive, on a little reflection, that the peculiar circulation of the *fœtus* depends entirely in the existence of these most important channels; while they are open, the circulation remains fetal; when they are closed, it becomes that of the adult; the change proceeds upon simple hydraulic principles: when the umbilical arteries, the umbilical veins, the *canalis venosus*, the *canalis arteriosus*, and the *foramen ovale*; and that these are no longer than tubes and apertures, which are essential to the fetal circulation. Those causes, therefore, which occasion the closure of those canals peculiar to the fetal vascular system, are also the causes which, after birth, occasion the conversion of the fetal circulation into that of the adult, and these causes are the division of the funis, and the play of the lungs acting in co-operation with that ruling principle of the vascular system before mentioned, namely, that canals, no longer ser-

vicleable in the transmitting of the blood, will contract and close themselves up in a manner more or less complete.

Functions of the Placenta.—Having explained to you, in our previous remarks, the structure of the placenta, and the circulations which are proceeding through it, I may now proceed to a subject which before would not have been readily comprehended, I mean, the functions which this important organ, the placenta, is discharging. There is no organ of the body, in either state of our existence, which, during our stay in the uterus, is of more importance to our welfare, than the after-birth; and its functions, therefore, are well worth our study. By the after-birth, I conceive it is, that the fetus receives its supplies of nutriment; for I have already endeavoured to prove to you, that it cannot be nourished by the liquor amnii. The cells of the placenta, as before stated, are full of the maternal blood, and the vessels are filled with the blood of the fetus; and there seems to be a communication between the cells and the vessels by means of very minute pores—passages impervious to the integral red blood, but transmitting the subtler parts; and by means of those pores supposed to exist, though not to be demonstrated to the eye, the subtler parts of the maternal blood—the serum and coagulable lymph, are absorbed into the vessels of the fetus.

In the ruminating animal, as formerly shown, the placenta consists of an excrescence, and the vessels which ramify through it, in the same manner as the root in the soil. These excrescences, the cotyledons, as they may be called, secrete a fluid, in its sensible properties, like milk, and which, after the death of the animal, may be pressed out from their structure in large quantities, nor can there, I think, be a reasonable doubt that it is by the absorption and ramification of this lactiform fluid that the young animal is nourished, just as the plant is fed by the fluids which it absorbs from the soil. By the animal chemist, so far as I know, this secretion of the cotyledon has never been accurately analysed; if any one here present designs to devote his attention to animal chemistry, as it is called, to this fluid, so interesting in the generation of the ruminating animal, I would invite his attention; it is very desirable that we should know whether it be of the nature of milk or chylous, or whether it constitute some third humour, which has a composition of its own.

The chick in ovo also forms blood for itself from the yolk and white of the egg, which it absorbs, digests, and sanguifies. In the preparation exhibited, you may see the membranaceous tube which leads from the bag containing the yolk into the intes-

tine. By this passage, it is, at least in great measure, that the aliment is transmitted. Now, to come down upon the point before us, much in the same manner as the chick and the calf are absorbing and sanguifying the fluids on which they feed,—the human fetus, too, may be supposed to draw its nourishment from the blood which lies in the placental cells, to be afterwards converted into blood by the action of its vascular system.

Besides, however, nourishing the fetus, and operating as a sort of stomach or root, the placenta, too, is performing another office immediately essential to life, the placentopulmonary, as it may be called, being equally discharged by the placenta, lungs, or gills. Of the lungs, we are taught that it is their office to throw off carbon from the body; and this admits of demonstration,—for if the air from your lungs be passed through lime-water, a precipitate is formed, consisting of the carbonate of lime, the carbon being derived from the blood, and passing off in the form of carbonic acid gas. Now, it may be imagined that the office of the placenta is that of separating carbon from the fetal blood, in the same manner as the lungs do after the birth; but though I am not prepared to deny that the placenta may separate carbon in very minute quantities, I am well satisfied that carbon is not separated from it in abundance, in the proportionate quantities in which it is afterwards discharged at the lungs. The blood which is entering the lungs, is of a black livid tint; that which is leaving the lungs, is of a brilliant vermillion; and the difference arises, in great measure, from a difference in the quantity of carbon, the blood, leaving the lungs, being freed from much of the carbon, while that which enters the lungs, contains large quantities of it; but it is not so with blood that is leaving and entering the placenta. I have myself been at some pains to get the blood at the same time from the umbilical vein and arteries, and, in the experiments hitherto made, I have not been able to discover any manifest difference in the colour of the two; if difference existed at all, it consisted in a mere shade, and was not to be compared with that observable in the colour of the venous and arterial blood of the adult; and, from all this, we may, I think, venture to infer, that the blood which leaves and enters the placenta, must contain carbon in quantities nearly equal.

Again, we are taught, with respect to the lungs, (but this is more dubious than the former opinion,) that they are the organs which receive the matter of heat into the body, and which support the animal temperature; and we know that, generally, the heat of the internal part is from 98 to 100 degrees. There is, however, no reason to

believe that the placenta performs the office usually assigned to the lungs; because it is to be recollected, that the child is immersed in the liquor amnii, probably of the same warmth as itself, and, like the urine, of 98 or 100 degrees; and, not losing its heat, it does not require a supply of caloric from the placenta. Add to which the opinion of Crawford, that the lungs are enabled to absorb heat, by previously emitting carbon. Now, as it has been observed already, that the placenta separates no carbon, or, if any, an exceedingly sparing quantity,—provided the separation of carbon be necessary for the absorption of the heat,—this is an office which the placenta cannot perform.

It seems, then, the placenta is not discharging the two grand offices usually assigned to the lungs; it is not separating carbon largely, and it does not absorb caloric, for the support of the animal temperature; and yet it is certain this organ does perform an office immediately essential to life, and which is performed by the lungs themselves, of which you have a very simple proof:—If a child comes into the world under the crural presentation, (legs first,) there being a pressure on the chord, at a time when respiration cannot proceed, in consequence of the head and shoulders being lodged in the uterus, in the course of a few seconds the child is in a state of distress, in the course of a few minutes it is in danger, and, in the course of a few minutes more, it is dead; and all this, because the action of the placenta is pressed upon *when the lungs cannot play*; for, if the child comes into the world head first, and breathes, you may tie the cord, and cut away the placenta, as indeed is the custom, yet no inconvenience ensues; and hence we may draw this plain inference, that the lungs and the placenta are performing one common office, immediately essential to life. When it is performed by the placenta, it is not required of the lungs; and, when accomplished by the lungs, it is not required of the placenta.

And now comes on the question, What is the placento-pulmonary office? A question, which it is not in my power to answer. But I cannot forbear expressing my conviction, that there is some most important physiological discovery latent here. Whatever this office is, it is obvious that it is immediately connected with the principle of life; and it is very remarkable, that, though we believe ourselves to be acquainted with the main office of the lungs, we certainly are not. The main office is, I think, clearly this,—placento-pulmonary function. This function consists in neither of the offices which are usually assigned to the lungs; I mean the absorption of caloric, or the sepa-

ration of carbon; but seems pretty evidently to consist in some third office, with which, however, we are at present unacquainted. How I envy, by anticipation, the man who is hereafter to succeed in its discovery!

Physiological Remarks on the Gravid Uterus.

Having said thus much then respecting the *anatomy* of the gravid uterus, I shall now proceed to make a few general remarks on its physiology, not entering at large, of course, into so diffuse a subject, but merely touching on those points most interesting, and some of which are not without their obstetric importance.

In order that my remarks may be the better understood upon this, it may be proper, perhaps, I should commence by observing, that the uterus, in the unimpregnated woman, varying in its bulk, is, on an average, about as large as a small pear flattened, and that it lies at the brim of the pelvis, with its fundus forward and its mouth backward, so that the one lies above and behind the symphysis pubis, and the other on the sacrum. Upon either side of this uterus, in the sides of the pelvis, the ovaries are situated, resembling the testicles somewhat in their form, and hence frequently denominated the *testes muliebris*, by the older anatomists. These ovaries consist of a covering of peritoneum, and proper coverings, which may be called the *tunica propria*, enclosing within it a cellular web, full of very minute vessels, and in this cellular web are embedded a number of vesicles, which may vary in number from ten to fifteen, or twenty, of unequal size, some of them being as large as mustard seeds only, and some as large as a full-grown pea, and more or less conspicuous in the ovaries of different women. For even in those cases where there is no reason to believe that the woman has been sterile, you must examine with care to see the vesicles distinctly, while in other cases these vesicles are so striking, that they are the parts which catch the eye as soon as the ovaries are laid open. These vessels, which are denominated the *grä-fian*, are the eggs of the human species. Again: stretching from the womb to the sides of the pelvis, we have the broad ligaments, which are formed by the peritoneum, which covers the uterus, partially in front, and completely behind, and which being thus disposed upon the womb, form two layers, one in front and the other posteriorly, stretching from the sides of the uterus to the sides of the pelvis. In the superior parts of these broad ligaments, are situated what are called the fallopian tubes, which are, in fact, the oviducts of women, somewhat vermicular in their course, for they do not run in a direct line; very small

where they enter into the uterus, in so much that a large bristle could scarcely be passed through the orifice; larger where they open near the ovary, for there a large probe might be inserted; and immediately within the orifice, which is surrounded by a muscular fringe, or ruffle, and which is called the *morsus diaboli*, dilated into a sort of receptacle, in which the first rudiments of the fœtus may perhaps lodge.

Stretching from the womb to the external organs, is the canal called the vagina, lying on the rectum posteriorly, and the bladder and urethra in front; this canal varying much in its capacity, being large in women who have borne many children, and small in virgins, but being of a form and capacity evidently conformable to the make of the male organ. Observe, carefully, these illustrative preparations.

Impregnation.—When impregnation takes place, for I now proceed to give you a short account of it, one or more of the eggs, or grüfian vesicles, becomes the subject of the conceptive actions, and supplies of nourishment are poured into it from the surrounding parts, and the eggs enlarge in their size, and they project beyond the surface of the ovary, so as to form the mammillary process; and all around the vesicles, which are thus enlarging the ovum, become more vascular than it was before. About this time the mammillary process, projecting like a nipple, is seized by the muscular fringes of the fallopian tubes, something in the same manner as the nipple itself is seized by the infant when at suck. The mammillary process lying in this manner in the orifice of the fallopian tube, it at length breaks open by ulceration, and discharges its contents in this canal, after which the rudiments, by little and little, under a sort of peristaltic action, are conveyed from the tube to the uterus, to be deposited there as in a nest,—for the uterus of the mammalia has some analogies with the nest of a bird, which, in some pointed particulars, it resembles. Now this transfer of the rudiments from the ovary to the uterus, constitutes what, in the proper acceptation of the term, may be denominated its conception, or what, in birds, we should call the laying of the egg. Dr. Haighton found, that if, in the rabbit, he divided the fallopian tube more than eight-and-forty hours after its communication with the male, he did not, in so doing, interrupt the process of generation; but if he divided the tube within 10, 20, or 30 hours, or even later than this, then the process of generation was interrupted, the rudiments never afterwards making their appearance in the womb; and therefore he inferred, that in the rabbit the process of conception, or the laying of the egg, is accomplished in eight-and-forty hours, but not sooner.

It has often been asked, what is the term that is required for the completion of human conception? but this is a question to which it is not easy to give a precise and satisfactory answer. I thoroughly agree with those who believe that it is of very early completion, say within the fortnight, or perhaps sooner. A fœtus of five or six weeks is thoroughly formed, and as large as a large blue fly. How young, therefore, must its rudiments be when they pass in an unformed state through the uterine orifice of the fallopian tube, which, as this preparation proves, is scarcely large enough to admit a bristle.

I here show you the uterus, and a portion of the vagina annexed to it; you may see the broad ligaments stretching to the sides of the glass, and you may see the fallopian tubes, or oviducts, above which is the muscular ruffle, or fringe, which lays hold of the mammillary process.

Here is a preparation of the ovary; its interior is exposed, and the eggs, which are nestling there, are conspicuously observable.

I here show you the mammillary process projecting, and in this preparation laid open, its contents being escaped, so that a small cavity has been formed in the ovary, and this cavity is filled up with a yellowish material brighter in some than in others, the whole constituting what is celebrated among anatomists under the appellation of the *corpus luteum*.

The vesicle in this preparation, after discharging its contents, is again partially filled with the yellow material; and in the preparation which follows, the closure of the cavity has been almost completed.

Where there are two fœtuses, two vesicles are in general excited, and two lutea become formed; in the woman from which this was taken, there were twins, and you may observe a corpus luteum in each ovary. This is not invariably the case, for, as a single egg may sometimes contain two chicks, so a single vesicle may, in some cases, contain two fœtuses. The woman from whom these ovaries were taken, conceived of three children, and you may see two vesicles in one ovary, and one in the other; observe, at the same time, the high vascularity of the surrounding ovary.

But to proceed:—Much dispute has been raised respecting a question of some little speculative interest, I mean as to the form in which the rudiments come down into the womb, some contending with Haighton, that they descend in a loose amorphous state; and others, as Cruikshanks, that they leave the ovary, and pass the tube under the form of a small egg. Dr. Haighton examined a great many rabbits which had been recently impregnated, making his ob-

servations at different intervals after conception, but he never found in any one instance, until the process of epigenesis was begun in the uterus, that the rudiments exhibited any definite form, so that after instituting many observations of this sort, (and he was a very accurate observer,) he became of opinion, that it was not the vesicle of De Gräfe that was detached in the form of an egg, to pass into the uterus, but that the vesicle opening, discharged its contents into the tube, as an egg might do, if the shell were freely broken. Cruikshanks, however, imagined, that the rudiments passed along into the womb in the form of an ovum, of rounded or oval shape, but in order to prove this, he laid open the tube, and applied distilled vinegar.

Now Haighton used to observe tartly and forcibly enough, that nature did not apply distilled vinegar in her operations; and the observation was as just as it was keen; for even supposing the rudiments came down into the womb without any defined shape, of course the application of the vinegar might be expected to coagulate the serum, and to cause it to assume something of a defined shape immediately. On the whole, therefore, I assent to the opinion of my valued relative, and believe with him that, in conception, the ovum comes down into the uterus, not enclosed in a membranous cyst, but in a loose and disengaged condition; and this opinion is supported by the inference to be drawn from the smallness of the uterine orifice of the tubes, evidently much too minute in its capacity, to allow the vesicle to pass in its oviform condition.

I have sometimes thought that, as in birds, the oviducts are superadding to the yolks, derived from the ovaries certain

parts, which render them more perfect for generation, for instance,—the whites and shells. It may not be impossible that the fallopian tubes may add something too; and this is more probable: first, because we find the inner sides of the fallopian tubes vascular in a high degree; and, secondly, because their inner membrane is folded longitudinally, as if nature intended to spread them out for the purposes of secretion. However, granting its existence, we have clear proof, that this superaddition is not essential to generation, for extra-uterine fetuses may form in the ovary, and, in these cases, the rudiments never get into the fallopian tube at all,—and can, therefore, derive nothing from it.

Here is one of the fallopian tubes laid open; it is vascular in a high degree, and its folds are lying longitudinally; it is this structure that induces me to think, that the tube is a secreting organ, as well as an organ of transmission.

Here is a specimen, and a fine one, of the *morsus diaboli*, the fimbriated extremity of the fallopian tube, observe its position near the ovary.

FOREIGN DEPARTMENT.

M. BROUSSAIS.

Dr. MIQUEL, the editor of the *Gazette de Santé*, has lately published a pamphlet against M. Broussais, which, amongst other interesting communications, contains the following comparative table on the mortality in the Hospital of Val de Grace, under its different physicians:—

In the year	M. Vaidy	M. Desgenettes	M. Pierre	M. Broussais
1815	lost 1 out of 20½	—	1 out of 16	1 out of 11
1816	— 1 27	1 78	1 193	1 19
1817	— 1 14	1 14	1 167	1 16
1818	— 1 25	1 12	1 27	1 14
1819	— 1 22½	1 21½	1 16	1 8½

This contrasts very strangely with the bombastic manner in which we are accustomed to hear M. Broussais and his followers speak of the "*Doctrine Physiologique*."

TERMINATION OF THE RETINA IN THE HUMAN EYE.*

It has very often been discussed, where the retina terminates anteriorly, and, as far as we know, the opinions of anatomists as

to this point are not yet settled. Dr. Schneider, of the University of Munich, has lately, by very accurate researches, endeavoured to determine this question. According to him, the following are the different opinions on the subject:—

1. The retina reaches no further than the middle of the vitreous humour.—Fallopian and Vesalius.

2. It terminates at the exterior margin of the processus ciliares.—Meckel, Sömmering, Wrisberg, Zinn, Rudolphi, Velpeau, Home, Jacob, Paullucci.

3. It extends to the circumference of the lens, where it is inserted in the cap-

* Das Ende der Nervenhaut im menschl. Auge. Von Dr. Schneider, Prosect. an der Univers. zu München.

sole.—Ferrein, Haller, Lieutaud, Monro, Winslow.

4. It is continued into the processus ciliares.

5. Having reached the external margin of zone of Zinn, it forms a defined edge, from which it extends, as a very delicate membrane, to the margin of the lens.—Baerens, Walter, Doellinger, Hesselbach.

According to M. Schneider, it proceeds from the external margin of the corpus ciliare, where it was generally supposed to terminate, to the lens on the greatest circumference of which it ends, by a free margin, and without any firm attachment to the capsule. This continuation of the retina lies between the zone of Zinn and the corpus ciliare; it appears as a very delicate, thin, medullary membrane, somewhat thickened at its internal free margin. It is covered by the pigmentum nigrum, which is most copious on the external portion, but gradually decreases anteriorly and interiorly, so that the free margin of the retina is not covered by it. At the distance of about one-eighteenth of an inch from the circumference of the lens, the retina increases in thickness, is very white, and of a folded structure, in which the separate folds, from 70 to 75 in number, are placed at regular intervals. The internal margin of this folded ring adheres to the capsule. Under the microscope, the termination of these folds anteriorly appear as more or less coniform bodies placed in different directions, and very similar to the nervous papillae of the tongue.

ON THE ORGANIC ALTERATIONS IN THE INTERIOR OF THE EYE AFTER THE RECLINATION OF THE LENS.*

By Dr. W. SÖMMERING.

The author of this treatise had opportunities of examining eight eyes in which this operation had been performed. The reclinated lens was generally found immovable on the exterior and inferior portion of the ciliary processes, at a greater or less distance from the iris; it was, except in one case, without its capsule, small, and, as it seemed, absorbed, all but the harder nucleus; of a greyish white, or yellowish brown amber colour, and of an irregular shape; its size appeared to differ according to the length of time which had elapsed after the operation. In two instances it was completely absorbed, and the only remaining trace of it was a slight impression in the margin of the ciliary processes; in one case

it seemed unchanged, being covered by the capsule, to which two very fine blood-vessels were seen running from the ciliary processes. It was observed, that, when the eye had for some time been lying in alcohol, those parts with which the lens had been in more or less close contact, invariably underwent a very peculiar alteration: the vitreous humour, hyaloid membrane, and retina, were, in these places, more or less turbid; the hyaloid membrane was thickened, the retina wrinkled, and, in one instance, adhering to the choroid; evidently the consequences of a slight inflammation, produced by the pressure of the lens. The capsule had, except in the one case mentioned above, retained its natural situation, and its connexion with the zonula Zinnii; it had been lacerated in the operation in the middle or lower part, and was perfectly transparent; after having for some time been lying in very strong alcohol, it appeared as a yellowish ring near, but unconnected with, the posterior surface of the iris; the internal margin was free, irregular and indented, and partly covered the pupil; in one instance only, a very delicate plastic membrane had been thrown out from it. It was, on the whole, very considerably thickened, and of a gelatinous consistence; being, however, perfectly transparent, this thickening of the capsule cannot be considered as the result of an inflammatory state, and we think the author is right in supposing it to be formed by the secretory action of the capsule, and the subsequent crystallisation of the secretion; it is, as it were, the rudiment of a new lens. In two cases, the vitreous humour was very liquid; the cicatrix of the sclerotica could hardly be discovered. In one case of congenital cataract, where the operation had failed, the retina was found separated from the choroid by an intermediate stratum of fluid.

M. Sömmering is of opinion, that the formation and nutrition of the lens depend on the continual secretion and absorption of the liquor Morgagni by the capsule, but that there exists no organic connexion between the two organs, and that the formation of the lens out of the humour Morgagni, is a real crystallisation. (Such was also the opinion of Haller and of Petit; but Albinus saw the injected vessels of the capsule continued into the lens, and Dr. Jacob's recent researches seem to confirm this observation.) The capsule is closely connected with the zone of Zinn, and, through the latter, communicates with the corona ciliaris, from which it receives the nutrient vessels of the lens.

The different degrees of perfection with which the patients see after the operation, depends not on the more or less transparent state of the interior parts of the eye, but

* Beobacht. üb die organ. Veränd. im Auge nach Staar Operationen. Von W. Sömmering, Frankfurt am Main.

on the irregular shape of the refracting organs. The cataracta secundaria is the effect of a traumatic inflammation of the capsule; sometimes even an effusion takes place between the edges of the capsule, but it is hardly ever the effect of exudation from the uvea, as M. Schmidt maintained. The capsule itself is never absorbed.

ON FUNGUS MEDULLARIS OF THE EYE.*

By B. PANIZZA.

This treatise contains two very interesting cases of fungoid disease, of which we have a condensed report.

In a girl, seven years old, the fungus had been formed in the right eye, in consequence of internal ophthalmia; vision was completely destroyed from the beginning; the pupil was dilated and immovable, behind it a yellow irregular spot was seen, with some gorged vessels in its centre, its exterior and inferior portion was a little prominent, and of a tuberculous appearance. In all other respects the eye seemed perfectly healthy. After three months the yellow spot became of a darker colour, enlarged, nodose, and beset with more varicose vessels. The extirpation of the eye being objected to, the disease followed its regular course; the eye burst, the fungus protruded, and rapidly grew to an enormous size; large ulcerations formed, frequent hæmorrhages ensued, &c., and the little patient died, after having suffered sixteen months. On examination, the glands of the neck and the parotid were found diseased; that portion of the dura mater which covers the parietal bones, as well as the greater part of the right anterior and middle lobes of the brain, had degenerated into a fungous mass; the optic nerve, the ophthalmic branch of the fifth pair, and the third pair, were also imbedded in a fungous substance. The optic nerve terminated anteriorly in a hard ligamentous intumescence, of a bulbous form. In the orbit, all the organs were transformed into one confused mass.

The second case was that of a child twenty months of age; the fungus was in the left eye; it had likewise formed after internal ophthalmia, and the symptoms were exactly the same as in the foregoing case. The eye was extirpated by Dr. Donegana, about seven weeks after the first symptoms had been observed. Professor Panizza examined the eye after the operation; it was not enlarged, but harder than natural; the optic nerve, cornea, iris, and lens, were healthy; the lens having been removed,

the yellow spot was found to be seated in the depression in which the posterior half of the lens lies, although, before the removal of the lens, it appeared as if it were more deeply-seated. It consisted of three separate bright-yellow and prominent masses, of a soft and fungous consistence. On removing the choroid, the whole of the vitreous humour was found to consist of this yellow mass; being punctured, it emitted a bright yellow, viscous, saline fluid, which was coagulated by alcohol; the optic nerve was inserted into this yellow mass; the retina was wrinkled, contracted, and appeared to pass through it to the anterior fossa, where it formed the three above-mentioned prominences. The choroid was healthy.

Four years after the operation, the little patient was in perfect health. As far as we know, this is the only instance upon record, where the extirpation of the fungus medullaris of the eye, has not been followed by a fatal termination from a relapse, or a continuation of the disease to the brain and its membranes.

CENTRAL POINT OF THE NERVOUS SYSTEM.— DIVISION OF THE NERVES, AND SUBSEQUENT RE-UNION OF THEIR ENDS.

M. Flourens has recently endeavoured to determine the limits of the central and vital point of the nervous system. From various experiments, he infers that this point begins at the origin of the eighth pair, and extends no further than one-fifth or one-sixth part of an inch towards the medulla oblongata. On dividing the brain above this point it is deprived of life, but the spinal chord continues to live; on dividing the spinal chord below it, the reverse takes place.

In another memoir, M. Flourens gives the result of his experiments on the division of the nerves, and the subsequent re-union of their ends. In most cases, the re-union was complete, and by it the nerves recovered even their sensibility and influence on motion. M. Flourens being desirous of knowing whether the ends of two different nerves would unite, having brought them into close contact, kept them in this situation, and found that, in all the cases, complete union took place; in some of them the function of the nerves was restored; in others, it remained imperfect; but, in all, the irritation of the lower was communicated to the upper nerve, so that we can hardly doubt of the formation of real nervous substance between the divided ends.

* Sul Fungo Midollare dell'occhio. Pavia, Fol.

ON THE APPEARANCE OF THE BLOOD OF ANIMALS UNDER DIFFERENT STATES OF EXCITEMENT.

By Mr. RICHARD VINES, *Veterinary Surgeon; Mr. Coleman's Assistant at the Veterinary College.*

HAVING stated in a former communication * that the blood of the horse or ass, when in perfect health, after being well fed and moderately exercised, assumed a bright red colour; and the blood, which was then abstracted, coagulated quickly into a solid uniform mass, without any separation of the red part; and on the contrary if the same animal were exposed to a low degree of temperature, and allowed only a small quantity of food, that the blood under those circumstances gradually assumed a darker colour, coagulated slower, and during its coagulation separated into two parts, a superior white or straw-colour, and an inferior dark red, thus constituting what is commonly called buffy, or inflamed blood, and that in proportion to the degree or intensity of cold, and the deprivation from food, so the blood assumed this buffy appearance; and again in proportion to the increased strength of the animal, when supplied with a due quantity of food, and placed in a more congenial temperature, that the blood recovered its original state.

I likewise stated that the blood assumed this buffy appearance in healthy horses from drawing large quantities at short intervals, and also that any cause that debilitated the system would likewise render the blood of this appearance.

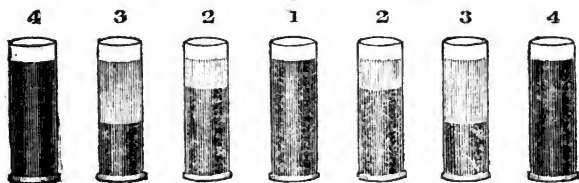
On further investigation, and from numerous repeated experiments and observations, I have clearly ascertained and proved, that the blood assumes different appearances, varying according to the circumstances under which the animal is placed: when the

animal is in perfect health, and moderately excited, the colour of the blood will become brighter, and the coagulating property will be increased; but, on the contrary, that in both, when under great (as well as diminished) excitement, the colour and coagulating property will be found gradually to diminish.

Under the former circumstances both the venous and arterial blood assume a brighter colour, coagulation takes place quicker, and the consistence will be found to be firmer, without any separation of the red part, and this appearance will be seen whether a small or large quantity be taken; but if the exertion be carried to a great excess, or if the animal breathe an impure atmosphere, or be exposed to a low degree of temperature, and at the same time not allowed food, or to be exercised, the venous and arterial blood will then gradually appear of a darker colour, coagulation will be slower and weaker, and during the coagulation the red part will separate, at first in a slight degree; but this appearance is only to be observed on drawing a small quantity, but afterwards to a much greater extent, by taking a larger portion; but in the advanced stages, and as the animal becomes more exhausted, it then gradually fails to assume the buffy appearance, from its coagulating property being too far diminished.

From these facts it becomes evident, as I have previously stated, that the venous and arterial blood assumes different appearances, varying according to the circumstances under which the animal is placed; thus, while in health, and under moderate excitement, its colour and coagulating property gradually increases; but, on the contrary, both when under great as well as diminished excitement, its colour and coagulation will be gradually diminished.

The following table will give a more comprehensive view of the subject.



The middle portion, Fig. 1, is intended to represent the appearance of the blood, either venous or arterial, under moderate excitement, coagulated into a uniform firm mass, without any separation.

The three lateral portions, on each side,

are intended to represent the colours and coagulating property, diminishing those on the right side from too great excitement, and those on the left from diminished excitement.

Fig. 2, on each side, show the blood darker in colour than Fig. 1; and during the coagulation to have separated into two parts; a

* LANCET, Number 195, Vol. XII.

superior, which is either white or straw-coloured, and an inferior, or red part.

The two next portions, *Fig. 3*, likewise show the blood coagulated, but still darker in colour, with a larger portion of the white or straw-coloured part, and a smaller of the inferior or red.

The two outside portions, *Fig. 4*, represent the blood of a darker colour than the last, but without any separation of the parts, owing to its weak coagulation.

From this it appears evident that the remote causes which increase the colour and coagulating property of the blood are pure air, of a moderate temperature, good food, and moderate exercise; but, on the contrary, those under which it diminishes are violent or long-continued exertion, severe pain, increased temperature, or any of these causes in combination with high feeding: this is very frequently to be observed in the spring of the year, and summer months, while the thermometer is high; when it is very common to find inflammation of the lungs, eyes, and other inflammatory diseases from too great excitement of the system; again, other remote causes also render the blood in this state, by diminishing the action of the various organs of the body, as impure air, long exposure to wet or cold, without food or exercise;* this we find to be the case in the autumn and winter, while the thermometer is low.

It therefore appears that while the causes which support the functions of the different organs of the body are duly and moderately applied, the colour and coagulating property of the blood gradually increase; but, on the contrary, if these causes are gradually withdrawn, or carried to too great an excess, then the colour and coagulating property will gradually diminish; thus it will be found, that as the animal increases in strength, the blood will coagulate stronger and quicker, from containing a larger portion of animal matter; but as the animal diminishes in strength, and while under great or diminished excitement, the blood coagulates slower and weaker from containing a smaller portion; its quick coagulation depends on the quantity of animal matter it contains; the blood of strong subjects is always greater in weight, and coagulates stronger and quicker than that of weak ones; thus, as the animal increases in strength, while in health, and under moderate excitement, the blood coagulates stronger and quicker from containing a larger portion of animal matter; and again, as the animal diminishes in strength, as while under great or

diminished excitement, the blood gradually coagulates slower and weaker, from containing a much smaller portion.

This white, or buffy part, commonly called self-coagulable lymph or fibrin, may therefore be considered as the base of the blood of all animals; it assumes different colours, and possesses coagulating properties, varying in animals, and in different parts of the body of the same animal; in the strong parts it appears red, from possessing a high degree of vital power, while in the weak or finer parts it appears white, from possessing a much lower degree of vitality; in strong subjects, and in the strong parts of the body, it coagulates strongly and quickly from containing a large portion of animal matter; hence it has received the name of fibrin from a supposed resemblance to muscular or fibrous texture; but on the contrary, in weak subjects, and in the weak and finer parts of the body, its coagulation is much slower and weaker from its containing only a much smaller portion. It also assumes different appearances, varying according to the circumstances under which the animal is placed. When in perfect health, and moderately excited, it appears of a bright red colour, and coagulates without any separation; in this state, we may consider it as possessing the highest degree of vital power; but, on the contrary, that is from too great as well as from diminished excitement, in consequence of its vitality being diminished, it then appears darker in colour; coagulation becomes slower and weaker, at first in a slight degree, but afterwards to a much greater extent.

I therefore deny the hypothesis of the blood being a compound fluid, while circulating in the living body, and of the lymph, red globules, and serum, but consider it as live animal matter, capable of assuming either a fluid or solid form; and that, while in the state of a fluid, it possesses a higher degree of vital power than when in a solid state; that it assumes different colours, and possesses various degrees of solidity, varying in animals, and in different parts of the same animal, which depends upon the quantity of animal matter it contains previous to its coagulating, or assuming the solid state. I consider its base as originally white, and that it derives its colour and coagulating properties from the combination of atmospheric air, when circulating through the lungs; this appears from the arterial blood being always greater in weight, and coagulating firmer and quicker than either the lymph or chyle; and I consider that its different colours indicate its various degrees of vitality; for, in the strong parts of the body, it appears red, from possessing a high degree of vital power; while, in the weak or

* The blood has likewise the same appearance when the horse is under the influence of digitalis.

finer parts, it is white, from having only a much lower degree of vitality.

The lacteal and lymphatic fluids may, therefore, be considered as venous blood. This appears from their assuming different colours, and possessing coagulating properties, varying according to the different states of the animal. In strong and healthy horses, if destroyed while in perfect health, and under moderate excitement, the lymphatic fluid assumes a white or straw-colour in those parts of the lymphatic system situated near the circumference and centre of the circulation; but, on the contrary, in many of those which are destroyed when under great as well as diminished excitement, it commonly assumes the same character of dark venous blood in those parts of the lymphatic system, situated nearest the centre of the circulation as the thoracic duct, and the second order of the lacteals and lymphatics. This we find from the functions of digestion being suspended, from severe pain produced from open joints, punctures in the feet, &c., also by exposure to severe cold without food.

Royal Veterinary College,
Oct. 15, 1828.

ON THE EXTRACTION OF THE TEETH.

By S. J. STRATFORD, *Surgeon of Worcester.*

THE extraction of the teeth has, by many surgeons, been considered a contemptible occupation, and unworthy the notice of a well-educated practitioner; it is, consequently, now practised by the regular dentist, or abandoned to men who have not had the benefit of a regular surgical education. I feel, however, that whatever will tend to the relief of pain should not be below the surgeon's consideration, while the principles of the operation ought to be perfectly understood, to do it with correctness and facility. I believe, however, that many practitioners have abandoned its employment, more from its difficulties, and the unsatisfactory nature of their attempts, than from any ideas of the disreputable feelings attached to it. These difficulties, I am convinced, have originated from the want of due consideration of the nature of the diseased condition of the tooth, or of the variety and action of the instruments they have employed; but when the action of the one is properly applied to the nature of the other, all the difficulties vanish; and here I cannot but reprobate the employment of the same instrument in such various and different diseased condition of the teeth; it shows a want of reflection, and mechanical know-

ledge, which should not evince itself in the present day.

I will not now venture to speculate on the nature of caries, or the mode of its production, but consider the amount of disease under three heads:—1. Simple caries; 2. Extensive caries; 3. Death of the tooth.

1. *Simple Caries.*—Under this head I would consider that extent of disease which has exposed the lining membrane of the tooth to the degree, that no operation of the dentist, such as stopping, &c., could effectually relieve the pain, or stop the progress of the caries, where, indeed, no considerable portion of crown has become implicated.

2. *Extensive Caries* I would apply to that amount of disease which has destroyed the crown, or all the bony part, leaving but a thin shell of enamel.

3. *Death of the Tooth.*—Here I would be understood to mean, the dead stumps which have remained after the crown was broken off, or destroyed, by caries; they are generally level with the gum, are of a dark colour, and cause irritation and inflammation by their presence to the neighbouring parts; they have long ceased to be alive, and have now lost that firm connexion with the socket which they possessed before that vitality was destroyed.

The nature and action of the instruments should particularly enter into our consideration. A great variety of instruments have been recommended for the extraction of teeth; each operator has boasted some new invention, to which he has ascribed particular excellence; but that they have not possessed the merits ascribed to them, is obvious from their very limited employment: many are of a complicated nature, and difficult of application. I am, however, convinced, that the more simple their construction, the more easy will be their employment, and the more obvious their effects. The instruments which I have found most applicable to the extraction of the teeth are—the forceps, the key, and the punch, the use of each of which are indicated by the condition, or position, of the tooth.

The forceps can be employed only in the case of simple caries, where there is a considerable portion of the bony material of the tooth remaining, constituting a degree of firmness which will resist the grasp of the forceps, and will not crumble under it. The forceps should be of sufficient size to afford an easy purchase to the hand, while they are made so that the inner surface of the blade fit exactly to the crown and sides of the tooth; for this reason, the operator should be possessed of a considerable variety, so as to fit all different gradations of size. When, then, we have chosen the pair of forceps that fit exactly to the tooth, we must take care to embrace the neck, for

if we merely take hold of the crown, the forceps are liable to slip. Having taken a firm hold, we give the forceps an alternate lateral motion, also tending to the perpendicular; by the first we separate the adhesion of the tooth to the socket, and by the latter we draw it from its position. The forceps are most applicable to the incisors, or cuspidate, but, if they have a sufficient curve in their blade, they may also be employed to extract the bicuspid and molar teeth. The curve of the forceps must vary with the positive position of the tooth, so that the extremity of the blade fits in a perpendicular direction to the crown of the tooth, when precisely the same movements must be used, and the extraction of the tooth will generally follow. For the sake of convenience to the operator, the forceps would generally seem most applicable to the teeth of the upper jaw; they may, however, be employed to the back teeth of the lower with nearly the same facility. I apprehend, that the reason the forceps have occasionally parted is more from the make of the instrument than any fault in their application, for when the blade is made too hollow, so that but the extremities of the blades touch the tooth at two opposite points, which are often too sharp, the grasp of the operator is liable to cut the crown from the body of the tooth, instead of extracting it; but when due attention is given to their application this can never occur.

The use of the key is demanded when there is such extensive caries that there is no purchase for the forceps, or when we find it more convenient, as in the lower jaw. The manner of placing the key must depend upon the extent of the caries, and the position of the tooth. When we can find sufficient of the tooth remaining on the inner side, to form a purchase for the claw, it must be placed upon it, and the fulcrum on the opposite side, so as to turn the tooth outwardly; but when a better hold is on the outside, the tooth may be turned towards the inside. Sometimes the tooth, instead of being perpendicular, has a lateral direction, especially the back teeth; in that case we should always apply the fulcrum on the side to which it inclines, and the claw on the opposite, for reasons which will be presently noticed. The action of this instrument is that of a lever, and justly to accomplish its action it requires to be judiciously applied. The fulcrum should be flat, and must be applied to the gum, opposite to the alveolar process, while the claw should be of sufficient length, that it may easily reach to the opposite side of the tooth, its extremity being placed upon the neck, exactly opposite to the upper part of the fulcrum, and these must be kept precisely in a horizontal direction. We then turn the

handle of the instrument gently and steadily, taking care that the claw does not slip from its hold. This acting on the fulcrum will cause the claw to raise the tooth from its socket; but when the tooth has a lateral direction, if we apply the claw on the side to which it inclines, we cannot raise it in a perpendicular direction, in consequence of the inclination of the roots of the tooth, and would rather force the tooth down into the socket, if the power we employed did not break the crown from the body, while the thicker and stronger nature of the alveolar process in this instance might form some impediment to its extraction. In every instance in which the key is used, the alveolar process must yield, in some degree, at particular points. The power applied to the upper part of the tooth must compress the superior part next the fulcrum of the instrument, while the fangs, or roots, of the tooth will press upon the lower part on the opposite side; hence the reason that these processes are so frequently broken. This, however, is an accident of little moment, for the alveolar processes are sure to be absorbed as soon as the tooth is totally removed.

The employment of the punch is demanded in the extraction of old dead stumps, which, in consequence of a loss of vitality, are separated from all intimate vascular connexion with the living apparatus, and are even commenced to be removed by absorption. The manner of applying this instrument, is to introduce it between the stump and alveolar process, and to poise the latter from its socket. The best plan is, first to lance the gum immediately above the alveolar process, and then to pass the punch down firmly between these parts, and when we have insinuated it a sufficient distance, we must turn the handle of the punch from the perpendicular direction to a right angle, when we easily raise the tooth from its position; we must be careful to place a finger on the opposite side of the tooth, guarded by some substance, so as to receive the instrument should it slip; this, however, very seldom happens if proper care has been taken to introduce it a sufficient depth before we make the turn. The point of the punch need not be made very sharp, but should be wedge-shaped, so as easily to be insinuated between the stump and alveolar process. Care is particularly necessary not to attempt its use but in those cases to which it is applicable; in these it requires but little force; but if it is used before the tooth is dead, and separated from its connexions with the alveolar process, we may do very considerable injury from the power it will be necessary to use, in our attempts to extract it. The extremity of the punch may be introduced with sufficient facility on either side of the

stump, while it may be used equally on the upper and lower jaw.

These are the principles which have guided me in the extraction of the teeth, and when followed up I have found them to be perfectly successful, while, by attention to them, I conceive I have been enabled not only to remove the tooth with facility, but to save my unfortunate patient a considerable amount of pain.

MEDICAL BIGOTRY IN IRELAND.

THERE is something monstrously anomalous in the medical, as well as in the political affairs of Ireland. Religion, in that country, is an insuperable bar to all promotion, in civil as well as medical appointments. The exclusion of Dr. Tuomy from the professorship of the practice of medicine, in the Dublin School of Medicine, is only in strict unison with the bigotry which has always distinguished the College of Physicians in that country. During the formidable epidemic fever of 1816, which ravaged the whole island, there was not a physician in Dublin so successful in the treatment of the typhus, as it was called, as Dr. Tuomy. His deep research into the writings of the native physicians, during the preceding epidemics of the most remote periods, and his attentive and faithful observation, and unsophisticated experience, enabled him to adopt a practice very different from that of many of his contemporaries. He remained a close observer of the fanatical reveries of many of his rivals, who became very generally insane with the Sangrado practice then revived, which, by the way, had been extensively employed by Sydenham, and by the Irish physicians of his day, in former epidemics. While many of the medical officers of the large fever hospitals of Dublin, were depleting every emaciated creature that famine consigned to their management; Dr. Tuomy never adopted depletion in this wholesale manner, but contented himself with local detraction of blood by leeches or arteriotomy. In this way he relieved the brain, and then employed cold to the head freely, while he exhibited mercurial and vegetable cathartics to relieve the abdominal viscera, and then diaphoretics. When prostration set in, he exhibited dietetical, as well as medicinal, stimuli, and freely employed an old celebrated remedy in typhus—a combination of yeast and wort, with wine, porter, &c. His success was most brilliant, for while hundreds of victims had been immolated at the shrine of Sangrado, scarcely a single patient lost his life

in the Clinical Hospital, under Dr. Tuomy. But Dr. Tuomy worshipped his Creator in the ancient national manner, and here was the "head and front of his offending." It was therefore piously resolved, that the septennial election of professors should be revived, and the Doctor excluded. In fact it is the established usage, that the professors are never re-elected; but the law gave the College the power of so doing, if their high mightinesses thought proper. The other professors of the reformed and more modern religion were left undisturbed, though many of the worldly given of the profession considered that neither its honour or dignity was promoted, by one "of the elect" of the professors making pious excursions to villages adjacent to the Irish capital, in the capacity of methodist preacher. Yet such a man, without any private practice, is retained as a clinical professor, while men of practical experience are excluded. But this is only in accordance with the system that has always distinguished the School of Medicine. The professors content themselves with reading old fashioned and obsolete lectures, and seem to close their eyes and ears to all modern improvements, and hence the vast superiority of the lectures in London and Edinburgh. Here then is one of the chief causes that induces Irish students to repair to those places, where they shall derive the best instruction. Another great defect in the Dublin School of Medicine is this—that they cannot confer medical degrees. Thus, after all examinations for testimonials (which are similar to those in Edinburgh) shall have been complied with, the candidate receives a *testimonium*, which is a certificate on a sheet of paper, that he is qualified to practise medicine, in the opinion of the professors. If the holder of this certificate become a medical witness, the first question he will have to answer is, whether he is a physician or surgeon? He cannot say he is one or the other on the authority of this testimony; and here is another cause which induces students to repair to schools in which they can obtain the doctor's degree. In the Dublin University, the degree of M.D. is not conferred sooner than twelve years, as in the old-fashioned sisters of Oxford and Cambridge.

The by-laws of the Irish College of Surgeons are equally anile, for no person can become a member of that wise corporation, unless he shall have been apprenticed to some one of the junta, who monopolise the management of the College. The pupil is to pay 150*l.* as an out-door, and from 300*l.* to 500*l.* as an in-door apprentice, and to be bound for five years, during four of which, he may indulge himself in the manly sports of the field, or the mazes of the drawing-room, and not exchange two sentences with

his *quasi* master during the period. Some of the masters do not know their own apprentices, when once the fee is pocketed; and no member of the College, on pain of censure or expulsion, shall meet a London or Edinburgh surgeon in consultation; nay, Dr. Grattan informs us, in his remarks on the profession in Ireland, "Not even Sir Astley Cooper, or Mr. Abernethy, could be met by a member of the Irish College of Surgeons in consultation." The members of the London, Edinburgh, and Paris Colleges of Surgeons, are the most numerous in Ireland, solely from the gross and ridiculous regulations of the Irish College, and are subjected to this humiliation, and are excluded by Act of Parliament from being surgeons to county hospitals; the emoluments of which vary from 1 to 500*l.* a year. By this management of the College, aided by the system of the School of Medicine, 200 students are exiled from Dublin annually; and, supposing, on an average, each to expend 100*l.* a year, which is under the mark, the sum of 20,000*l.* a year is removed from the Irish capital; a trifle, to be sure, when we consider the flourishing and opulent state of that metropolis. But a word on the exclusion of Catholic medical men, from lucrative professional appointments. They are excluded from the numerous situations under the government. We cannot find the names of any Catholic among the physicians, surgeons, druggists, or apothecaries, attached to the military and naval departments. The offices of physician-general, surgeon-general, directors and inspectors of military hospitals, the members of the Board of Health, the six professors of the school of medicine, the nine lecturers at the school of surgery of the College; the governor, deputy governor, and thirteen directors of the Apothecaries' Hall; the professors of chemistry, natural history, mineralogy, agriculture, botany, veterinary art, in the Royal Dublin Society, each worth 200*l.* a year; the state physicians, surgeons, and apothecaries; all the medical situations connected with the Military Hospital, Phoenix Park, and with the Royal Hospital at Kilmalnam, (the Irish Chelsea College,) the Foundling Hospital, the sailors' and soldiers' schools or hospitals, the numerous orphan schools, the Hospital for Incurables, Stevens's, Swift's, the Richmond, Jervis Street, Mercer's, Whitworth, Talbot, Wellesley, and Lying-in Hospitals; the chief medical officer of the last, worth 2000*l.* a year; the Cork Street Fever Hospital, the Lock Hospital, the Custom House, Post Office, prisons, dispensaries in Dublin; the thirty-two county infirmaries, fever hospitals, 300 dispensaries; county and city prisons, lunatic asylums, are almost all filled by Protestants. In fact, it would ap-

pear, that there is no Catholic physician, surgeon, or apothecary in Ireland, although three-fourths of the profession are Catholic. The statement is a fact, if we except a few country dispensaries, which are worth about 50*l.* a year each. And even Catholics would be excluded from dispensaries, but the majority of subscribers are of the excluded persuasion. But all the public emolumentary situations are virtually closed against them. Such are the baneful effects of that iniquitous and barbarous penal code, which makes men aliens in their native country. Happy, magnanimous, and enlightened England! where religious worship is no longer an impediment to talent and promotion, except to Catholics.

In every country in Europe and America, England and Ireland excepted, men of whatever religious persuasion may fill all civil situations. How long shall such opprobrious stigma disgrace the laws of the most enlightened, just, noble, and most powerful kingdom in the world? Shall the glory of the British constitution be always tarnished by such a monstrous injustice? It is impossible. The sphere of human knowledge has wonderfully advanced during a brief and recent period; the diffusion of it among every class of mankind, has given rise to corresponding improvements in every art and science, and has revolutionised the whole opinions of former ages; so that the reformation of unjust and oppressive penal laws, the offsprings of dark and inauspicious times, must be carried along, in the universal progression of improvement, and in the universal and rapid march of intelligence. Already have thousands of ridiculous and absurd enactments been effaced from our statutes; and never was there a period in which a more magnanimous and paternal monarch swayed the sceptre, or a more consistent and independent ministry formed the council of this mighty empire, than at this time; and therefore the work of regeneration so auspiciously and energetically commenced, cannot fail to be speedily completed. EBLANENSIS.

SYDENHAM EPIDEMIC.

To the Editor of THE LANCET.

SIR,—Notwithstanding the number and value of those productions concerning the nature, origin, and treatment of idiopathic fever, with which the medical press has teemed of late years, it is still the duty of those who have opportunities afforded them, of witnessing a large portion of individuals affected by this disease, to contribute their testimony, however feeble, to that theory and practice which has been attended with

the happiest results. I feel that I should ill discharge my duty to the profession, if I did not state it, as my decided conviction, formed from extensive observation, that to the matchless work of Dr. Clutterbuck on fever, many hundreds of individuals owe their lives. I well remember the ravages occasioned by the epidemic in 1816; in one village in Bedfordshire, ninety-six individuals fell a victim to this disease. The number of deaths which took place in the epidemic of 1821, when it raged with equal violence, was comparatively trivial; its nature became more perfectly understood, and its treatment consequently was more appropriate; and it certainly appeared to me, that to the great and splendid exertions of Dr. Clutterbuck, this happy alteration was eminently owing. I am here confining myself to what took place many miles distant from the metropolis, with what success his labours were crowned there, I cannot speak. Those medical gentlemen who had dared to doubt the infallibility of those dogmas which had been propounded by Dr. Cullen, and had received the sanction, and been made the text-book of the schools, had not sufficient resolution to act for themselves; and although they were daily beholding individuals suffering severely from a disease which they might, without much impropriety, have called phrenitis, they continued to administer the most potent stimulants; and those who fortunately survived the fever, aggravated, as it was, by the treatment, had the double fortune of recovering from the disease and its intended remedy. When contemplating the vast destruction which fever had produced around them, they could not but admit how utterly inadequate their treatment was, either in arresting the disease in its progress, in mitigating its severity, or in diminishing its fatality; they witnessed in those who did recover, debility of the most appalling kind—dreadful attenuation, feebleness of the limbs, sometimes deafness, impaired vision, partial paralysis, deficient memory, and occasionally a state of complete fatuity. They could trace this disease to no organ but the brain, and could discover no other symptoms but those referrible to an inflammatory condition of it; for even when they beheld great debility, wavering sight, weak pulse, quick breathing, petechiæ, vibices, ecchymoses, they also found insensibility of the extremities, pain in the forehead, tinnitus aurium, delirium, nausea, vomiting, convulsions, spasms, tremors, subultus tendinum, coma, hiccough, clearly pointing out the irregular distribution of nervous influence, and the consequent diseased condition of the brain. Yet still how few broke through the trammels of their education, trusting to their own mental resources, and

pursuing a rational mode of treatment, until Dr. Clutterbuck directed the powers of his great mind to the interesting subject of fever; he accurately demonstrated from its history, its character, the morbid appearances of those who fell victims to its ravages, that it was an inflammatory disease of the brain, and that debility was the effect of fever, not the cause; that it was more apparent than real, and that a removal of inflammation produced a corresponding improvement of health and strength.

It is not my intention to enter into a dissertation on the etiology of fever, but I cannot avoid remarking, that during the epidemic which occurred in Sydenham and its vicinity, in the autumn of 1827, I saw but one instance of fever having affected more than one individual in a family; this certainly appeared to me a powerful argument in favour of the opinions of Drs. Armstrong and Macculloch, who maintain, that all epidemic fevers are owing to the existence of malaria; this I could further illustrate, and prove by a reference to the particular spots where the fever raged; but this task shall be the subject of another communication, as I have many highly interesting facts to adduce on the subject. I took the greatest pains to investigate, if possible, the origin of the fever, and I could not discover the slightest reason to imagine, that in any single instance it had been propagated by contagion. I was more induced to make this inquiry, as the facts adduced in the able production of Dr. Marsh on Fever, were so powerful, that it would almost appear, from his statement, that every case of fever which he witnessed, he could trace it distinctly to the influence of contagion. The epidemic, some account of which I am about to narrate, commenced in the beginning of October, 1827; it occurred at the same time, at the summit of Sydenham Hill, where the soil is gravelly, and in Perry Vale and Perry Hill, where the soil is clayey, and the land in a great measure undrained. The general character of the disease was that of inflammation. The attack commenced with rigours; the pulse was generally wiry, and very frequent; the skin intensely hot, particularly across the forehead, and about the epigastric region; headach, confined generally to the sinuiput, with sense of fulness in the eyes, and constriction between the temples; sense of fulness or stricture within the head; much restlessness, tossing motion, and rolling of the head; flushing of the face, with prominence, wildness, and occasionally an inflammation of the eyes; impatience of light and noise; pain in the back and loins; aching in the joints; coldness of the extremities; dark furred state of the tongue; nausea, vomiting, costiveness, and great

factor of the breath. The urine was scanty, and the thirst continued, and insatiable. When medical aid was not immediately procured, delirium supervened, and the disease became more unmanageable and dangerous. It appeared to me, that the more violent cases might have been designated meningitis; although, in other cases, where the patient laboured under low muttering delirium, great stupor, and coma, the substance of the brain was most probably the seat of the disease; these, I also observed, were more seldom arrested in their progress than those in which the symptoms were more violent and alarming; and, indeed, the mischiefs which they occasioned, were also more decided and general. Thus, sometimes, extreme debility, partial paralysis, great despondency, disordered condition of the chylipoietic viscera, followed the attack of fever. It is, I conceive, quite in accordance with analogy, to suppose that a difference in the diseased structures, occasions a difference, both in the type and character of the disease; as inflammation of the serous membranes, will always produce more distress than inflammation of glandular or parenchymatous organs. Thus, an inflammation of the pleura, will produce much more pain, fever, and excitement, throughout the system; the disease will be more acute, the symptoms more intense, than when the parenchymatous structure of the lung is the seat of the disease; although, be it observed, that, in both instances, there will be much dyspnoea, cough, and fever, and considerable danger, to the patient, if not immediately and decisively arrested; but the progress is certainly more rapid when the serous membrane is the subject of the inflammation.

Dr. Bretonneau, in his work on fever, has related two instances of this severe character of fever, in which, after a few days of violent delirium, every symptom of acute hydrocephalus took place,—strabismus, dilatation of the pupil, &c.—fatal termination. But, to return to an account of the Sydenham epidemic. I was called, late at night, to the lady of a clergyman, who had been indisposed a few days, but who was then most alarmingly ill. She complained of excruciating pain in the head; her eyes were inflamed, and impatient of light; her head, according to her own expression, was tight, and constricted to an insupportable degree; the sense of hearing was preternaturally quick, and extremely distressing; the circulation was hurried and tumultuous; the body was intensely agitated by every pulsation, and the throbbing of the heart was visible through the clothes; the skin was hot and dry; the tongue parched and brown; and the entire aspect indicative of great distress. I bled her twice

very copiously during the night, I covered the forehead with leeches, administered saline aperients with digitalis, and restrained the inordinate re-action by the reiterated application of cold. This plan of treatment at once arrested the disease, and recovery was rendered complete by aperients, rigid abstinence, and complete quietude. In all the cases of this nature which came under my care, I pursued the same plan of treatment, and invariably with the same success.

In other cases of this fever, I found a considerable variety in the symptoms; an illustration of which I will subjoin. I was desired to see Mrs. Welch, of Sydenham Common. I found her complaining of a sense of stupor, weight, and oppression, rather than pain, in the head; her head, however, felt extremely hot, and the action of the carotids was very powerful; her pulse was rapid and full, but sunk beneath the finger without resistance; the skin was dry and tense, particularly about the breast, neck, and head; there was considerable deafness, deep and interrupted sighing, great tendency to coma, tension of the hypochondria, and great irritability of the stomach. After one copious bleeding, and the application of a few leeches, I found great advantage in blistering the nape of the neck, and in the administration of calomel and antimony.

The only fatal case which occurred, of fever, was one of this character; the subject was Mrs. Benning, of Bell Green. I did not see her until a late period of her disease, and then, of course, only a palliative treatment could be adopted; and this, I regret to add, proved entirely ineffectual. She had been much stimulated with wine and brandy when I saw her, her pulse was quick and small, she had distressing headach, noise in the ears, throbbing at the temples; her countenance was flushed, she complained of great restlessness, and was frequently in a state of delirium; the tongue was coated with a thick brown fur, there was parched blackness of the lips, and fetid sordes about the teeth; the skin was hot and dry, and the thirst incessant; the stools were dark-coloured, and extremely offensive; the extremities were cold, diarrhoea came on, the urine and stools passed involuntarily, constant delirium, difficult deglutition, laborious respiration, frequent hicough; she became covered with petechiae, and died. I regret exceedingly that I had not an opportunity of making a *post-mortem* examination of this case; but I cannot refrain from remarking, that, even in this case, where the body was nearly in a state of putridity before death, and in a room, not, by any means, well ventilated, no individual belonging to the family was affected with the fever.

There also appeared to be another variety of this fever, which I cannot better describe than by the narration of a case, as in the former instances. William Gales, of Sydenham, was seized, quite suddenly, with pain in the head, great giddiness, and an apoplectic insensibility; the extremities were quite cold; he lay as if stunned, and labouring under a violent concussion of the brain; his stomach rejected its contents; the breathing was stertorous; the skin was cold, and bedewed with a clammy perspiration; the countenance was livid, dejected, and exhibited the marks of great anxiety and distress. After bringing about re-action, by means of hot flannels applied to the extremities and abdomen, and the administration of a small quantity of stimulus, the disease was effectually subdued by bleeding copiously, leeching, blistering, purging, and calomel and antimony.

Having endeavoured to give you a faint outline of this fever, I will inform you of the treatment and result. Of 45 patients that I attended with it, 26 I bled twice, besides having had recourse to leeches, the number of which I applied according to the necessity of the case; 12 I bled once, generally copiously; the remaining seven, being mild cases, recovered by purging, abstinence, and rest. Of the application of cold, as a therapeutical agent, in the more violent cases of fever, there can be no question, when applied with judgment, that its influence is very considerable, and highly available, in preventing returning inflammation. With regard to its application, a stream of cold water poured over the head, until the face becomes quite pallid, is the most efficacious: its good action can be kept up by any evaporating lotion. Independent of the great comfort the application of cold affords the patient, it is a powerful auxiliary in the subjugation of the fever, particularly when used after bleeding. In those cases in which the symptoms did not exhibit such violent marks of inflammation, cold application to the head did not appear so available; blistering the nape of the neck, was attended with more advantage. However, bleeding is the grand, important remedy, on which, in severe cases, our chief reliance must be placed: it frequently destroys the fever at once; it invariably affords relief to the patient; it mitigates that distressing restlessness which causes so much irritation, subdues the velocity of the circulation, renders the skin moist and cool, diminishes thirst, removes ischuria, relieves headach and delirium, and powerfully restrains the extreme irritability of the stomach; it shortens the duration of fever, produces tendency to repose, and removes that distressing cuticular constrict-

tion, the source of much annoyance and irritation in this disease. Of the virtues of digitalis, calomel, and antimony, it would be quite superfluous to speak; but of opium, I trust I may, without presumption, offer a remark concerning its utility. In every case in which I administered it, I found it produced an aggravation of the fever, instead of inducing tranquillity and repose. Independently of its decided and manifest action on the brain, the diminution or suppression of all the secretions, renders its use very hazardous, and its advantages very equivocal: indeed, in some cases of diarrhœa, where I was compelled to employ it, in the decline of fever, it produced such great cerebral derangement, as to oblige me to discontinue it, although with reluctance, there being no effectual substitute in obstinate purging. "*Probat, ab usu hujus remedi (opii) diuturniore, organa chylopoiesi et sanguificationi inservientia, adeo debilitari posse, ut officiis suis imparia reddantur. Experimenta Alstoni opium circuitum in vasis minimis, priusquam in majoribus, cohibere probant. Secretiones cohibet; alvum constipat.*"

I am fearful that I should occupy too much of your valuable Journal, if I extended my observations to any greater length; but I cannot conclude, without conveying to you my humble tribute of thanks, for the important services rendered to the medical profession and to the public, and to the cause of humanity, by your great and unwearied exertions in the diffusion of knowledge. You are said to be too severe; that you would effect more good, if you were to use the rod more sparingly. This is the senseless howl of envy and prejudice. It is impossible, when the health and lives of our fellow-creatures are at stake, that investigation can be too minute, or inquiry too rigid. A single mistake in the treatment of disease, may prove a fatal one. Your success is too well established, to labour under any apprehension, that those who dread your talent possess the power to prevent its exercise. The first part of the eagle's flight is the most difficult; he rises heavily from the ground, but, when once floating in middle air, he cuts the thinning atmosphere in easier course, and, with untired wing, soars upward to the beams of day. Knowledge is power; and its dissemination must conduce to the advantage and happiness of mankind.

Again apologising for my long intrusion,
I have the honour to remain

Your obedient humble servant,

THOS. ROLPH.

Sydenham, Kent, Oct. 15, 1828.

THE LANCET.

London, Saturday, November 15, 1826.

URGED by the repeated solicitations of numerous Correspondents, we were at some pains, a short time back, to learn in what light the University of London would be regarded by the Universities of Scotland; and having, in the course of our inquiry, applied to Mr. HORNER, the *Warden*, that gentleman stated, without hesitation or qualification, that the Universities of Scotland would not recognise the certificates of the London University, as qualifications for the diploma, because the latter institution had no ROYAL CHARTER. This fact was communicated to the public in No. 262 of THE LANCET, and was afterwards copied, from this Journal, into a large majority of the London and country newspapers. The managers of the University of Edinburgh are evidently annoyed at the extensive diffusion of a piece of intelligence which must brand them with no small portion of disgrace, and, with a view to remove the stigma which attaches to their character, have published the following REFUTATION of the alleged calumny:—

"A paragraph having lately appeared in several of the London and country newspapers, stating, that the University of Edinburgh had passed a resolution, that they would not receive the Certificates of the Medical Professors of the University of London, because it has not a Royal Charter, we have authority to state, that the University of Edinburgh have not passed any such resolution. The certificates of the Professors of the University of London, will have equal consideration with those of any of the Lecturers at the London Hospitals. By the *Statuta solennia de Doctoratus in Medicina Gradu in Academia Edinburgena*, no certificates of attendance on Lectures are received, unless these have been delivered in an University which grants the Medical Degree. But these *Statuta* have been in force many years. By the same *Statuta*, four years' attendance upon the Lectures in

the University, are necessary to qualify for examination; but students from any of the great London Hospitals are allowed to graduate after three years of University study, and the same privilege will attach to the students of the University of London. We have authority for this statement, as far as the University of Edinburgh is concerned, and we believe that the other Universities of Scotland are equally incapable of so unworthy a proceeding, as that of taking any step in opposition to the University of London."

A first glance will convince the intelligent reader that this is a mere shuffle,—a despicable quibble,—and is, in fact, any thing but a refutation of our former statement. We said, that "the certificates of the London University would not be received, for the diploma, by the Scotch Universities." And what is the answer? "The certificates of the *Professors* of the University of London, will have equal consideration with those of any of the *Lecturers* at the London Hospitals;" and further, "students from any of the great London hospitals are allowed to graduate, after three years of University (Edinburgh) study." We are also informed, that, "by the *STATUTA*, no certificates of attendance on lectures are received, unless these have been delivered in an University which grants the *medical degree*." Hence, as medical degrees are granted at Dublin, Glasgow, Aberdeen, and St. Andrew's! certificates from these Universities are received, but not from the UNIVERSITY of LONDON, because it neither confers medical degrees, nor has it that literary appendage—a royal charter. Besides, say the liberal Scotchmen, our *statuta* "have been in force many years * * * and we are incapable of taking any step in opposition to the University of London."

If the *Statuta* have been in force many years, the more imperative is the demand for their revision. The London University was not established when they were first framed, consequently it could not be recognised; but surely it has a claim to equal privileges with those of St. Andrew's and

Aberdeen! The University of Edinburgh will "take no step" against that of London. This may be, for, in her present position, she presses with all her might on the infant institution, which might obtain freedom from a single movement.

The refusal of the certificates of the London University by the Universities of Scotland, discloses another of those anomalies in the laws respecting medical education, which are gradually coming to light by the operation of the system. Virtually, the new London School is an university; legally, it seems, it is not an university. It has, for instance, Professors of all the medical sciences taught in the chartered colleges; but it has no charter, and, consequently, its lectures, however excellent and instructive, cannot be received for the diploma by the schools of the North. The line of distinction attempted to be drawn and acted upon in this case is most illiberal, mischievous, and absurd. While Professor Pattison lectured on the banks of the Clyde, the information which he communicated was deemed an indispensable sixth of the legitimate knowledge of a doctor; but it would appear, that on the banks of the Thames, he has lost all power of communicating instruction, and that knowledge which he could once convey, is now reduced to a nullity in the college calculations of his former associates in the University of Glasgow. We are not, of course, surprised that the Edinburgh senate have refused to make any alteration in their *Statuta* in favour of the new institution, for in this decision they have only acted with their accustomed consistency, in protecting their own interests in direct opposition to the best interests of mankind. Had they accepted the certificates of the London College, few, if any, English students would in future visit Scotland, and thus their *certificate* monopoly would, at least, have been destroyed. The foresight and illiberality of the Scottish managers may, for a while, secure to them a continuance

of profits unjustly acquired, and protect them from the superior advantages of their infant, yet powerful rival. The UNIVERSITY OF LONDON is established on a solid foundation; it has commenced under the best auspices, and will flourish, although the certificates of its Professors may not be received as testimonials of qualification for worthless Scotch diplomas.

WE have reason to believe that the Council of the intended King's College have abandoned their scheme of forming a Medical School. This will be a fatal blow to the sanguine hopes entertained by the medical geniuses of St. George's Hospital, who have struggled, night and day, to get the new building erected near that unpoluted fountain of "Sound Chirurgical." The "eminent" put down his name for a good round sum, which secured him a *seat* in the Council; but, with that body, a *head* is deemed of much greater consequence: hence he has little or no influence.

THE Committee of Governors at St. Thomas's Hospital have at length resolved, that a Surgeon and a Physician shall visit the patients in the wards daily. How many centuries had the Hospital existed before even this act of justice was conceded to the poor patients! We trust that the pupils will derive benefit from the arrangement; they, for years, have been paying heavily for promised information, which was not communicated.

A VACANCY has occurred, in the office of Physician to St. George's Hospital, in consequence of the death of Dr. PEARSON.

BIOGRAPHY.

CHARLES TUCKER, ESQ.

DIED, lately, at Alphington, near Exeter, Charles Tucker, Esq. staff-surgeon.—This gentleman had collected a rich museum of antiques; which, among other curiosities, contained an ancient arrow-head, found by Lord Byron on the plains of Marathon, and by him presented to Mr. Tucker. He had brought from Italy many beautiful pieces of sculpture of Canova's workmanship. Of these, one was the Plateau, intended by Napoleon as a present to Maria Louisa. This consisted of a model of the Parthenon, cars of Hector and Achilles, temples of Jupiter and Apollo, and various other elegant designs. Also, he had a most admirable museum of wax models, exhibiting a great part of human anatomy, in a manner so exquisitely perfect and beautiful, as to delight the scientific by their accuracy, and the artist by their perfection of execution.

There were fancifully disposed in Mr. Tucker's garden, valuable antique vases, and remains of exquisitely-wrought Sarco-phagi. The hope of one day seating himself among these invaluable possessions, and of calling about him the men of talent and of taste to enjoy them with him, had formed the polar star of his varied life. His scheme was, however, very imperfectly realized, owing to the miscalculations of a too sanguine mind; but even after curtailments he possessed such an assemblage of objects, calculated to feed the mind and excite the imagination, as few, even of those who delight in such, are able to acquire. Those who knew Mr. Tucker in private, have seen a perfect example of what is graceful and gentlemanly in demeanour, and have felt what is the charm of "personal converse and wit." He was deep in information, elegant and bold in fancy, fluent and powerful in language: illustrating his most original ideas with stores of anecdotes, which, as they were the produce of various languages, ancient and modern, were almost inexhaustible. As a practitioner, Mr. Tucker was eminently scientific; a thorough hater of humbug and mere pretension, and, as a necessary consequence, a friend and admirer of a free medical press, and of every thing liberal, talented, and useful. Why, it may be asked, so much about Mr. Tucker? Had the inquirer known him, his query had been, Why so little? If he was not eminent, he deserved to be so, more than four-fifths of those so esteemed; and it was to me quite intolerable, that one so gifted should die in that silence which befits the death of mediocrity.

W. C.

London, Nov. 9th, 1828.

RE-PRODUCTION OF THE LENS.

To the Editor of THE LANCET.

SIR,—Some time back, seeing in your valuable Journal an account of the re-production of the crystalline lens, after being extracted, I was led to try the experiment. The result I now send you, and, should you deem it worthy a place in THE LANCET, I should feel obliged by your inserting it.

August 12, 1828, I extracted the lens of a half grown rabbit. On the 24th of September following, the animal was killed, and, occupying the position of the original lens, was found a new lens, of the general form, but of a much softer consistence. It may be right to state, the rabbit had the faculty of vision with the eye. I remain, yours, &c.

HENRY DAY.

21st Oct. 1828.

LONDON MEDICAL SOCIETY.

November 10, 1828.

Dr. HASLAM, President, in the Chair.

POINT OF ORDER—LIBERTY OF THE MEDICAL PRESS—MR. AMESBURY'S COMPLETE CURE OF A FRACTURE OF THE NECK OF THE THIGH-BONE.

THE Minutes of the two last meetings having been read:—

THE PRESIDENT said, that he did not consider himself taking a part in the discussions of the Society, though, at the commencement of this evening's business, he felt himself imperatively called upon to rise to a point of order. The Society had met last week—a general meeting "for receiving a report of the state of the Society;" no report, however, was prepared for the information of its members, (cries of hear, hear,) and, therefore, he had been under the necessity of calling upon the officers of the Institution, respectively, to state what they knew of the Society's affairs; still this was not a report. A report, he presumed, was to be considered something delivered to the Society in writing, delivered to it in the most substantial form; and he should have apprehended, that if such a report had been, as it ought to have been, duly made, it would have comprehended, first, the specific accounts of the treasurer, next the communications which the secretary for foreign correspondence might have had to bring forward, and likewise whatever the librarian might have had to disclose. The report not having been made, he conceived the purpose of the last meeting had not been fulfilled, and it was for the members to act upon this suggestion, as they should think right. (Applause.)

Mr. LAMBERT rose and said, the welfare, and the very existence of the Society, in his mind, depended so much on the right feelings of its members at large, that he had that evening—

Mr. FIELD (the Registrar) interrupted, to inquire of Mr. Lambert, whether it was of the ordinary business of the Society he was about to speak?

The PRESIDENT. Sir, you are not the proper person to ask that question.

The REGISTRAR. Sir, I rise to order.

The PRESIDENT. Then, Sir, sit down to order.

Mr. LAMBERT considered the objects of which he was about to speak, importantly connected with the interests of the Society. He had thought that a fellow of the Society had, whenever he pleased, a right to speak on any subject connected with its welfare. If the Registrar, who had taken the liberty of interrupting him, trembled lest he was about to bring forward the subject of publishing the proceedings of the Society, he begged to inform him and the Society at once, in the plainest terms, that that was the main topic he meant to discuss.

The REGISTRAR (interrupting again). Then you have no right to bring that forward. (Cries of, chair, chair.)

The PRESIDENT (addressing the Registrar). Sir, I request that you will be silent. I shall read a law to the Society, compelling you to keep more in order: "All Members shall pay implicit obedience to the President, in the execution of his office." (Hear, hear, hear.)

Mr. LAMBERT. The book of laws of the Society commenced by declaring—"The principal part of our knowledge must ever be derived from comparing our own observations with those of others;" and yet there had been, as he had understood, a base attempt made to prevent the diffusion of the observations made in this Society. If such an impression went forth to the public of the feelings of the Society, none could be more totally destructive to its prosperity and interests; nor could it be stigmatised with any reproach too great. (Hear, hear.) He appeared that evening prepared to advocate and maintain the principle of the liberty of the medical press. But for the publication that had already gone forth of the proceedings of the Society, the Institution, in all probability, would have long, ere now, been wrapped in its shroud; and it had pained him, in no small degree, to find that, at this period of the day, there should have been this base attempt made to have "hole and corner" work established within the walls of that Society. (Hear, hear.) Had he dreamed of any such a wish ever having entered into the minds of its members, he would have scornfully rejected the cha-

racter of one of its fellows; nor would he now continue to be associated with those who maintained such principles. The very atmosphere of a society so conducted would choke him, if he were to step within its threshold.—

The REGISTRAR again rose, and attempted to interrupt.

The PRESIDENT. Sir, I shall not hear you.

The REGISTRAR. I rise to order.

The PRESIDENT. You have no right to make these interruptions.

The REGISTRAR. Then I call upon the Vice President, Dr. Williams, to say, whether it is not out of order, that such a statement as this should be made in the Society. (Hissing from various parts of the room, and cries of chair, chair; shame, shame!)

The PRESIDENT. Mr. Lambert, proceed, Sir, if you please.

Mr. LAMBERT resumed. If the Members of the Society were to be hampered in this manner; if they were not to be permitted to bring forward whatever subject they pleased before the Society, touching their interest as a body, he would at once take upon himself the responsibility of calling a general meeting, to inquire into the necessity of re-organising the Institution. He felt there was a disposition, on the part of some of the Council, to act over the large body of members upon an aristocratic principle, but which he never would submit to, for he acknowledged no aristocracy but an aristocracy of talent. Mr. Wakley, the Editor of THE LANCET, had commissioned him to state to the President and Society, that he had no inclination whatever to publish, nor would he publish, a syllable of what transpired in the Society, unless it met with the entire approbation of its members. He, of course, did not mean to be understood to say, that the Editor would pay the slightest regard to the objection of any two or three, or half dozen, narrow-minded members, if such could be found in the Society, to the publishing of the reports, and who might well feel sore on seeing their nonsense (laughter) exhibited in print; but if the majority wished for publicity, the Editor would continue to give the reports in the faithful and very useful manner he had done; and he (Mr. Lambert) there and then demanded, on behalf of the Medical Press at large, the Society's declaration of a perfect right to enter the room at any period the medical reporter pleased.

The PRESIDENT observed, that he had full power, if supported by five of the Members of the Council, to call a general meeting. Should Mr. Lambert request that meeting to be called therefore, to have this subject taken into consideration, and should he be

thus supported, he would call that meeting forthwith. The circumstance, too, of gentlemen not being at liberty to introduce their friends at the last meeting, was one greatly to be deprecated, inasmuch as it was directly opposed to all existing law. The conduct of the last meeting was a sufficient reason for protracting the debate of this evening.

Mr. PROCTOR objected to the term Mr. Lambert had used, "hole and corner."—"Hole and corner men" imported a *faction*—a party, and which was not to be found in that Society. His only objection to publishing the reports was, that they had not, in all instances, been fairly reported. [The speaker, however, on being pressed, was unable to bring forward a single instance of inaccuracy.]

Dr. WILLIAMS, who felt second to no man in zeal for the honour and dignity of the Society, really believed that the notion of there being an objection on the part of any one individual member to the reports being fairly published, was a gratuitous assumption. If it was an entire assumption, the discussion of this evening had been altogether premature. He strongly objected to the term "hole and corner," as applicable to any part of the Society.

Mr. WALLER observed, that the assumption was not gratuitous, nor was it confined to Mr. Lambert. He unhesitatingly declared, that he had witnessed objections made to the publication of the proceedings; and it was due to the Society, now that the subject was brought openly and fully before it, for its members to come forward and wipe off the reproach, by showing, in the most decided manner, that so far from there being an objection to publishing the reports of its proceedings, if it were (as he firmly believed) put to the vote whether the members would have them published or not, it would be carried by at least four to one! (Cries of hear, hear.)

Mr. SALMON was an advocate for the liberty of the press. If a discovery, or new subject, presented itself to his mind, by which he thought both the community and himself might be benefited, about the very first thing he should do would be to detail it to this Society, if he believed the medical press would lay hold of it.

Mr. BLENKARNE could not suppose there was an objection on the part of the Society to the publication of its proceedings, provided they were accurately made; and he thought, not only as the only mode of securing that accuracy, and also as a just remuneration to the Registrar, he ought to be appointed to furnish the reports, and through him alone should they be permitted to go to the press. (Hissing, and cries of no, no.)

Mr. TAUNTON said, if the subject was to be prosecuted further, in his opinion it

ought to go before the Council, and in all probability they would call a general meeting upon it; but he really could not find there was any solid objection to the reporting.

A MEMBER took the liberty of saying, that he thought the evening had been frittered away in discussing that which was private, and in talking nonsense, by which means he had been prevented bringing forward something exceedingly interesting.

The PRESIDENT was prepared to bear testimony to the perfect accuracy with which the reports had been made in THE LANCET; and he thought great credit was due to the Editor for coming forward, through Mr. Lambert, to make the kind and candid statement he had done, namely, that he was willing either to continue or discontinue the reports, just as the Society pleased. He (the President) thought he might now safely declare it to be the opinion of the Society, that there was no objection whatever existing to the system of reporting.

Mr. LAMBERT said, he was sure his friend, Mr. Wakley, would be glad to hear, not only this declaration, but that the members had rejected any thing in the character of "hole-and-corner-men" being applied to them. Mr. Blenkarne's observations only demonstrated to persons of common intelligence, how ignorant he was of the system of reporting, or of the manner in which editors would consent to have their materials brought to them. The medical press had done more for this Society than any thing else possibly could have done; it had made it known far and wide; it had brought a great number of members to it; and, without its continuing to notice the proceedings, the majority of those members would almost entirely abandon it, and he himself would never set his foot within its walls.

Dr. STEWART concluded the business by an amusing suggestion. If there should be any person found disposed to object to the publishing of the reports, let the *onus* lie on that individual, of calling a general meeting. (Laughter.)

Mr. FIELD declared, he did not believe there was any objection whatever to reporting.

Mr. WALLER observed, that this was in direct contradiction to what had been stated on a former occasion.

Mr. LAMBERT felt astonished, that a servant of the Society should be permitted to beard the Fellows of the Institution at his pleasure; if he continued to do so, the question would be, whether such servant ought to be suffered to remain in office any longer. (Hear, hear!)

FRACTURE OF THE NECK OF THE THIGH BONE.

Mr. AMESBURY produced a patient, to show that an union of a fracture of the neck of the thigh bone had been effected, in the most perfect manner, by his mode of treatment. He could not state exactly, whether the fracture was within the capsule or not; he was inclined to think it was. It was almost impossible to detect the slightest limp when the man walked. By the finest measurement, however, the limb could be found to be about a quarter of an inch shorter than the other. Mr. Amesbury consented that any member should be at liberty to put some questions to him, respecting this case, at the next meeting, the Society's time having been now exhausted.

ST. THOMAS'S HOSPITAL.

CASE OF DISLOCATION OF THE FEMUR BACKWARDS, WHICH HAD EXISTED FIVE MONTHS, AND IN WHICH THE REDUCTION WAS EFFECTED.

BENJAMIN WHITTEBURGH, a stout muscular man, was admitted, under the care of Mr. Travers, on the 4th of November, with dislocation of the femur on the dorsum of the ilium. He stated, that on the 4th of June last, a tree fell upon him, and he thus received a severe injury, on account of which he sent for a practitioner, who failed to discover any thing wrong about the hip. However, at the end of six weeks, he told the surgeon that he was certain the bone was displaced; to which the surgeon replied, that if it were so, it must remain, for it was too late to attempt reduction. At length he was advised to go to the Hospital, after the dislocation had existed five months.

When admitted, the characteristic signs of dislocation of the hip backwards were found to be very distinct;—the limb was about two inches and a half shorter than the opposite. Notwithstanding the great length of time in which the bone had remained dislocated, Mr. Travers determined on attempting reduction; and with this view, on Friday last, the man was put on the table of the operating theatre, having first been put in the warm bath, and bled. Extension was made in a right line with the body, and a dose of solution of tartar emetic was given every ten minutes. After the extension had been kept up for about half an hour, blood was taken from the arm; and, afterwards, continuing the force steadily for nearly the same length of time, the bone was at length reduced.

The patient passed a restless night, and

suffered much pain, but we found, on visiting him at noon, that the bone was *in situ*, and he had the power of rotating the foot outwards. But, when seen by Mr. Travers, in the afternoon, the bone had become displaced—there was considerable shortening of the limb—and, in short, every symptom as before reduction.

It is intended to attempt reduction again, and then to place the limb on a double inclined plane.

GUY'S HOSPITAL.

IRREDUCIBLE HERNIA.

Supposed Case of Reducible Scrotal Hernia, in which the Taxis, Bloodletting, Soaking, and Smoking, were employed without effect.

JAMES PAULSON, æt. 30, admitted on Saturday evening, Nov. 3, at seven o'clock, states that he has been the subject of hernia several years, that it occasionally descended, and was always reduced with facility; but when lifting deals, on Friday, the gut came down, and he was unable to return it. He applied to a practitioner at Camberwell, who sent him some purgative medicine, which he supposes were salts, and which produced many fluid evacuations. Having much pain, and being unable to reduce the tumour, he applied to the Hospital. When admitted, there was a large pyramidal swelling in the scrotum, very painful, and, apparently, containing a considerable quantity of fluid; the dresser applied the taxis without effect; the assistant-surgeon was then sent for, and he directed the man to be bled to xxiv. , and put in the bath, and twenty leeches to be applied to the abdomen; the taxis was again had recourse to for a considerable time, without being able to return the intestine. Ice was directed to be applied to the scrotum.

Mr. Key visited the patient at ten the following morning, and the swelling was not diminished; it was very tense and painful; the abdomen very tender when pressed. The taxis was again used by Mr. Key without benefit. On removing the bed-pan, there was a large watery evacuation, which Mr. Key said he supposed to have been derived from the small intestines, and produced by a saline purgative; but whether above the seat of stricture, or not, he was unable to say. He directed the man to smoke some strong tobacco till sickness, and great relaxation were produced; before he had finished the second pipe, he experienced great nausea, and much faintness; the abdominal muscles were much relaxed, and Mr. Key again used manipulation for some

ime, without effect. He then ordered two grains of calomel, and ten grains of colocyath extract; and if it should not operate in an hour, to repeat the dose.

On visiting him at three o'clock with Mr. Key, we found him much easier; he had had two motions, which the senior surgeon said he had never seen when strangulation existed; he again applied the taxis without effect, and told the man if he were not much better in three or four hours, he should advise the operation, to which the patient readily consented.

At half past nine in the evening, he was much better; the tongue was moist and clean, and he said that he felt as if air passed from the tumour to the groin with a gurgling sound. The tumour and abdomen still tender to the touch. He was directed to take five grains of calomel, and one grain and a half of opium. Twelve leeches to be applied to the scrotum.

10. Bowels not relieved; slight tenderness on pressure; pulse 80. Ordered purgative pills.

11. Quite free from pain; tongue clean; bowels freely open; pulse about 80, soft; scarcely any tenderness on pressing the abdomen.

NO HERNIA.

Supposed Case of Strangulated Scrotal Hernia, in which an Operation was performed, but neither Intestine nor Omentum was discovered—"Suppuration" of the Sac, without Pus!

Robert Messenger, æt. 60, applied to the Hospital, Nov. 9, at half past two in the afternoon. He stated that he had been the subject of hernia for fourteen years; that it occasionally descended, but was returned with facility; that, on Friday afternoon, he accidentally struck against a post, when the present swelling appeared. There was a firm, hard, and immovable tumour, in the situation of inguinal hernia, and extending half way down the scrotum. He vomited on admission; there was considerable tenderness of the tumour, and likewise of the abdomen, when pressed. He had rather an anxious countenance; pulse quick and wiry; did not complain of great pain, but said that he felt as if there were a band at the lower part of his body.

Mr. Key visited him about three o'clock, and applied the taxis for about ten minutes, without any effect on the tumour; he then directed him to be put in the warm bath, and kept in for twenty minutes; when taken out of the bath, he was bled to sixteen ounces, and, on feeling faint, the taxis was again used, but without any avail. Mr. Key now proposed the operation, to which the man readily consented.

Operation.

The incision through the integuments was made in the usual manner, and the difficult layers of fascia and cellular membrane were carefully divided, until, at length, the sac was reached. An opening was carefully made, and it was found to be very much thickened, bearing no resemblance to the peritoneum; when freely laid open, the only contents that could be discovered, were some flakes of adhesive matter. *There was neither intestine nor omentum.* Mr. Key pronounced it to be a "case of suppuration of the sac;" but, on being questioned by a pupil where the pus was to be seen, he remarked that there was no pus, but only adhesive matter. The patient was put to bed, and five grains of calomel, with a grain and a half of opium, given. He laboured under great prostration of strength, after the operation; the pulse was feeble, and the extremities cold. He vomited soon after taking the pills, but shortly fell asleep. At half past nine o'clock in the evening, Mr. Key visited the patient, and directed the calomel and opium to be repeated. The pulse was still feeble.

Nov. 10. Says that he is much better. Pulse 100, and compressible; slept soundly in the night, and has had two injections, but the bowels have not been relieved. The lower part of the abdomen is tender on pressure. Ordered to take two drachms of sulphate of magnesia, in peppermint water, every four hours. Twenty-four leeches to the abdomen.

11. There is still pain and tenderness at the lower part of the abdomen; the pulse 100. The bowels have been freely moved four or five times.

HOTEL DIEU.

OPERATION FOR CONGENITAL CATARACT IN BOTH EYES.

A girl, of about eight years of age, of very limited intellectual faculties, and a feeble constitution, being affected with congenital cataract in both eyes, was operated on both eyes by depression, and the little patient had, for nearly a twelvemonth, recovered the use of her eyes, when the lenses rose up, and again deprived her of vision. M. Dupuytren then depressed the lens of the left eye, and the patient perfectly recovered the sight of it; but having, during her blindness, contracted the habit of directing the eye upwards, or of keeping it in constant motion, vision was so indistinct that she was unable to walk without assistance, and could not even fix the eye voluntarily on the objects which were

pointed out to her. She gradually learned to recognise objects; it seemed, however, that the muscles of the eye had become so accustomed to a vacillating motion, that she was unable to look steadily, and in a certain direction, without considerable effort; she could very easily distinguish colours, but it was only after long practice that she could judge correctly of form and distance. The hands were constantly stretched out towards the objects she wished to see, as if to assist sight by touch. When the patient had recovered the complete use of the left eye, M. Dupuytren performed the same operation on the right one; very soon after it, she could see with the latter, but the same defect in its movements, and the same difficulty of fixing the objects, occurred, so that only after a continued practice it became equal to the left eye. Another difficulty then arose, viz. that of associating the motions of both eyes, which is of much more importance in this case, than in squinting, where one of the two eyes is often in a state of complete inactivity, from amaurosis, ulcers, or spots on the cornea, &c., while, in the instance before us, both eyes are equally healthy, and thus must necessarily cause a considerable confusion in vision, as long as they are not brought to converge.—*La Clinique*.

CONFESSION OF A DEMONSTRATOR.

To the Editor of THE LANCET.

SIR,—I have watched with considerable interest the attempts you have made to rectify those errors and abuses in the medical profession, which, before your valuable hebdomadary first attracted the notice of its members, were suffered to exist without public animadversion, though felt severely by all those individuals who possessed any desire to sustain the character for science which so invaluable a pursuit deserved. You have succeeded to an extent which the most sanguine of your readers could hardly have anticipated, from the apparent apathy of those most interested.

This apathy has been proved, however, to have existed only in imagination; and as soon as an opportunity offered itself for the display of general feeling, such an exposure of the tricks and meanness of those in power was made, as showed that the indignation which was presumed not to have been felt, was only smothered for the time, and that opportunity was alone wanting for the display of it.

The service you have rendered to students has been universally acknowledged, and the virulence of some of your contemporaries has shown how severely your flagellations have been felt.

But, Sir, all is not yet accomplished; and as you have begun the good work, you must not flinch from completing it.

The system of electing instructors for those young men who are to be sent forth into the world as possessing "sound chirurgical," from among men whose only qualification is that of having been apprenticed to surgeons of a hospital, must be eradicated; and THE LANCET must not be used with a tremulous hand.

The world must be shown that merit, not interest, should guide those in power in the choice of the teachers of those who are to succeed, and possibly surpass them.

Conviction must be forced upon the minds of those electors, and of those who put the elective franchise into their hands, by showing the culpability of their conduct; and cases are by far the best evidence which can be adduced for the purpose.

I will, therefore, give a case in point, and you will take the sense of the public upon it.

At one of the largest and most respectable of the medical classes in the metropolis, not two miles from Smithfield, one of the demonstrators, on the 24th inst., publicly declared before a large assemblage of pupils, that "he had no mathematical head," and that he was "utterly unacquainted with the laws of optics," and presumed that

THE PHRENOLOGICAL SOCIETY,

No. 15, Buckingham Street, Strand.

(SOCIETY NIGHTS.)

Nov. 17.—Dr. Elliotson will present from the Phrenological Society of New York, four Casts,—one of a Captain of Banditti, and three others, those of his men.—A Paper upon the same, by Dr. E.

Dec. 1.—On the gradual development of the Nervous System, from the Zoophyte up to Man, by Dr. Epps.

Dec. 15.—A Paper, by Mr. Crook, on Gillman, the Murderer:—one by Dr. Epps, on Corder,—and Joshua Slade, the Murderer of the Rev. J. Waterhouse.

Conversations.

Nov. 10.—Dr. Moore.

Nov. 24.—Dr. Epps on Morality, considered Phrenologically.

Dec. 8.—Dr. Wright,

Dec. 22.—Mr. Maugham on Hamlet.

Order of Council.—Visitors must be admitted by personal introduction, or by ticket.

those whom he addressed were as "ignorant of them as himself."

This statement by a man who is naturally regarded by his auditors as an embryo hospital surgeon, was made with the most unblushing assurance, and appeared to be rather a boast than an apology.

Were a man of the most undoubted genius and research to have made an *admission*, testifying a tythe of the indifference to any single subject, connected in the most remote degree with what he ought to be acquainted with, all men of any proper feeling would have been shocked at his callousness, and would have pitied the weakness which could have led him into such a dilemma.

But, Sir, what must be the natural effect of such a brag on those to whom it was exhibited? It must lead them to think that such subjects are worse than useless as a study—that the attainment of them is only to be had by throwing away time; and that if a man can be made a surgeon to one of the chief hospitals in the world, without a knowledge of the laws which govern a science with which any man, who pretends to a liberal education, ought to be acquainted; they, in the confined sphere in which they will probably move, from being excluded from the possibility of enjoying those honours to which the profession at large ought to have access, will find such attainments useless and unprofitable. The individual in question may try to hide ignorance and assumption by an affectation of the manners of the chief lecturer in the hospital; but let him remember that the roughness which is tolerated in a man of undoubted talent, when assumed by one whom none of those who know him regard as possessed of his office by any other title than that of the election of close-minded bigots, only makes his want of education the more conspicuous. The *lion's skin* did not suffice to hide the *ears of the ass*.

I am, Sir,

Your most obedient servant,
ΕΓΓΕΛΑΣ.

London, 25th Oct. 1828.

GLASGOW INFIRMARY.

“Δὸς τῷ Καίσαρι τὰ τοῦ Καίσαρος καὶ τῷ θεῷ τὰ τοῦ θεοῦ.”

To the Editor of THE LANCET.

SIR,—You will no doubt remember, that in a late Number (267) of THE LANCET, you were so kind as to give place to a letter of mine, containing an account of a supposed case of dislocation, which, after a very free and repeated use of the pulleys,

proved to be nothing more than inflammation of the hip-joint.

Now, Sir, you must have observed that the case I gave was one which I had only ventured to *suppose*, and that too as occurring in any infirmary: I did not specify in what one, nor did I say if it had in reality taken place in any. What then, think you, must have been my surprise, on being told, (only two days after THE LANCET had reached Glasgow) that I was charged with having acted contrary to the rules of the Royal Infirmary, in *reporting the case of No 5, nurse*, and that my expulsion from the Infirmary had, by reason of this, been taken into contemplation.

On being told this terrible tale, it is scarcely necessary to add that I was in no trifling degree entertained to find, that this vile and most unpardonable of blunders, which I had quietly amused myself by *supposing* to be made, (alike in any place, and by any person) had actually been committed in the Royal Infirmary of Glasgow, to the lasting disgrace and infamy of its Hospital Surgery. And now that we are discussing the merits of Hospital Surgery in general, I could, (were it not for raking up the ashes of the dead, and causing the wounded feelings of the living to bleed anew,) tell you of fearful and of fatal hemorrhages, of badly performed and destructive operations, of the grossest of blunders, and of consequent deaths; I could, in short, reveal to you such tales of horror, and of murder, and of blood, as should convince both you and your readers, that, however, many may fall a prey to the rashness of suicide, or the blood thirstiness of the assassin, they are but few, when compared with the number of those who yearly fall victims to the ignorance and the carelessness, and the butchery, of hospital surgeons.

But to return from this digression. As I said, but now, my expulsion from the Infirmary was taken into contemplation; and to effect this, it was of course necessary that some efficient step should be at once taken. A meeting of medical directors of the institution was, *therefore*, immediately called, for the purpose of taking the matter into serious consideration. To trouble you with the names of those who composed this meeting, and with the individual opinions delivered on the occasion, would be altogether useless and unnecessary. Suffice it to say, that in this, as in most other meetings, there were present both black and white, those who really deserve the name of honest men, and those who would think it treason if they were called by any other. It must not, however, be supposed that this meeting was called by the unanimous desire of the Glasgow surgeons. By no means.

Nor do I believe it to have been done by the general wish of the medical officers then officiating in the Infirmary. Even the worthy Doctor himself, under whose care this very dubious case was placed, and by whom the very judicious treatment which was employed was prescribed, did not appear in the affair. No doubt he was at the bottom of it, and, perhaps, had a very active share, through the medium of certain worthless instruments, in giving still further publicity to his own ignorance and folly, in holding up those who were such fools as to engage in the affair, to the just ridicule and contempt of every sensible and reflecting man. But, to proceed. The precious characters, who proposed, I might almost say insisted on, the assembling of this aforementioned meeting, (in determined opposition to the prudent remonstrances of the gentleman to whom they applied for the purpose against the proceeding,) were John Couper and Robert Cowan, both of whom are come on to-day, as surgeons for the ensuing six months. These precious wiseacres, no doubt flattered themselves that they were about to accomplish great things by their activity and exertions, and made themselves pretty sure of having me safely and snugly put away. In this, however, they were sorely disappointed; for after having coolly discussed the matter, it was decided that *nothing* could be done to me, as I had only stated those things which were in reality true; and consequently, my expulsion was entirely out of the question. There was, to be sure, a something said about the possibility of calling me up before the managers of the Infirmary, and giving me a reproof!!! But fearing, I suppose, that a simple reproof would not very much avail, in recalling their apostate child, this proposition was also laid aside. Finding, then, that there was no chance of getting me punished (forsooth!) by these means, it was proposed to the surgeon, under whom I was dressing at the time, to dismiss me; and it was even represented to him, *that he ought, as a point of duty*, to take my situation from me, on account of my unwarrantable and unjustifiable conduct. In this attempt, however, their very charitable labours proved abortive. For the Doctor, instead of viewing things in the same light with these gentlemanly and most honourable men, thought fit to refuse engaging in any measure of the kind, and allowed me, quietly and uninterruptedly, to discharge the humble duties of my office till the present day, when the term of my dressership expired. How far, then, their labours have been crowned with success, they have a fair opportunity of judging. And I have now only to inform them, that if they hope to intimidate me by anything they may think fit either to say or to

do, they will find themselves miserably disappointed, as I have already lived by far too long, to be frightened either by the "braying of an ass," or by the "babbling of a fool."

John Couper, too, of whom I have above spoken, (as one of the visiting surgeons for the coming winter,) has thought fit to give it as his very sage opinion, that "we must take care not to have any literary dressers again." Now, what the man really meant by this wise speech of his, is, perhaps, somewhat doubtful. There appears to me, however, but one clear and obvious construction of which it admits; viz., that conscious of his own ignorance and inability to discharge the duties of a hospital surgeon as he ought to do, he is anxious not to have any dressers under him, who being better informed than himself, will be able to expose his errors, and hold him up to deserved ridicule. Times are, in truth, come to something, when, instead of electing the most intelligent and best educated among students to fill the situation of dressers, the surgeons are compelled to search out for the most ignorant, in short, for absolute fools, (if they can be found,) to prevent the possibility of publishing their own shame and disgrace. O tempora! O mores!!! It would, in my opinion, be much better for men of this kind, to keep out of our public institutions altogether; and if they feel conscious of their inability to cure the sick, why, for heaven's sake, let them not come to kill them. It may, however, be as well for me to inform our infirmary surgeons, that it is not the dressers alone whom they have to dread, as I can assure them, there are not a few among their pupils, who never having filled, and never intending to fill, the very honourable situation of dresser, know fully well what is good, and what is bad, surgery, and are equally as ready as any of the dressers to expose ignorance, whenever and wherever it shows itself. But it is not right in me, to encroach so much on the columns of your Journal in speaking of such a person. I will, therefore, conclude this subject, by informing him, that after the very great interest which he and Robert Cowan have lately thought fit to take in my concerns, I shall feel myself bound, in gratitude for their kindness, to pay the most unremitting and especial attention to all the cases under their treatment, in order that I may have an opportunity of acquainting you and the public with their practice, whether it be good, or whether it be bad.

It had been my intention to give a comparative view of the surgical practice of Dr. MacLachlan and Dr. Auchincloss, the two visiting surgeons in the Infirmary, during the last summer months. As, however, I cannot think of insulting Dr. Auchincloss by

comparing his practice with that of Dr. Maclachlan, I forbear entering on the task.

There have been, as you must be aware, a few cases, of a nature very nearly, if not quite, bordering on that which is disgraceful, communicated to you during this summer, as having occurred in our lunatic.

I will not (lest it should injure the feelings of any one) say under the care of *which surgeon* all these cases were; it is, however, but justice for me to state, that they were *all* under the care of *one*, and that one was *not* Dr. Auchincloss.

It would, perhaps, be altogether unpardonable, to waste either time or paper, in giving any account of Dr. Maclachlan's attempt at clinical lectures. Of Dr. Auchincloss, however, we must speak in a laudatory strain. After a course of laborious and increasing exertion for the good of his patients, and the interest of his pupils, he has retired, for a while, from the active duties of his office, equally esteemed and regretted by all those with whom he was in any way connected. His anxious and unremitting attention to all the patients under his care, the almost unvarying success of his practice, and his constant regard to the wants and comforts of his patients, as well as the instruction and advancement of his pupils; his obvious desire to be understood in all his varieties of treatment; his close and happy mode of investigating disease; the value of his inductions, drawn from those investigations; the solid basis on which all he said, and all he did, were founded; the worth and frequency of his clinical remarks; the soundness of judgment which was displayed in the treatment of every case under his care; and the equally pleasing and instructive nature of his lectures;—have been such as to gain for him alike the confidence and esteem, as well of his pupils as of his patients, and to awaken the sincere regret of both, at being compelled to lose him.

Thus, Sir, do you see how different may be the feelings entertained towards two individuals, filling exactly similar public situations: the one shall be doubted, distrusted, and unheeded, on his departure; while the other shall be esteemed, confided in, and beloved by all who are connected with him, and his loss be generally lamented. So does merit always meet with its reward.

I am, Sir,

You obedient servant,

THOMAS CARTER.

21, College Street, Glasgow,
Nov. 1, 1828.

PHRENOLOGY.

To the Editor of THE LANCET.

SIR,—The following remarks on Phrenology, and more especially on the so-called organ and faculty of Firmness, were written a short time since for a periodical published, during a few weeks, in this town; as, however, your Journal has a very extensive circulation here, and indeed in all parts of the country, perhaps you will favour me by printing the subjoined in your columns. That you will do so I am induced to hope from the circumstance of your having already, on several occasions, admitted into the pages of THE LANCET observations both for and against the doctrine of phrenology.

Δ.

Birmingham, Oct. 15, 1828.

"Phrenology is a new system of philosophy, founded on observation and induction, and on the invariable laws of nature."

SPURZHEIM.

If there be one feature by which the literary aspect of the present age is characterised, it is the prevalence of common sense, even in the highest departments of reasoning and philosophy. The ingenious theories, and amusing hypotheses, which stimulated the talents, and excited the literary rancour of our forefathers, are now consigned to a well-merited oblivion; and we reflect, with a contempt only to be equalled by our indifference, upon the doctrines of the universalists and nominalists—the immaterialism of Berkeley—the pre-established harmony of Leibnitz—and the idealism of Hume: an alchemist would be in a fair way of becoming a ward of chancery; and, perhaps, throughout the whole of Europe, a single individual could not be found mad enough to expect, except in his dreams, that he might discover the philosopher's stone. But, as though to dim the lustre of our era of common sense, a sect has recently arisen, which, under the appellation of "the Phrenologists," is busily propagating absurdities derided by the wise, but from their novelty, and the resolute quackery by which they are accompanied, not ill-calculated to catch the ignorant and unwary. From the nature of this Journal, it will be impossible to bring forward one title of the objections which may be urged against phrenology; but enough, and more than enough, it is hoped, will be exhibited to show the shallowness of the reasoning by which this doctrine is supported.

Phrenology professes, by observation, to trace the connexion between certain alleged developments of the brain, and certain mental emotions and impulses, and intellectual

operations. But if it be impossible, from circumstances of uncontrollable force, to trace this connexion, an insurmountable difficulty presents itself at the very threshold; and although we may persevere for ever in conjecture, we shall not approach one step nearer to the proof. That this difficulty does actually exist, a little consideration will sufficiently demonstrate.

It is surely an objection fatal to phrenology, that any one of the various and blended emotions by which the mind of man is liable to be agitated, may give rise to any conceivable action or train of actions.—Merely from actions, therefore, it is impossible for us to judge of the motives or emotions whence they may have sprung. The process of reasoning pursued by the phrenologist, however, is founded upon a different assumption. Taking it for granted that his general doctrine is correct, and that the mental affections are indicated by certain elevations of the brain, he examines a head, and finds, or imagines, or pretends, that he finds, some particular and marked development; he then makes a few superficial inquiries as to the actions of the individuals, and after assigning to these actions the motives or emotions which he conceives most plausible, he forthwith, with matchless impudence, or matchless credulity, delineates their immutable boundaries and localities on the brain. How is it possible, as no one particular action is significant of any one particular emotion, for the phrenologist to affirm, that whenever he finds a particular development of more than ordinary magnitude, he also finds a particular passion in excess? The development, most certainly, may be seen, (although even here imagination is not without its use), but the passions, knotted and ravelled together in inextricable confusion, will for ever elude the most penetrating research. It is barely possible, that by a very protracted observation, we may form some loose conception of the characters of those with whom we are in the habit of frequent intercourse, although, even under such circumstances, we find ourselves liable to continual mistakes; since we offend when we expect to please, we excite when we expect to damp, and exasperate when we expect to mollify. How seldom, indeed, does it happen, that two persons can be found to agree as to the character of the same individual. Phrenology, however, is founded upon a far inferior species of induction, upon the common gossip of the day, upon the partial representations of friends or enemies, or upon a few insulated actions of public and notorious characters, of conquerors and cut-throats, statesmen and pickpockets, philosophers and quacks.

The difficulty of analysing the complica-

ed emotions of the human mind, and of developing the particular train of ideas which leads to any given action, has long since been admitted, not only by philosophers, but by the great bulk of mankind. Godwin, in his *Political Justice*, Book vii, c. 4, exclaims, "Who is it that, in his sober reason, will pretend to assign the motive that influenced me in any article of my conduct? The attempt would be presumptuous and absurd, even though the individual who was to judge me, had made the longest observation of my character, and been most intimately acquainted with the series of my actions. How often does a man deceive himself in the motives of his conduct, and assign to one principle what in reality proceeds from another. Can we expect that a mere spectator should form a judgment sufficiently correct, when he who has all the sources of information in his hands is nevertheless mistaken? Is it not to this hour a dispute among philosophers, whether I be capable of doing good to my neighbour for his own sake?" It is also remarked by Jeremy Bentham, in his *Rationale of Judicial Evidence*, Vol. i., p. 191, "That of the causes of mendacity and veracity, the list is the same as that of the causes of human action; no action so good or so bad that it may not have had any sort of motive for its cause."

In confirmation of the above views, let us for an instant direct our attention to a few of those individuals who have made the greatest noise in the world, and we shall soon be ready to admit how little we know of their real motives and characters. Was Cromwell a hypocrite or an enthusiast? Was he a patriot or a tyrant? Was he pushed on by circumstances from one step to another, or did he, at a distance from his objects, coolly weave the subtle web of his policy? Was he bloody-minded or humane? Was he brave or cowardly? Or, let us take the character of his illustrious cotemporary, Hampden. Was this man actuated by a love of freedom and of his country, or by the sullenness of disappointed ambition? Had Hampden been in Stafford's place, might not Hampden have become a courtier and a tyrant? Nay, has not Hume been charged with illiberality for expressing a doubt as to the pure patriotism of this man? Who, moreover, will pretend to fathom the depths of such a mind as that of Buonaparte? Who will attempt to make the requisite allowances for impelling circumstances, for the force of education, and the character and spirit of the times? Was it revenge or fear that prompted the assassination of the Duc d'Enghien?

Were men actuated by simple unpounded motives, the difficulty of discovering these motives by actions would be al-

most insurmountable; but how immeasurably is the difficulty increased, when, as is almost always the case, our emotions are combined in an endlessly diversified manner, and whilst each ingredient communicates to the mass a totally different character. The shallow phrenologist, pluming himself upon his pert philosophy, would not hesitate, most oracularly, to answer any of the above interrogatories; but surely the man of sense will pause: "Fools rush in, where angels fear to tread."

There is, besides, another circumstance which presents an insurmountable obstacle to the discovery of original capabilities, viz. the powerful influence of education, consisting of all the varied events instrumental in the formation of character. According to the opinion of Helvetius, and of many other French philosophers of the last century, education was all-powerful, and natural disposition nothing. Here, however, they carried a doctrine, which is true in a general measure, to the confines of falsehood. Dr. Thomas Brown seizes on the correct medium, where he says, in his Lectures on the Philosophy of the Human Mind, Vol. ii. p. 409, "The mere determination of the mind, in early youth, to a particular profession or speculative science, though it may have arisen from accidental circumstances, or parental persuasion only, and not in the slightest degree from any preference or impulse of genius at the time, is sufficient, by the elements which it cannot fail to mingle in all our complex conceptions and desires, to impress for ever after the intellectual character, and to bend it, perhaps, from that opposite direction into which it would naturally have turned. How much of what is commonly called genius, or at least how much of the secondary direction of genius, which marks its varieties, and gives it a specific distinctive character, depends on accidents of the slightest kind, that modify the general tendencies of suggestion by the peculiar liveness which they give to certain trains of thought." That the character is powerfully influenced by education, the most strenuous phrenologist will not deny. Even admitting, then, that by some bold and fortunate conjecture, an advocate of this new-fangled philosophy should hit upon the true character of one of the subjects of his investigation, how is he to know what portion of the character springs from circumstances, and what portion from natural susceptibility or capability? It will not be denied that vanity, or the love of approbation, for instance, if forming the groundwork of a character, might, from the influence of accidental circumstances, and by stimulating faculties otherwise not naturally powerful, produce a poet, a warrior, or a statesman; so that the engrafted qualities

should obtrude themselves more strikingly upon the eye than the primitive one whence they spring. How is it possible, amidst such a confusion of qualities and emotions, some roused into action and fostered by circumstances, and others existing in indigenuous vigour, to pursue the strict inductive method of reasoning?

Admitting, however, for the sake of argument, that it is possible by a close scrutiny, to ascertain the secret springs of human conduct, it will appear, on a reference to the list of phrenological faculties, that, in the conduct of their observations, the phrenologists themselves have fallen into the strangest blunders. The mental apparatus with which they have furnished us, is evidently the work of their own hands, and not that of the Supreme Creator of all things. Accordingly, we find that this apparatus is sometimes clumsy from its excess; at other times, it is inefficient from its scantiness. Upon a certain part of the skull, according to the phrenologists, is situated a particular development, designated by them *the organ of firmness*, and, as they maintain, indicative of a corresponding faculty. But had the phrenologists, instead of their puerile trifling with calipers and compasses, only attended to the workings of their own minds; nay, had they fairly followed out their own doctrines to their legitimate extent, they must have discovered, that such an *organ* could not, by possibility, exist, and for this plain reason, *because the corresponding faculty itself does not exist.* Firmness of conduct (for it is no quality of the mind) can arise from no other cause than the excess of one passion, or class of passions, above some other conflicting passion, or class of passions. The firmest of all men would consequently be he who had but one passion to gratify, since he would sternly persevere in his course without any mental conflict, or clashing of emotions. The most vacillating of all individuals would be he whose emotions, on all occasions, were precisely balanced; such an individual would, indeed, be completely disabled from acting at all. If a man were animated, in an equal degree, by the two passions of avarice and a love of approbation, his conduct would necessarily be highly vacillating; since, according to the operation of circumstances, now the one, and then the other of these passions, would gain a temporary ascendancy, and his dearest friend would find it impossible to calculate with certainty upon his actions on any given occasion. But if one of these emotions were much stronger than the other, as there would then be no mental struggle, so the individual would go straight forward to the attainment of his end, the gratification of his ruling passion. When Othello gives

vent to his jealous hate of *Cassio*, as he is restrained by no feeling of love towards *him*, he exclaims, with savage firmness, "Had he as many lives as he has hairs, my great revenge had stomach for them all." But when he meditates the murder of his beloved wife, of her "in whom he had garnered up his hopes," his soul is torn with conflicting emotions, and he exclaims, every word marking indecision, "But then Iago, oh! Iago, the pity of it, the pity of it, Iago!" And even when he at last destroys her, it is because his jealousy, a strange compound of various simple passions, triumphs over the strong suggestions of love; but still his vacillation is apparent in every word and action. "He would not scar that whiter skin of hers than snow, and smooth as monumental alabaster;" and "he kissed her, ere he killed her, killing himself to die upon a kiss."

From the above observations, all unprejudiced minds, it is hoped, will be ready to admit that the evidence in favour of the phrenological doctrines is, from the very nature of things, deplorably insufficient, and that the metaphysics of this would-be science are taken up on the most superficial examination, and have no reference to the principles of our common nature.

CLINICAL LECTURES AT ST. BARTHOLOMEW'S.

To the Editor of THE LANCET.

SIR,—Of all the various modes of conveying information to the pupil, there is certainly none which ranks so deservedly high, as that of giving clinical lectures; this practice has been partially adopted by Mr. Earle, at St. Bartholomew's Hospital, but, I am sorry to inform you, not to the equal accommodation of all the classes, since the hour chosen on the Friday evening, is that on which the surgical lectures have been delivered at this school for the last three years: Mr. E. has had this circumstance duly explained to him by one of my fellow pupils, and was kind enough to give it consideration, but, as stated in one of his subsequent lectures, without any possible chance of removing the evil, from the fact of every other hour in the week being occupied. Now if Mr. E. would condescend to consult some evening with the assembled pupils on this subject, I think there would not be much difficulty in fixing on some other hour, quite as convenient to the different classes, and also to himself, as that on which he now lectures.*

* There cannot be much harm in proposing for consideration, Monday or Wed-

If the hints which *Discipulus* has offered for the consideration of Messrs. Vincent and Lawrence should have the effect of extracting from them clinical lectures, I trust this will have the additional advantage of causing them to take into consideration, the convenience of all the classes, so that if they are obliged to lose the valuable lectures of Mr. Earle, they may not also lose those of Messrs. Lawrence and Vincent. Hoping you will give admission to this letter,

I remain, Sir,

Your obedient servant,

AN ALDERSGATE STREET PUPIL.

59, Aldersgate Street,

Nov. 3, 1828.

THEFTS IN THE DISSECTING-ROOM OF ST. BARTHOLOMEW'S HOSPITAL!

To the Editor of THE LANCET.

SIR,—I can no longer refrain from exposing, through the medium of your spirited Journal, the infamous and dishonest practices which are now become so frequent at this Hospital. Would you believe, Sir, that men aspiring to the appellation of gentlemen, can so far disgrace themselves, as to rob their fellow students of dissecting instruments, preparations, or whatever may chance to lay in their way; such, however, is an every-day occurrence, notwithstanding the efforts of the Demonstrator to discover the thieves. An application of your useful instrument will, however, I trust, induce those individuals to reform, especially if their names be made public, which will not be so difficult as they may imagine, as strong and well-founded suspicions are entertained.

Amidst the numerous abuses which you have corrected, to the great and lasting benefit of the whole profession, I trust this will not be thought unworthy of your notice.

I have the honour to remain, Sir,

Your most obedient servant,

A STUDENT.

St. Bartholomew's Hospital,

Nov. 8, 1828.

[A Bow Street officer, will, we fear, be the only effectual remedy for the evils complained of in the above letter. Communications of a similar nature have reached us from many of the pupils.—ED. L.]

Tuesday, from seven till eight, P. M.—Tuesday, Thursday, and Saturday, from six till seven, P. M.

BIRMINGHAM TOWN INFIRMARY.

To the Editor of THE LANCET.

SIR,—Knowing your readiness at all times to some forward on the behalf of the aggrieved medical pupil, and to eradicate, if possible, the “hole-and-corner” workings which are too frequently found in public institutions, I trust you will, on this occasion, give publicity to the following facts in the pages of your praiseworthy Journal, which has doubtless tended greatly towards bringing the profession to its present improved state. I need scarcely add, that a little of your *antiphlogistic treatment* would be of infinite service to the Birmingham Town Infirmary. You must first know, Sir, we have six surgeons and a house apothecary, belonging to this institution. From the great number of patients admitted, it would prove an extensive field for the cultivation of pathology, were it not for the secret manner in which the post-mortem examinations are conducted, arising, in some degree, from the neglect of duty in the surgeons, but principally from the ANXIOUS DESIRE of the HOUSE APOTHECARY to gain medical information, or what is still more probable, (as I am creditably informed,) a series of “morbid spicimins.” I ought, however, to state, in justice to Mr. Cox and Mr. Baynham, (two of the surgeons,) that they examine their own patients in the presence of their own pupils, and I have occasionally witnessed, with a great deal of pleasure, the former invite many other pupils; but the other surgeons, in gratitude to the house apothecary for frequently attending to their out patients, allow him the sole privilege of examining their deceased, thus leaving it entirely at his option, whether or not the pupils shall be present. I would ask, Mr. Editor, are they present? No! for they are never informed at what hour the examinations will take place. The impropriety of this proceeding must be evident, when it is known, that the pupils pay premiums considerably increased, from the expectation of deriving greater advantages from this valuable institution. I would earnestly recommend the surgeons not to leave the post-mortem examinations to the “spicimin” collector, but conduct them themselves, in a more liberal manner, i. e., in the presence of all the Infirmary pupils; and, above all, not to forget giving them that necessary information, which certainly they have a right to expect. At present, I am sorry to say, “*Νάσσει την δικήν ἀδίκια*,” though by early noticing this, you may, perhaps, cause that speedy reform which is so ardently wished for by

Your obedient servant,

Ἀληθινός.

Birmingham, Nov. 10, 1828.

SUBSCRIPTIONS

FOR THE DISTRESSED MEDICAL GENTLEMAN
AND FAMILY.

Subscriptions already advertised

tised	£ 250	9	6
J. Bostock, M.D.	1	1	0
J. Handey, Esq., Upper Stamford Street.....	1	1	0
Dr. Wilmot	1	0	0
Joseph Holmes, Esq., Fulham....	1	0	0
T. W. Wansbrough, Esq., and Friend, Fulham.....	1	1	0
Charles Shillito, Esq., Putney ..	1	0	0
J. M. Arnott, Esq.	1	1	0
L. Powell, Esq., John Street, Berkeley Square	1	0	0
E. Brande, Esq.	1	0	0
James Sharp, Esq.	1	0	0
Lewis B. Oliver, Esq.	1	0	0
W. Day, Esq.	1	1	0
G. J. S. Camden, Esq.....	1	0	0
— Graham, Esq.	1	0	0
— Dewsnap, Esq.	1	0	0
John Scott, M.D.	1	1	0
— Jackson, Esq., Charles Str., St. James's	1	1	0

BOOKS RECEIVED FOR REVIEW.

A Practical Treatise on Parturition, comprising an Account of the Diseases of the Pregnant and Puerperal States. By Samuel Ashwell, Surgeon. To which are added, Two Papers; the one on Abdominal Surgery, the other on Transfusion; presented by Dr. Blundell, of Guy's Hospital. pp. 546. 8vo. Thirteen Plates. London. Thomas Tegg.

A System of Human Anatomy, translated from the fourth edition of the French H. Cloquet, M.D.; with Notes, and a corrected Nomenclature, by Robert Knox, M.D.F.R.S.E., Lecturer on Anatomy, Edinburgh. pp. 837. 8vo. Edinburgh. Mac-lachlan and Stewart.

Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By John Abercrombie, M.D. pp. 396. 8vo. Edinburgh. Waugh and Innes.

The Midland Medical and Surgical Reporter, No. 2, for November. Worcester. Deighton.

Medical Botany, Nos. 22 and 23, for October and November. Plates. London. John Churchill.

A Supplement to Myology, illustrated by Coloured Plates, on a peculiar construction; containing the Arteries, Veins, Nerves, the Abdominal and Thoracic Viscera, Brain, &c. &c. By E. W. Tuson, Lecturer on Anatomy, &c. London. Callow and Wilson.

[To be continued.]

THE LANCET.

Vol. I.]

LONDON, SATURDAY, NOVEMBER 22.

[1828-9.

LECTURES
ON THE
GRAVID UTERUS, AND ON THE DISEASES
OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

LECTURE V.

Formation.

If we examine the uterus of a rabbit immediately after the process of conception is completed,—that is, at the end of the eight-and-forty hours,—we can scarcely discover there any traces of the rudiments; but if we wait for a few hours longer, and examine again, we shall then, according to Haighton, detect portions of the rudimental matter lying on the surface of the womb, and which, in their number, are found generally to correspond with the number of Gräafian vesicles which have given way in the ovaries. Pausing for a few hours longer, and then, in another rabbit, making further examination, we now perceive that these little portions of matter have begun to model themselves into something of an oviform shape; each oviform molecule consisting of its two parts; the one a *membrane*, a little *vesicle*; the other, the *material* which this vesicle, or little membrane, contains. Generation advancing, it is found, even from observations in the human ovum, that the contents of this delicate cyst are separating themselves into at least two parts more; the one consisting of a lymph water, which afterwards proves to be the liquor amnii, and which, at this time, is very small in quantity, not exceeding a few drops; the other composed of an opaque corpuscle not bigger than a mustard seed, and which, by means of a very slender filament, afterwards constituting the chord, is put into connection with the cyst which contains it. Thus, then, it appears, that

No. 273.

very early ingestation within the first three or four weeks after intercourse, perhaps within the first two, all the essential parts of the ovum are generated; the embryo, the membranes, the liquor amnii, and the chord.

Generation proceeding, the diminutive corpuscle, of which I was speaking, enlarges considerably in its dimensions, and assumes a shape not dissimilar to that of a cheese-maggot. For it is remarkable, that, in the first stage of our existence, we bear no little resemblance to this contemptible grub. Leaving this image, however, to advance towards a likeness all-illustrious, in the course of a few days, or, rather, of a few hours, afterwards, we begin to form the eyes. These organs, if I may judge from preparations, make their appearance, laterally, at the upper part of the most depending portion of the embryo, on either side, in the form of light-brown specks; and I suppose that, about the same time that the eyes are produced, the other internal parts, as the brain, the viscera of the thorax, and abdomen, are elaborated too; neither legs nor arms being, at this time, perceivable. Formation still proceeding, the entire corpuscle of the embryo becomes separated into two parts—the head, I mean, and trunk, which are afterwards retained in connection with each other by means of a short and rather slender structure, which afterwards composes the neck,—that fair column, the seat of dignity and grace, on which the human head is erected. About this time it is, when the neck is forming, that the legs and arms begin to make their appearance in the form of buds, which burge on from the trunk, and in the further progress of generation, these budding arms and legs become elongated, and, no long time afterwards, the fingers and toes sprout forth, the embryo, soon after these small members are completed, becoming thoroughly elaborated and accomplished in all its other parts. While this formation of the embryo is proceeding, the involucre, of so much importance to our welfare while in the uterus, are becoming organized also; and, by the time that the embryo is completely elaborated, the involucre will be found to exist in all their perfection, and we have

Q

the placenta, the membranes, the liquor amnii, and the chord; parts which, as to their essential structure are very early constructed, first needed during fetal life, and, therefore, first formed.

This curious process of formation I will now endeavour to illustrate, by means of some very valuable preparations ranged on the table before you. And, first, I show you a specimen of the human ovum, consisting of a delicate membranous cyst. If you hold the preparations so that the light may pass through its centre, you may perceive, in the middle of it, a little spot, not so big as a mustard-seed; a small dim speck of entity,—for such is man, when he makes his first appearance in the system of living beings.

The next preparation which I show you, exhibits the lord of the world in form like a grub, divested of all those imposing insignia which mark the majesty of his station on the surface of this planet. Who would have thought that under such a form could be concealed, originally, those master-minds which afterwards exert so powerful an influence over the destinies of their fellow-creatures?—*Pulvis et umbra sumus*. In our first form we are worms; to the grave and the womb we must look, to see the littleness of man.

Man here again appears before you, of larger dimensions and more perfect structure, his form still unsightly, and reminding one of the kindred bean—on either side of the most depending portion. Those who are accustomed to examine preparations of this kind, may distinctly see the eyes manifesting themselves under the form of circular spots of a brownish tint; nor is it, I think, unreasonable to suppose, that, when the eyes make their appearance, the viscera of the great cavities have been formed too,—the brain, the lungs, the heart, and the contents of the abdomen.

The preparation which I here circulate is of an embryo, not much larger than the preceding; its formation, however, is a little further advanced, and the first appearances of the arms and legs may be seen, while the hands and the feet, it will be observed, are beginning to form in the contiguous embryo, which stands by like a friend and companion.

The fingers and toes are beginning to show themselves in the next embryo which I present to you; and the one which follows is elaborately, and in perfection, formed in all its parts—head, limbs, and trunk—so that, small as it is, we feel the operation of the social feeling, acknowledge it for our fellow-creature, and admit that it may with reason be, in a certain degree, put under the protection of the laws.—Hail son of man!—supporter of our species! there

may be found among us souls so petty, that they might scarcely deserve a lodgment even in a corpuscle small as thine!

Causes of Monstrosity.—In the process of formation, it sometimes happens, that great blunders are committed, and these errors and morbid deviations give rise to what are denominated monsters. By monsters, as formerly observed to you, we understand nothing more than fœtuses which deviate conspicuously from the ordinary make; and the more immediate cause of this monstrosity appears to be the morbid operation of the *forming powers*, whatever their nature may be. It has been often asked, and is still a question undecided, whether the *imagination* of the mother may have any influence in giving rise to those morbid formative operations on which the generation of monstrosity seems to depend—a question which is not to be decided by reason independently of observations, as a simple reflection may show; for, as we know but little respecting the powers which operate, we must necessarily know as little respecting the powers by which this operation may be influenced. In matters of this obscure and uncertain kind, to ridicule without giving ourselves the trouble to examine, seems to me to be at once both petulant and unphilosophical. Facts, and not *a priori* reasonings, form the basis of modern philosophy; that incubation should give rise to the formation of the chick within the egg shell—that the conjunction of the sexes should give the first impulse to the formation of the infant in the uterus, must, independently of observation, have appeared both absurd and incredible. In the compass of generation, nothing need surprise us; it is the fairy land of physiology; and, in the hands of divines, its wondrous may serve as a good preparative to discipline the mind for the more ready belief of those miracles which it is their office to inculcate. When first I set out on my physiological career, I certainly set out with a strong impression, that the fancy of the mother could not operate in the formation of her fœtus; nor am I prepared to concede, at the present moment, that this impression was erroneous; nevertheless I must, in candour, admit that various facts have been brought before me, which do prove beyond doubt thus much, that there is sometimes a very striking coincidence between impressions made on the mind of the mother, and appearances which manifest themselves on the body of the fœtus; these coincidences being sufficiently frequent to create a sort of suspicion that they may be of the nature of cause and effect. If I press my finger upon the box which now lies before it, it moves, but how do I know that this motion may not arise from some other simultaneous oc-

currence distinct from the pressure of my finger? In truth, should this coincidence of pressure and motion in this case be observed but once, were it not for analogical and uncertain experience, I should have just cause to doubt; but when I make this pressure repeatedly, under varying circumstances, and find invariably that motion ensues, unless some third cause of obvious operation be interposed to prevent it, I may reasonably infer that the coincidence of these two occurrences is of the nature of causation; and in all cases of rarer occurrence, I conceive, the more frequent these coincidences, the stronger does the proof of causation become.

It would lead to a long disquisition, if I were to bring before you all the different facts which have been related to me, and which seem to show that the fancy of the mother may have an effect in the formation of the fœtus; but some of the more striking facts, by way of illustration, I may perhaps be permitted to adduce. I myself once presided at a labour where the child, after birth, was discovered to labour under a deficiency of the cartilage of the ribs, and this upon the right side of the sternum near its middle. In consequence of this deficiency of the cartilage, there is in this child, now living, a sort of dimple, or impression, which is very peculiar, and of which the mother gave me the following account. In the early days of her pregnancy, she took one of her children to Mr. Travers, an eminent surgeon well known to you all, it having been supposed that there was some fracture or other of the collar bone, or the ribs contiguous; and Mr. Travers examining the child with a good deal of care, chanced to make a pressure on the ribs in front, near the sternum; the thumb bearing over this part, while his fingers were placed behind on the scapula, and the rest of the hand lay above the shoulder, the child being young and small; and, in doing this, he occasioned with the thumb a considerable dimple or indentation, which, as the mother of great nervous irritability, told me, affected her very much, and produced in her that contraction of the skin, which is very significantly denominated the goose flesh. This little occurrence, however, did not ultimately make any very strong impression on her mind, though she thought of it occasionally during gestation; but when I saw the infant afterwards, she told me the story which I have very accurately related to you. A lady, whose name it would be improper to mention, (though I had the statement from one of our profession, her own son,) at a period, as I was informed, not earlier than the first two or three months of her pregnancy, was very much alarmed by a beggar who had lost the hand and lower

part of the arm, and who, to excite her commiseration, exhibited to view the mutilated member. By this shocking sight a strong impression was made upon her mind; and sometime afterwards, in a ball-room, on seeing a gallant officer who had left one of his arms in the field of battle, this impression was renewed, not without a slight emotion of horror, and the contraction of the skin, and some few months afterwards the child was born with a coincident want of the arm. Now these cases are not solitary; the same tale has been often told, and the same concurrence has often been observed; and, to say the least of it, the coincidence deserves attention. There was a child (of which I have got a drawing,) lately born at Plymouth, with excrescences pushing from the mouth, and which certainly resembled a large bunch of grapes, such as might appear in the mouth of a child, if it were endeavouring to devour, unbroken, the whole of a small bunch, there not being room sufficient to admit the whole at once behind the teeth. Before she was aware of this faulty formation, the mother was closely questioned by the accoucheur; and she certainly did state distinctly enough, that in the early period of her pregnancy, not, however, till near the fourth month, in passing along a street, she chanced to see a boy who had got a bunch of grapes, which he was eating very greedily, as boys will do, and that she had a very great desire to partake. Growing from the region of the sternum, too, there was an excrescence which might remind one of the wattle of the turkey-cock, an animal by which she had been frightened a little earlier in her pregnancy. The coincidence certainly merits notice. To Mr. Baldy and Mr. Franklin Bellamy, I am indebted for this fact, of which a fuller account will be found in the Medical and Physical Journal for July 1827.

For the preparation which I now show you, I am indebted to Mr. Maurice Workman, of Reading, and the following is the tale which is connected with it:—An ancient lady, in his neighbourhood, who was, I think, childless, (it is pleasant to love something,) among other pets of her family, had a parrot, a cat, and a love of a lap-dog, all co-rivals for the first place in affection, and who agreed with each other no better than the fair goddesses of Ida, what time they disputed for the apple of beauty, and unveiled, in the presence of the Trojan shepherd, charms before unseen by mortal eyes. On some occasion or other, it seems, that the cat was in an apartment, and the parrot and the dog being placed to the right and left of the door-way,—minaud then *enceinte* retreating from the chamber, near the cage, perhaps to avoid her four-

foot rival, was alarmed by the ferocious scream of the parrot, and scampered off in a great fright. Dates afterwards proved that she was in the first days of her gestation, and she subsequently produced a good many kittens; all of them were well formed, with the exception of this one, which has, as we must allow, a head in form very much resembling that of the bird by which she was scared. Mr. Maurice Workman is my voucher for these facts; in all that is essential they are, on my part, fairly stated. The healthy formation of the other fetuses deserves especial notice; but, say what we will, the coincidence is well worth recording.

Particular facts of this kind I forbear to multiply, though the task is easy. As these coincidences are occasional only, and perhaps rare; of course they do not demonstrate causation; but, if on a candid accumulation of facts, it appear that the coincidences between the impressions on the mind of the mother and the body of the fœtus are well marked, and not unfrequent, then, to say the least of them, they establish a very curious fact in animal generation, and their general bearing is to show that the two occurrences are, in relation with each other, as cause and effect. I would that the affirmative of this could be proved; we should then be in possession of one of the principles of formation. But then it may be asked, how can these things be?—and how, it might once have been said, can it be that the moon should act on the waters? If, like many of our forefathers, we had no notion of the bulk of our satellite; if, like them too, we were ignorant of the principle of gravitation; if we had no idea that matter was capable of attracting matter, even at remoter and planetary distances, such an action, in such a state of ignorance, must appear incredible, yet, when once the necessary knowledge is communicated, the mutual attraction of the two masses of matter becomes, to a certain extent, intelligible enough. Observe here the progress of this wonderful discovery, for it illustrates the progress of all solid philosophy. The fixed relation between the moon and the floods was first sagaciously observed, and verified, allowance being made for the irregularities which arise from accidental circumstances. The probable connexion of the two, in the way of cause and effect, was afterwards inferred from the fixity of this relation. At length the large mass of the lunar body was suggested and demonstrated, and the mutual attraction of matter was evinced by experiments and calculations addressed to the senses or reason; and thus the doctrine, which at first must have been deemed a wild hypothesis, was not only proved but comprehended. And while all this was doing, some, in the first stage of the inquiry being

variously occupied, paid no attention to the observations on which the discovery was to be grounded; and others, as the discovery proceeded, clamoured, no doubt, against the absurdity and impiety of the proposition. What! a small body like the moon to act upon the huge mass of waters in the ocean? Lunatic! What! the great goddess of the Ephesians—the celestial archeress, whose gracious presence has been manifested to our heroes—whose miracles and oracles have astonished her votaries, and who even now steals down to the mysterious retreat of Latmos!—What! do you dare to assert that this sublime being may, after all, be nothing more than a huge globe of matter, the scene of tempest and volcano! Atheist! Such I can easily believe might be the spirit which animated the opponents of these doctrines. Yet, in the midst of all these commotions, while puppies were barking, and men were clamouring, the moon shone—the ocean rolled—the seasons changed—the earth teemed—the mob of all ranks vanished from the scene, and, by its mere intrinsic durability, without effort, the truth prevailed at last. Our prepossessions are not the criterion of truth; improbability and incompatibility may result, not from impossibility, but from our ignorance of the requisite explanatory knowledge. All this is clear in speculation, but, somehow or other, it is to be forgotten in practice. Doubt—observe—infer—still doubt, and bring the truth to the test of the most rigorous examination. Truth never yet shunned the light; how can she? it is her element.—But to return from this digression: Pray give to the profession, with rigid accuracy and well attested, facts relating to this important subject. Always, where it can be known, state the age of the gestation, the absence or presence of the feeling of horror, and cutaneous constriction, and endeavour, so far as may be, to verify all by your own personal observation and inquiry of the woman herself. Monstrosity may occur in formation under the eggshell. I here show you a specimen of it. How can mental impression be supposed to operate here?

Duration of the formative process.

With respect to the duration of the formative process, it is well worth your notice; that although it is not clearly ascertained, there seems to be no doubt that it is in all cases short. The human fœtus, of such complicated organization, seems to be elaborated in the course of five or six weeks, at furthest; and the greater part of its structure is, most probably, perfected in a much shorter period; birds, many of them, form in the course of a few days; the maggots of insects, in the course of a few hours. There is nothing in the whole formative process

which astonishes me more than the amazing rapidity and amazing facility with which it is accomplished; it is wonderful, indeed, to suppose that the human structure should be formed at all in procreation; but that all these delicate textures—that all this elaborate and finished structure of which our bodies are composed, should be formed, if, indeed, they are really formed in generation, in the compass of some five or six weeks, is almost beyond wonder. Now, that the *fœtus* is thus early perfected, in the first weeks of generation I mean, must, I think, appear satisfactorily enough by the preparations which I have sent you round. I know from my own observations, made with tolerably accurate data, that a *fœtus* of three months, independently of its lower limbs, is as long as my forefinger; and therefore it is not unreasonable to conclude, that a *fœtus* which is not so big as the least joint of my little finger, cannot exceed the age of five or six weeks. It was asserted by Hippocrates, that the formation of boys is accomplished in thirty days, and that of girls in forty, an opinion of which I have met with some traces in the popular sayings of the North of England; but I forbear to intrude, by replacing them into the mysteries of the *Bona Dea*. The opinions of Hippocrates are, many of them, grounded on that experimental observation which forms the proper bottom of human knowledge; and, without giving to this notion more than a very “academic faith,” I think that it is grounded upon certain observations, of which the records are now lost.

Of Epigenesis and Evolution.—By physiologists it has often been disputed, whether in generation there is real formation, or whether these structures are merely developed in the process, the various organs being already in existence before conception is effected, though concealed from observation by their smallness, their transparency, and their involution in each other. Many physiologists have maintained, that in generation there is a real organisation, one part being formed successively upon another, by a process of epigenesis, as it is called; but Swammerdam, Haller, and Spallanzani, seem to have maintained, that all living beings were formed in little at the creation, and that they were merely enlarged and developed in generation, but, being possessed of organisation, before conception is begun, those swarms of locusts, possible, as well as actual, were all, according to these speculators, enclosed in the ovary of the first parent; and of the shoals of fishes—and of the flights of birds—and of the innumerable multitudes, possible and actual, of which our race is composed,—all, according to this opinion, are coeval, and old as the creation, though passing

in different ages through the door of life. Make all allowance for the infinite divisibility of matter—give due weight to the recollection, that the power of the Creator is boundless—remember the minuteness, scarcely conceivable, of the corpuscule of the animalculæ—still, the more we reflect on this doctrine, (evolution, as it is called,) the more incredible it appears. On a point like this, in the present state of our knowledge, with respect of facts, it is, perhaps, impossible that we should obtain an absolute conviction, yet I acknowledge I feel, in my own mind, a persuasion almost amounting to conviction, that, in generation, there is a formation of parts which had previously no existence, and that in this process we have not, as Swammerdam and Haller and others have supposed, merely a development and enlargement of organs which existed before, but which, by causes already mentioned, were concealed from our sight. Of your structures and mine, it seems to me not improbable that no parts existed some hundred years ago; nor does it, I own, appear to me impossible, that within that compass of time all the parts of our body have been completely and really organised.

There is nothing more certain, than that living parts do possess an organising power; whence that power arises, I do not pretend to explain; but its existence, like that of the lunar influence on the ocean, is not the less certain, because, in our ignorance, we cannot tell in what it consists. Those who amuse themselves with the gay and airy mythology of antiquity, must all have read the tale of the Lyræan hydra; in physiology this story is, in some measure, realised, and the stag renews its horns, and the lobster its claws; the lizard can reproduce its eye, and the snail its head, and this repeatedly; or if the second head be removed by a dexterous hand, a third will sometimes sprout up in its place: nor must we forget a fact, on which, however, I do not lay equal stress, I mean, that in the generation of all insects, the maggot is converted into the fly. Now, in all these cases, it is very evident that the living body, from whatever cause, really does possess a power of organising parts, which had no existence before. I know, with respect to the butterfly and the caterpillar, it has been urged by the very laborious and able Swammerdam, that the parts of the butterfly are contained under the skin of the caterpillar, at least about that time when it is about to become converted into chrysalis: but setting aside for the present the proof of formative power taken from the transformation of insects, its existence is, I think, evident enough in the other cases which have been stated, that of the snail especially; for, I presume, no generous antagonist will venture to maintain, without

proof, that a snail has a repository of heads to supply the place of those which may be removed by the physiologist.

The existence, then, of a forming power, seems, from these facts, to be sufficiently obvious; nor is proof wanting to show, that this power is exerted in generation. For, not to weary you with the enumeration of facts less decisive, the dog, as *I have been assured*, may prove prolific with the sow, the fox with the dog, and the horse with the ass. The last fact is acknowledged and familiar, and the mule which results from these connexions, is an animal of mixed structure. Now, unless we suppose (and how wildly) that this hybrid-organisation was in existence in the genitals, male or female, before the generative actions were excited, we must, I think, presume, as Haller, indeed, has admitted, that in generation such a degree of forming power is exerted, that the structure, originally simple, is made to assume a double and mixed character. Kolreuter, impregnating with the male of one species the female of another species of the tobacco, obtained hybrids male and female, and then further, by means of the same male, impregnated a female hybrid, so as to obtain other hybrids of both sexes, approximating still more nearly to the male structure, and at length, by repeating his operations upon these principles, he produced, at last, hybrids in structure so exactly resembling the species of the male, that the botanist himself might scarcely discover the difference; and there seems to be but little doubt, that the whole process might be reversed, so as to bring down gradually the plants of the male species to an exact conformity with the make of the female.

Here, then, is an exertion of the forming power, high and extensive, diffusing its influence over every part of the new structure—and what more need be proved? for if we allow that in living bodies a plastic power is exerted, which may form the horns, the claws, the eyes, nay, even larger parts, as the head itself, and this repeatedly; and if we allow that in generation this formation is really exerted on every part of structure, why need we look further to understand how it is that new organisations are produced? Frustra per plura. Here you have a power, whatever its nature, adequate for the purposes of formation; for that which will produce the horns, the claws, the eyes, the head, may form also, no doubt, the other parts of the living system; and in mule generation, you have a proof which comes up towards demonstration, that after the union of the two parts of the genitals, this power is brought into high and extensive operation.

As in the contemplation of the divinity, however, so here, the more we reflect

the more our wonder increases. And of all men, the minute anatomist, well acquainted with those delicate, elaborate, and accomplished structures, of which the body is composed, must feel the greatest difficulty in persuading himself, that they are all really formed within the body of the female parent in the compass of a few weeks. Let it be recollected, however, that the mystery may lie entirely in our ignorance, and not in the nature of the process itself. Remember, that the action of the moon on the ocean, so incomprehensible to those who are uneducated, may, to those who possess even a moderate share of the necessary explanatory knowledge, be made, in many points, intelligible enough. Were you to tell a savage that you could navigate the air, that you could explode the solid granite—that you could shut up the lightning in a bottle—that you could, in twenty-four hours, multiply copies of this writing to the number of ten or twenty thousand, all alike in their characters, their errors, and their excellencies; if he were a man of plain sense, his first resource would be to disbelieve you, or, if convinced of your veracity, he would then, most probably, attribute to you a superhuman power, for such miracles and prodigies must, in his ignorance, appear to exceed the measure of mortal power—Θεοι γάρ—*the gods are come down among men*. Roger Bacon was a conjurer, Columbus was a divinity, and poor Dr. Faustus had sold himself to the devil, if you will give ear to the savage ignorance of semi-barbarians; but let him suspend his faith a little, let him learn as he may, in the course of a few hours, the general principles and agents with which you operate, and he finds, after all, that you are much such a being as himself—the operation was wonderful and mysterious, simply because the agents were not known. And thus, after all, it may be, nay, it probably is, in generation. Simple in the means, magnificent in the results, such is the character of those which we may call the greater operations of the Author of Nature; and I can easily persuade myself, that this stupendous operation, this grand, this glorious achievement of the living body, by which creation enjoys, as it were, a sempiternal youth, and rises with renewed vigour under death the destroyer, may, after all, be simple and of easy accomplishment and that our wonder reposes, not on the nature of the process, but rather on our ignorance of some few and simple means by which the great result is accomplished.

That generation really may not be as frequently represented,—an operation essentially unintelligible,—is, I think, rendered less improbable by various considerations; for, in the first place, generation is an act

which may be performed by structures the most simple; by the polypus and the anemone, no less than by the most complex structures of the creation; a consideration which is surely worth our reflection, though I certainly should not think of laying on it my principal stress. Again, let us reflect on the immeasurable abundance in which many living germs are generated. The human species, it is true, is produced, as it were, painfully, and in small number; but it is not so with many very curious and complicated organizations. A sturgeon may, at a single spawning, pour forth above a million and a half of eggs. Does this seem to indicate that generation is a work of effort? I am informed, that the seeds of the flax may amount to many myriads in each flower. Does this, again, seem to indicate that formation is a painful effort? When germs, animal and vegetable, are produced in such multitudinous and innumerable abundance, that, were they to be perfected, air, earth, sea could not contain them, is it reasonable to conclude, that, in this system of things, formation is complex and painful? When the world is choked with books, we may be pretty certain, that to form their characters is easy; and, seeing this innumerable multitude of germs we may, I think, safely rest assured, that, had their formation been one of effort, their number would have been diminished; and, by means of parental instincts, and other means, greater security would have been obtained for the perfecting those few germs which the living body had, with much labour, produced.

There is yet a third argument, which, I think, strengthens my thesis, the simplicity and ease of generation; and that is taken from the great *rapidity* with which the living structures are formed. The human structure itself, perhaps, of all others, the most elaborate in all its essentials, is perfected in the brief space of a few weeks. Of birds there are many; and I may give the common fowl, as an instance of which, the principal structures become organized in the compass of a few days. And, as to the eggs laid by insects, as, for instance, the common large blue fly, I have myself known them to become living in the course of a few hours afterwards; so that, without rising higher into the regions of airy and giddy speculation, when I reflect on the simplicity of some of those structures by which generation is accomplished; when I consider in what abundance Nature, in some genera of living structures, is producing the buds and the seeds; when, lastly, I recollect how rapidly, in the most complicated and perfect animals, the structures that compose them are formed and developed,—I cannot help persuading myself that, in generation, the process is not really

difficult; but that, like the marvels of typography, of electricity, of aerial navigation, and the explosive powders, it depends upon some simple principles, which the human mind may, perhaps, hereafter comprehend. We have imitated many other of the natural operations, may we then hope to imitate this, even in the humblest manner? But I forbear, lest you should take it into your heads that I expect to realise the extravagant fiction of the novelist, and to bring from the stage *Frankenstein*, to act his part in the scenes of real life.

Here is a specimen of the twin monster.

Here is a monstrous chick, the rather interesting, because it is formed under the egg-shell.

Here is a monster of very rare occurrence. We meet, in life, with many who are pig-headed, though with few that are formed with the head like that of a pig; yet a specimen of this I here show you.

From these preparations, it would seem that monstrosity is early formation; as, indeed we should expect it to be, that is, before epigenesis; in other words, the formative process is completed. This consideration renders the reported effects of mental impressions less credible; it is, indeed, difficult to conceive of their operation, after the formation has once been perfected; and yet, I think, the impressions have been made on the mind later, after formation must be supposed to have been effected, in most recorded cases of this kind.

FOREIGN DEPARTMENT.

ABSCESS OF THE SPLEEN.

DOMEN, ROTUNDO, *ætat.* 29, was, in consequence of ague, affected with a swelling in the left hypochondrium, which, after over exertion, and several excesses in diet, considerably increased in size, and became very painful. Dr. Glionna, of Tarent, whom the patient consulted, found a well-marked case of splenitis, for which he employed large bleeding, leeches, purgatives, and tartarised antimony. In spite of these means, the tension and tenderness augmented; hectic fever, with nocturnal sweats, came on; the patient was very often taken with shivering, followed by burning heat, &c. Under these symptoms the swelling, which had hitherto been remarkably hard, began to soften, especially at its lower part; the pain also somewhat subsided, and all the symptoms seemed to indicate that the inflamma-

tory tumour was passing into suppuration. Emollient poultices were now used, and fluctuation having been distinctly felt, the tumour was opened by a trocar, and three pints of a very fetid, thick, dirty-white pus having been evacuated, it collapsed, and the wound having been kept open for a short time, the patient perfectly recovered.—*Observatore di Napoli.*

METHOD OF ARRESTING THE BLEEDING FROM LEECH-BITES.

It is well known that sometimes, especially in very young children and persons of scorbutic habit, all the means recommended to check the hæmorrhage from leech-bites, as cold water, flour, alum, caustics, and pressure, prove so entirely useless, that actual cautery and ligature must at last be resorted to. M. Ridolfo, of Leghorn, recommends a new method, which he has found as safe as it is simple. It consists in applying a cupping-glass to the wound, when a coagulum is almost immediately formed, and the bleeding arrested. This effect is very quickly produced, and has been found to take place even in children, and in persons where the mass of the blood appears to be in a state of dissolution, and without any tendency to coagulation. The instrument may safely be removed within a few minutes, but it is prudent to let the coagulum remain for some time.—*Repertorio di Medic. and di Chirurg. di Torino.*

TRANSFUSION.

Dr. Dieffenbach, of Berlin, has lately employed transfusion in a case of hydrophobia, but without any apparent effect. The patient was a middle-aged man, who had been bitten four weeks before he was seen by Dr. D.; at this time he was tranquil, and fully conscious of his state, but the eyes had a somewhat wild expression; the pupils were dilated; the pulse 92, slow and intermitting, with two quick pulsations, full and sharp; he had burning thirst, but so violent a dread of water that the least attempt to drink caused convulsions. He had taken an emetic, and afterwards calomel with belladonna; but these means having no effect, and his state becoming worse, transfusion was resolved upon. After a bleeding of 24 ounces, 12 ounces of blood were, at two different periods, injected. At each injection the pulse rose and became regular, and after some time the dread of fluids seemed to diminish; in order to quench the violent thirst, a few ounces of water were injected into the stomach. In the evening the patient had had some shivering, and was feverish; the pupils remained dilated, even in the strongest light. On the next

day no change had taken place, only the dread of water had again diminished; some ounces of the decoct. senistæ were injected into the stomach. He was bled to thirty-two ounces, after which twelve ounces were slowly transfused, but without any effect. On the following day the patient had considerably changed; the face was pale, the eyes glassy, and the dread of water so violent, that he was taken with shivering only at the sight of it. In the afternoon, after a bleeding of six ounces, five ounces of blood were again injected; immediately after the operation the patient drank some water, but died an hour afterwards, in convulsions.

The same author relates the following case:—A female died during delivery, and the child was extracted by the Cæsarian section; it was in a state of asphyxia and bleeding; the warm bath and frictions failed in recovering it. Two ounces of blood having been injected into the umbilical vein, some movements in the face were visible, but life was not restored.

Dr. Dieffenbach has made many experiments relative to transfusion. If an animal were brought into a state of asphyxia by copious bleeding it was not unfrequently restored to life by transfusion from an animal of the same species; in most instances, however, it died instantly, or very soon after the operation. Death always ensued when, during the asphyxia, a considerable quantity of blood from an animal of another species was injected, even though the quantity of blood injected was very small, as was generally the case in these experiments. Some animals appeared to be more easily affected by a different blood than others; cats and dogs, for instance, more than sheep. Cold-blooded animals almost always died after the injection of the serum of blood from warm-blooded animals. Birds seemed to be unable to bear even the smallest quantity of blood from a quadruped; they died instantaneously, and under the most violent convulsions.—*Rust's Repertorium.*

WESTMINSTER MEDICAL SOCIETY,

November 8, 1823.

Mr. CÆSAR HAWKINS in the Chair.

DISTINGUISHING CHARACTERISTICS BETWEEN MEASLES AND SCARLATINA, AND TREATMENT.

THE minutes of the meeting were read.

Mr. DOUCHEZ read a paper upon the subject of measles and scarlatina, the object of which was to have elicited from the Society, the best characteristics by which the two

diseases might be distinguished, that the many fatal errors which had been committed, from the one having been mistaken for the other, might not be repeated, and to have the best plan of treatment laid down. He had, in the course of his practice, (having treated, and seen treated, *hundreds of cases* of these diseases,) witnessed innumerable fatal errors from this cause. As far as he spoke of the treatment, he recommended one, called the antiphlogistic! (Laughter.) This word having been repeated several times by the author, created considerable amusement throughout the Society.

Dr. SOMERVILLE would have been glad to know whether the author, in his very extensive practice, had given his attention to the application of cold lotions in scarlatina, and, if he had, what the effect was; also, what was the greatest diminution of temperature he had seen follow the practice. The Doctor had observed it follow almost to a frightful extent.

Dr. MILLIGAN looked upon the eruptions on the skin as highly important, as well as the condition of the tongue, in forming a correct diagnosis in these maladies. In scarlatina, the eruption appeared usually on the second or third day, and, in measles, never till the fourth or fifth. The eruption, in measles, was generally papillary, and horse-shoe shaped,—never many of the eruptions running into one another in clusters,—which is the case in scarlatina. In measles, the temperature of the body rose higher than in any other condition,—much more so than in scarlatina. He was averse to blistering, and agreed with the antiphlogistic plan.

Dr. GREGORY observed, that scarlatina sometimes preceded, sometimes followed, and sometimes accompanied, smallpox. The profession had been informed by Mr. Arnott, that there was a connection, or sympathy, between erysipelas, on the external parts of the body, and the throat, with which he cordially agreed; and he believed that scarlatina had its rudimental seat in the throat, and that the affection of the skin was merely a symptom, or consequence, of the diseased condition of the throat. Hence the dropsy that frequently followed this disease, but did not follow measles, where the eruption of the skin was much more irritating. The anasarca, he believed, arose from an increased action, and over-irritable condition, of the vessels, than which no condition of dropsy was more under the controul of medicine; for, in by far the greater number of cases, patients recovered. From this he concluded, there was no connection between a diseased state of the skin and dropsy, but that the latter was connected with a dis-

eased state of the throat. He wished to know from Dr. Copland, how it was that the four most violent poisons so often found in the human system, always attacked the throat,—namely, that of lues, smallpox, scarlatina, and measles?

Dr. COPLAND could not think Dr. Gregory in earnest, in putting such a question to him, if he had any expectation of its being answered. Such an interrogatory required consideration, and he (Dr. Copland) was not willing to commit himself. Dr. Gregory would have to follow Nature, in tracing many effects from given causes, and there learn. (Laughter.)

Dr. WEBSTER spoke repeatedly, but always so inaudibly, that he was unintelligible.

Mr. JEWEL believed measles always to be ushered in with pulmonic symptoms, and his practice was, to attack the disease with depletion generally, and, in most cases, the application of blisters. By this plan, the consumption, which often followed measles, was almost invariably prevented. When a child, in a family of many more children, was seized with scarlatina, which was contagious, (and the throat always became more or less affected, wherever the slightest appearance existed of the disease having been communicated to other branches of the family,) he bled freely; and, in this way, had almost invariably prevented the progress of the contagion. He never hesitated applying blisters, even where the eruption was full on the skin.

Mr. NORTH deprecated this practice exceedingly. He had often seen blisters resorted to, where the eruption was on the skin, but always with such effect as to have caused him to make up his mind, never, whilst he existed, to apply a blister in such cases. He could not bring himself to believe that any effect but the worst,—almost always death,—must follow the application of blisters, where the skin was in the condition alluded to. The most prominent distinguishing features between measles and scarlatina were, that, in scarlet fever, there is an efflorescent appearance over the body generally, yet parts of it remain without the appearance; whereas, in measles, generally, the body presented specks, and which never ran into an efflorescent state: these specks were never seen in scarlatina. He, with the majority of the Society, agreed in the propriety of adopting the antiphlogistic plan.

SKETCHES OF THE SURGICAL PROFESSION IN IRELAND.

No. XXV.

OPENING OF THE MEDICAL SESSION IN DUBLIN.

THAT portion of the medical year usually devoted in Dublin to introductory lectures, terminates with this day. Though marked by few circumstances demanding especial observation, except that the number of our pupils, and the exertions of our professors, promise a perpetuity of that prosperous change in the affairs of our school announced by us last season; still we deem even these few particulars of too much importance to pass over without commemoration. For our provincial dulness and insignificance, we hold, should not deprive us of the right of making the most of our littleness; while, to the great luminaries of the seat of science and of empire, it may not be uninteresting to see how we contrive to be stupid and common place in this distant part of the realm, as Gulliver was amused with the serious trivialities of the inhabitants of Lilliput. We shall present, for their philosophic recreation, such features of last fortnight's proceedings as we can conveniently condense within the accustomed limits of one of these papers, and as appear to us most deserving of record.

Mr. Kirby, as you must be aware, from occasional illustrations of his character in *THE LANCET*, is always first in the field; for, like time and tide, he waits for no man. Justly relying on his own fertile resources, he proceeds to business without any reference to the rival attractions of other theatres simultaneously opened with his own. On Monday, the 3d of November, therefore, being the eighteenth anniversary of the celebrated school of Peter Street, he presented himself before a numerous auditory, proud, apparently, of the success and longevity of this offspring of his talent and enterprise. Whether it was owing to his recent invigoration by the summer amusements, and the genial zephyrs of Wicklow, of whose salutary influence his person bore extensive traces, we know not, but we rarely saw him evince, at the commencement of a winter campaign, a greater elasticity of motion, or a more redundant flow of animal spirits. Perhaps, too, the grateful reflection excited by seeing himself thus surrounded at the close of so many years, by so respect-

able an assembly in the scene of his early glory, may have, in no small degree, contributed to the manifestation of this buoyancy of demeanour, and stimulated his feelings to a more than ordinary display of their strength. Indeed, we could evidently perceive, on his entrance, that his look assumed the expression of that humid or lachrymal radiance of the eye described by Homer, with which a parent is wont to meet an absent and injured child; and that his Hessian boots, in which Mr. Kirby always delivers his introductory lectures, by the volubility of their movements, seemed intent with the determination of treading in triumph over the authors of his persecution. Nor were we deceived; Mr. Kirby having come prepared to proclaim the defeat of his opponents, and to point out the present flourishing condition of his school. He accordingly indulged largely in that humble but proud strain of eloquence, uniting the pathos of complaint with the defiance of oration, which a man, who is conscious of having been injured, and is assured of victory, is so likely to employ in an autograph of his own exploits. At the onset of his labours, as he observed, a dark conspiracy, originating in the jealousy of the College of Surgeons, was formed to put him down; but, Antæus-like, he rose refreshed from each attack, and conquered his enemies in despite of all their efforts to put him down. Corporate hostility, however, was not the only grievance of which he had to complain; he subsequently became the victim of private plunder, and had the mortification of seeing the fruits of his anatomical industry conferring celebrity on an individual to whom they did not justly belong. The first to teach anatomy on the French system in Dublin, with many improvements of his own, note-takers were employed by a person who was ashamed of attending his lectures, and the information thus surreptitiously obtained, was subsequently published (there is no use in mincing the matter,) by Mr. Harrison, Professor to the College of Surgeons, in his late work on the Surgical Anatomy of the Arteries. Great as this hardship undoubtedly was, we could perceive that Mr. Kirby is of a most relenting disposition, and that, from the style of his remonstrance, he seemed more than repaid for the robbery committed on him, by the pleasure which he felt in contrasting his own scientific wealth with the intellectual poverty of his plagiarist. These, and a variety of other topics, of which Mr. Kirby himself formed the "Alpha" and "Omega," constituted the substance of his discourse, and embellished, as they were, in his best style of eloquence, contributed to the obvious gratification of his audience.

While Mr. Kirby was thus, like all lumi-

naries, revolving, Mr. Harrison was preparing to exhibit before the College of Surgeons, to whom, by an arrangement among the professors of that institution, the duty of delivering the first lecture was assigned this season. Mr. Harrison, we confess, astonished us, as much as Mr. Kirby amused. The delivery of his lecture was one of the most extraordinary feats of memory, we ever happened to witness. He spoke for about an hour and twenty-five minutes, without manuscript, memorandum, or any other compass, to guide him through this vast ocean of verbiage, not missing a single syllable of text, or quotation, prose, and poetical included. The whole discourse was repeated with the precision of a barrel organ; not a look, gesture, or intonation of the voice, during this wonderful effort, indicating the slightest lapse or labour of the memory, each word, we are sure, having been uttered precisely in the same order it was written and committed by rote. Had Mr. Harrison, we thought, lived in the days of the good old kings of Celtic Ireland, when events were preserved by tradition, he would certainly have been worth his weight of gold as a "Senecassie," or living history in the royal halls of Tara or Kinhora. Genealogies from Milesius, to the most distant ramifications of this royal stock; descriptions of battles from the hoisting of that awful signal of Irish warfare the "Crautara," or burned branch dipped in blood, to the destruction of an entire sept; and the glories of the chase, from the first blast of the bugle to the death-yell of the wolf-dog over the dying stag, would have flowed in an uninterrupted narrative, even to the minutest particulars, from the lips of this Irish Teramora, for the amusement of the Lalla Rookhs and Abdallahs of the wigwam palaces of Ireland. Had the poems of Ossian, indeed, been transmitted to us through so retentive a channel, the challenge of Dr. Johnson to Macpherson, would have been a piece of down-right impertinence; for, conveyed down through so faithful a chronicler, the aid of printing or writing would have been an absolute superfluity. In the matter, as well as in the delivery of Mr. Harrison's lecture, a surprising power of recollection was manifested. To us, it appeared to have been all derived from without—nothing from within. In our ears it sounded as the confused echo of multifarious impressions made by extensive reading, without being enriched by one idea deduced from original inspiration. Like the parody of the mocking bird, giving all the variations of the aviary, but without its sweetness or spirit; it was a tissue of philosophical common-places, selected without taste, and arranged without order. Nothing, indeed, can be

more ludicrous, than those ill-assorted mixtures of thought and expression which we annually see compounded by mediocrity of talent, and flavoured with those common essences of wit, deprived of their aroma by frequent use, and supplied by a smattering of literature from lying on its surface. With just enough of invention to arrive at a caricature of a just design, and of belles-lettres to clothe it in borrowed dress, such writers produce medleys of ideas and diction, which, if composition were to be valued, like Turkey carpets and mosaics, for contrasts of colour, it would be beyond the power of critic to estimate their value. It is nothing uncommon to see the speculations of Newton, and the wit of Sir Roger de Coverly—the discoveries of Sir Humphry Davy, and the humour of My Uncle Toby, juggle each other for precedence in these unnatural combinations of the style of sentiment with the matter of science. Mr. Harrison's discourse was a masterpiece of eloquence, if these models of mixed composition be assumed as the standards of oratory. With the borrowed wings of philosophy he soared, but the moment he laid aside his pinions, he was floundering on the earth again, and plentifully bestrewed his paths with those figurative forms of speech, which bore much the same relation to the ornaments of genius as the tarnished flowers of a milliner's window to the fresh productions of an April morning. He had probably been reading, some time ago, the Introduction to the Library of Useful Knowledge, by Mr. Brougham, on the Pleasures of Science; and imagined that while the impression of that curious paper was floating in his mind, he was really composing something as good for the College of Surgeons. It was certainly pitched on the same key, but we need scarcely add:—

"Nam neque chorda sonum reddit, quem
vult manus et mens,
Poscentique gravem persæpe remittit
acutum."

For, in this coincidence, the similitude ended. In justice, however, to Mr. Harrison, we should, perhaps, as a counterpoise to our own criticism, observe that his lecture was most numerous attended, listened to with respectful attention, applauded in several passages, and, with many, has raised his character still higher as a fluent talker, than it had been even before. Of the tendency of the medical politics advanced in the conclusion of his lecture, we would not have space to consider the danger and erroneousness, if the relation in which he stands to the College, and the gratitude which he owes to its corruption, did not render such a task unnecessary, by explain-

ing the motives of his servile doctrine and adulation.

On the day following the Richmond School opened. Mr. Carmichael, for what reason we cannot positively assert, declined the delivery of the introductory lecture there this season. It is more than probable, as has been intimated in a strong and well-written letter signed "Lennox," in a late *LANCET*, that Mr. Carmichael has some notion of withdrawing himself from a concern, for performing the duties of which, his other professional avocations afford him little time. Having been instrumental, as "Lennox" (whose statements are, we understand, facts) observes, in sending pupils to the Richmond School, we owe it to ourselves and this Journal, in whose representations the public place so much confidence, to state that our recommendation of that establishment was founded partly on a conviction of Mr. Carmichael's capability of communicating instruction, and partly on a supposition that his known integrity was a sufficient guarantee for the performance of any duties which he might undertake. In the latter hypothesis, we perceive that we have been deceived, probably for the reasons assigned above; but we must say that it is unworthy of Mr. Carmichael's character, to induce pupils to any institution by the high celebrity of his name, whom he does not intend, or rather, cannot find time to instruct. We shall have no Stanley and Abernethy bonds in the hospitals and schools of Dublin. There is also a vague report, originating in a casual expression dropped by him at one of the Committees of the College, that Mr. Carmichael has changed his opinions on the policies pursued by that body. This we do not believe, though we can readily explain. Mr. Carmichael finding himself opposed by the majority of the College, may think it more prudent to stand out of the current of corruption, than to become a martyr to its force and its filth. The late elections for the disposal of offices in the College, must have given him a tangible intimation of the malignant effluvia which the publication of his lecture on medical education had conjured up around him, as the warmest and brightest sunshine is sure to awaken the rankest essence of the mire; and to convince him that, however just and prudent his views have been, a further promulgation of them might not be safe among such company. Though abstract principle demands a struggle even where victory is dubious, yet the number and malignity of Mr. Carmichael's opponents, afford at once an explanation and apology for his silence on the present atrocious proceedings of the College; and we must remain content with hearing the voice of reason and liberality thus drowned in the famished screams of a

parcel of poor, young, hungry members of that body, crying out from their "first-floor lodgings" for a monopoly of place and practice, with all the yearning ferocity of a litter of young wolves, yelling for more blood from their dens. In his absence this season, a Mr. Adams, one of the surgeons of the Jervis Street Infirmary, delivered the introductory lecture at the Richmond School. Of this gentleman and his discourse, we cannot pretend to speak with the precision of an actual observer. The day happened to be one of the dullest that even Ireland is able to produce; and as we always sympathize with the state of the atmosphere, never attempting, for instance, to demolish a lecturer when there is a single cloud in the sky, it may be readily supposed that our "listless length" was scarcely stretched on a bench, when our eyelids (which, however, are so extremely thin, that we can see imperfectly through them) were hermetically sealed. How long we may have remained in this state, we know not; but we have an indistinct impression, like that left by a dream, that after being roused a little by clapping of hands and scraping of boards, a gentleman, of rather short stature, with black bushy hair, a degree of affrighted expression in his looks, a few of what we call in Ireland "grog-blossoms" scattered over his face, and dressed in a suit of seedy black, entered the theatre, and proceeded to read from a paper certain sentences, the import of which the unparalleled rapidity of their recital entirely prevented us for some time from learning. Exercising that faculty of seeing and hearing while asleep, which the constant habit of critical vigilance has endowed us with, we endeavoured to catch the tenor of discourse, but all in vain, until the announcement of the name of Hippocrates warned us of the approach of a history of medicine for about five-and-twenty centuries, and of the propriety of indulging ourselves in the luxury of insensibility to so terrible an infliction, through the means of a sound sleep. In this happy state of suspended animation we always continue, when lectures, which profess to give an account of the healing art for nearly the age of the world in one hour, are in the progress of delivery; until the name of the "immortal John Hunter," with which these boobies generally conclude, strikes on our ear, and assures that we may safely venture to awake. Of all that was, therefore, contained in Dr. Adams' discourse between these two rhetorical guides, Hippocrates and John Hunter, we cannot, of course, pretend to speak; but we presume it was as bad as any we ever heard spoken, and as detestably delivered as any we ever saw, whether asleep or awake.

Our readers will please to consider the

interval of a week as annihilated, and accompany us on the Monday following to the theatre of anatomy, in the University of Dublin, to hear Dr. Macartney. There is this vast difference between the Doctor and many of his Dublin cotemporaries, that his opinions are generally his own; his illustrations derived from actual observation; his language is artificially elegant; and his delivery always that of a gentleman. There is no assumption of a character foreign to his habits; no straining after effect through clumsy compilation; and, consequently, always agreeable by the single but all-redeeming virtue of simplicity. The matter of his discourse was admirably selected for enforcing the object which he had in view—the diminution of those prejudices which exist in the public mind against the practice of dissection. A disquisition on organic and inorganic matter, and their mutual transmutations into each other, with an account of the various systems of sepulture in use among ancient and modern nations, constituted, it must be admitted, a natural preface to the proposition with which he intended to conclude. The silly antipathies of the public on this subject were rallied by all the arguments of reason, and pleasantly ridiculed by all that dry, quaint humour, and philosophical anecdote of which Dr. Macartney is so perfect a master. Preparations, exhibiting the foul ravages of the various agents of decomposition on the human body, in the different forms of sepulture, were next produced, and the comparatively inoffensive process of the anatomist contrasted with the disgusting operations of rats, maggots, gradual putrefaction, and all the other foul invaders which await us in the grave. At the conclusion of this antiquarian and scientific notice of the different ways in which we are to be finally reduced to our “native earth,” Dr. Macartney drew forth, from the glass pyramid in which the preceding monitors of our mortality were enshrined, a roll of parchment, on which was inscribed that resolution of himself and others, consigning their bodies after death to dissection, and produced by him in his execrable evidence before the Anatomical Committee of the Commons. This testamentary document, signed by many respectable persons, and promising to render its author immortal for its absurdity, is but one of those whims with which the Doctor sometimes dilutes his more serious and philosophic pursuits. Allowing the published determination of a few individuals to have their bodies dissected all the influence which such a decree is likely to exert in diminishing the disgust excited by human anatomy, that *all*, we fear, will be but little, as long as this practice is coupled in the public mind with the commission of crime. The

time and attention, therefore, bestowed on this singular legacy would have, we think, been much better employed by the Doctor in convincing the legislature, through petitions, of the necessity of dissociating dissection and the gallows in the public mind, for while the one is linked with the other by the law, argument may well be suspended.

On the same day the lectures of the School of Physic were given in the theatre of Sir Patrick Dun's Hospital. They were commenced by the new Professor of the Practice of Medicine, Dr. Grattan, the gentleman on whom you have so severely but justly animadverted in a late leading article of *THE LANCET*. You could never, indeed, suspect, from his youthful and timid appearance, that he could have been the author of the furious extracts from his letter, published on that occasion; or that, having composed them, he would ever have the courage of following them up by a thorough exposition of the abuses of the College of Physicians. An extreme pallor of countenance, marked by a sickly lividity under the eyes, a broad and smooth forehead, spanned at the base by a pair of spectacles; a very weak and pharisaically modulated voice, with a general aspect of devotional abstraction, would stamp him rather as an expounder of the Gospel than a commentator on Celsus or Cullen. Had Lavater been beside us, we would expect to find the Rev. physiognomist taking down Dr. Grattan's face in his sketch-book, as a perfect specimen of the phlegmatic temperament, in which the *vis rixæ* was all but extinguished in a redundancy of the “humours.” Though the cranioscopical divine would have been justified, by appearances, in doubting the possibility of the fire of genius burning within so watery a tenement, yet we could correct his speculations, so far as literary exertion was implied in his prognostication, by assuring him that the Doctor, as long as we remember, has been a most assiduous contributor to the press in the shape of letters, pamphlets, and essays, on all manner of subjects, professional, political, and statistical. His lecture being on the hacknied subject of medical history, we of course exercised our peculiar prerogative of criticising it asleep, and can only say, that it at least had the merit of evincing an acquaintance with the original authorities from which those encyclopædic compilations are drawn, which furnish information to other lecturers, such as Mr. Adams, at second hand. How far Dr. Grattan may advance the reputation of that body to which he has been so singularly united we know not, but were we to conjecture, from this specimen, we would say, that while he was, perhaps, capable of instruct-

ing his pupils in all that belongs to his department, he does not appear to possess that necessary animation and enthusiasm of manner to stimulate their industry, and awaken their ambition, to prosecute science in its more difficult but profitable forms.

Dr. Grattan was succeeded, at a short interval, in the same theatre by the Professor of the Institutes of Medicine, a gentleman of a very different appearance and cast of mind. Had we not been aware that Dr. Graves had the supreme honour of being born in Ireland, we would be inclined to set him down for a native of the South of Europe. His colour is a rich bronze, or brown olive, far too deep to be burned on by the coy sun of Ireland, which shrouds his glory too often in an impenetrable veil of clouds to darken the fair complexions of his children. His hair is of that intense jet and glossy texture, which is found to vegetate in perfection in warmer latitudes only; while his keen black eye, sparkling in its socket, would indicate a descent from some more ardent regions than the chilly clime of Ireland. The configuration of the countenance is also too lengthy, and its different organs too highly raised into "relief," not to induce the observer to suspect, that the professor of these characteristics is a stranger, or at least an exception to the fair, fleshy physiognomies of his native land. There is, indeed, an air of foreign formation about his whole aspect, which induces us to believe that the family of the Graves are not sufficiently long settled in Ireland to be formed according to the standard of the native beauty of that country. After passing through five or six generations more, they may probably arrive at that honourable distinction, and appear indigenous plants of the soil. Dr. Graves, however, has excited much attention, and strong hopes of eminence in his profession, since his appointment in the School of Physic. The course of study to which Dr. Grattan has submitted himself for this purpose, in some measure justified these anticipations. Having exhausted our British schools, he visited the continental seminaries, and came home deeply impressed with a conviction of the superiority of their system of medical education, and with a determination of carrying it into effect in his native country. An opportunity soon presented itself for the accomplishment of this design, in his appointment to the Meath Hospital on his return. An attempt to transplant this system was accordingly made by him; but, with all his care, it has not, we understand, turned out a very successful experiment. Something was certainly done, for which he is entitled to the gratitude of all who take an interest in the improvement of medical education. The novelty of a regular

case-book, and of the delivery of occasional clinical remarks, was introduced by him, though poorly executed in that institution. As to the other parts of the German and Italian system, particularly that of consigning a certain number of patients to the care of more advanced pupils, they never were, nor perhaps ever can be introduced into any of our hospitals, under existing circumstances. In Edinburgh, where the closest approximation to this excellent ordinance has been made, the professors confess that any further extension of this mode of tuition is really impracticable among the pupils and patients of Great Britain. The former are necessarily a migrating body in this country, different parts of their education being acquired in different schools, so that they cannot well comply with any well-organised plan of instruction; and the latter are, perhaps, too deeply imbued with that restive selfishness, generated by free political institutions, ever to suffer themselves to become the passive instruments of experiment for the benefit of students. These are obstacles, to the removal of which, even the laudable zeal of Dr. Graves could not be supposed competent. He still, however, persists, with the most praise-worthy perseverance, in the prosecution of his design, and has, we are told, relinquished, in a great measure, his private practice, since his election to a professor's chair, that he might have more leisure to follow up his favourite pursuits. Such a disinterestedness, at least, indicates that Platonic affection for science which generally co-exists with the power of extending its boundaries. His manner, indeed, during his discourse, struck us as being in perfect harmony with the enthusiasm of his disposition, and his love of communicating as well as of cultivating science. He passed to the professor's chair with an alacrity of motion, and opened on his audience in a tone of impassioned perusal from a manuscript, which, to persons accustomed to less enthusiastic modes of address, and unacquainted with his warm temperament, might be painfully startling. His countenance, naturally expressive of much latent emotion, even in a state of quiescence, when thoroughly excited, as it then evidently was, by the working of his feelings, together with the accompaniment of a husky, sepulchral voice, strained to its highest pitch, and let loose on his audience without much regard to modulation, struck us, we confess, with a degree of surprise, a little too electric to be agreeable. His desire to impress the truth of his opinions on his spectators was obviously too powerful to be restrained by his taste and his judgment, for, during the whole of his discourse, he swept over the acting senses of his auditory in a whirlwind of enunciation, ex-

hibiting all the tumult of a storm, without its grandeur or its force. The style of his lecture, which was principally physiological, partook a good deal of the faulty manner of its delivery. The whole was plentifully interspersed with profound reflections, which, in sentiment and diction, might put the three-piled periods of Goldsmith's *Animated Nature*, or of Herder's *History of Man*, to the blush. He dealt, too, pretty largely in those flowers of rhetoric, or elaborate figures of speech, so common to Irish writers, but which, in his inexperienced hands, appeared to us to have been no other than "potato-blossoms;" and, by way of being sublime, alternately passed from earth to heaven, now grubbing out wonders from the one, and next soaring among the prodigies of the other. In one of those flights to the stars, towards the conclusion of his lecture, we could not help contrasting his position in the firmament, searching for the sublime, with that of Professor *Alciphron*, described by Mr. Moore, in his *Epicurean*, while suspended by the brazen ring from the sky, and buffeted about by all the agents of elemental strife.

Of the other introductory lecturers, the necessarily hurried composition of this sketch prevents us from taking any notice. We shall, therefore, merely state, for the present, that they were all dressed in well-cut black-coats, and acquitted themselves entirely to the satisfaction of their respective audiences.

ERINENSIS.

Dublin, Nov. 8th, 1828.

RICHMOND SCHOOL, DUBLIN.—MR. CARMICHAEL.

To the Editor of THE LANCET.

SIR,—I have just read, in the last Number of *THE LANCET*, a letter signed "Lennox," which has given me much concern. I am sorry that your most useful and excellent periodical should have been made the vehicle of such gross and injurious misrepresentations as those that letter contains. The impartial and independent character of your publication gives me the assurance, that you will take an early opportunity of inserting the statement I have to offer in disproof of them.

It has been well remarked by a celebrated writer, that to him who (like Lennox) knows his company, it is not hard to be sarcastic in a mask; and that he who wears it, may, like Jack the Giant-Killer, in his coat of darkness, do much mischief with

little strength. I should be sorry, if I could, to strip Lennox of the only advantage he possesses, his coat of darkness,—it becomes the slanderer well; but I will undertake to show, that if he has succeeded in giving pain to the friends of Mr. Carmichael, he owes it solely to their having, for a moment, mistaken "the venom of the shaft for the vigour of the bow."

The first misstatement I shall expose, is that in which it is alleged, that Mr. Carmichael's "days of attendance at the Richmond Hospital are Mondays, Wednesdays, and Fridays; but that, week after week passes, with often but a weekly visit from him on Wednesday—the operation and public day." It might fairly be concluded, from this statement, that Mr. Carmichael had omitted to visit the hospital on the Mondays and Wednesdays of the last year nearly 100 times, as we are plainly told, he seldom visits it on those days. Now, Sir, what is the state of the fact? From the 1st of November, 1827, to the 1st of November, 1829, Mr. Carmichael was absent from the hospital, on the days mentioned, eleven times; and, to my knowledge, on either four or five (and I believe all) of those occasions, he was confined to his bed by illness. I make the above assertion on the authority of the signature book of the hospital, in which the surgeons enter their names at each visit, and which, as it lies every morning on the table of the extern room, where the pupils assemble, may be inspected by any one who wishes to test the truth of my assertion. It is notorious, that it is to Mr. Carmichael, the pupils of the Richmond Hospital are indebted for the original establishment of regular attendance on the part of the surgeons. When Mr. Belton acts for Mr. Carmichael, it is, usually, to assist in examining the extern patients. He never goes round the wards, except when Mr. Carmichael's visit is prevented by illness. Mr. Belton is a member of the College of Surgeons; he acted for some years as resident pupil, or house surgeon, in the Richmond Hospital, and is well qualified, in the opinion, I will venture to say, of every one but Lennox, to discharge the duties occasionally required of him.

Independently of the more regular clinical lectures given by Mr. Carmichael, he is in the habit of stating to the class, the disease and treatment of each patient, as he goes round his wards, particularly when strangers are present. He does not, it is true, cause to be written on a label the treatment he has adopted, but, as he goes round, he calls on the resident pupil, who writes the prescriptions, to state aloud the medicines formerly ordered in each case; and, by these means, together with the excellent practical remarks he is accustomed

to make at the bed-side of the patient, affords all requisite information. If surgeons of rank and experience are of advantage to an institution, it cannot be expected they will expend as much time on minutiae as their younger brethren, who have more leisure.

The assertion that Mr. Carmichael, in lecturing, reads long quotations from his works, is absolutely groundless. He merely opened one of these, for the purpose of exhibiting the delineations of venereal cutaneous eruptions. It is natural for any individual to take the same views in his lectures that he has taken in his writings. I did not mean to meddle with Lennox's opinions at all; but I cannot help saying, with respect to what he tells us of Mr. Carmichael, as a lecturer,—in the first place, that, in my own opinion, and of many much more competent judges, his lectures, in particular on stricture and venereal diseases, are first-rate; and, secondly, that the critic has cut the throat of his own criticism, by the well-merited praise he has bestowed on Mr. Carmichael's clinical lectures.

The following circumstances, relating to the changes in the Richmond School, may possibly be secrets to Lennox; but I can assure you they are notorious among the other pupils, and that I have myself repeatedly heard them openly avowed by several of the Professors. Mr. Carmichael has parted with his share in the school to Dr. Macdonnell, late demonstrator of the school; but has consented to allow his name to remain amongst the surgical lecturers, as he will admit the class to his clinical lectures on venereal diseases,—the best, and perhaps only lectures, by which the various local and constitutional appearances and symptoms can be made known to the pupils. Mr. Carmichael expects no reward whatever for the instruction thus afforded them; and the writer of this letter has often heard Mr. Carmichael declare, that his only motive, in ever assisting to establish the school, was, to use his influence in the formation of an establishment, which would possess peculiar local advantages, from its connection with the House of Industry, no where to be excelled; and, when he joined it, his declaration was, that, as soon as he conceived it to be established, he would cease to lecture. Mr. Carmichael's extensive practice, and well-known independence, sufficiently indicated that he could have no selfish views in the trouble he has imposed upon himself, as neither character nor money could be his incentive.

The last of Lennox's facts I have to notice, is that in which he alleges, that the Richmond School is losing ground. If the increasing number of pupils attending the

school may be considered, as is commonly supposed, to be a fair index to its success, the Richmond School has been gaining ground, not only steadily, but rapidly. As regards past seasons, this is matter of fact, known to all who know any thing of the school; and I have no doubt, judging from present appearances, that it will have to boast a larger class this winter than it has yet had. Lennox has perhaps had the satisfaction, since he wrote his letter, of hearing Mr. Adams, in his excellent introductory lecture, exult in the success of the Richmond School, which, he said, "had exceeded his most sanguine expectations." Several English students of last year have been induced, by the advantages afforded them by the School and House of Industry, to enter themselves as pupils for the ensuing season.

So much for the "undeniable facts" of Lennox. Of his misrepresentations, but two views can be taken. They are either wilful and wicked slanders, or he believed them to be true. If the former be the just view, the conduct of Lennox admits of no palliation, and cannot be too strongly reprobated. He must be

"Some base notorious knave, some scurvy fellow.

O Heaven! that such companions thou'dst unfold,

And put in every honest hand a whip,

To lash the rascal naked through the world,

Even from the east to the west!"

But I would gladly hope, and am disposed to believe, in spite of strong presumptions to the contrary, that he has only to answer for the far more venial, though still grave offence, of having published aspersions, the proof of the falsehood of which lay easily within his reach.

The utter refutation of his calumnies must occasion him a mortification, to which he would not have exposed himself if he had calculated results; and I hope he will derive from it the useful lesson, of the necessity of caution and inquiry, if he should, in future, feel disposed to dip his pen in gall. I shall conclude, by recommending to his serious consideration the advice given to Lord Burleigh by Maitland, of Lethington, in the quaint, but strong language, of his time:—"Tak hede ze zay not hereafter, 'Had I wist'—ane uncomely sentence to procede off a wyse man's mouth."

I have the honour to be, Sir,

Your most obedient, &c.

RICHMOND.

Dublin, Nov. 6, 1828.

THE LANCET.

London, Saturday, November 22, 1823.

THERE is no charge which has been more frequently brought against THE LANCET, than its wicked employment of ridicule in support of opinions, which, if merely enforced by reason and argument, without the assistance of so unfair a weapon, would never, it is contended, have been so extensively approved and embraced by the profession, or have created so decided a change in the aspect of medical politics. The minds of medical men, it is said, have been completely unhinged, and the system of medical polity radically disorganised by the irreverent jokes and profane scoffings in which this Journal has indulged, at the expense of some of the most respectable, if not the most highly-gifted professors of "sound chirurgical knowledge." Before THE LANCET raised its unhallowed voice against the medical powers that be, all was tranquillity and repose. If a hospital functionary neglected his duties, or proved himself incapable of discharging them, there was no journal so unfeeling as to blazon forth his negligence or inaptitude, or so vulgar as to insist that the interests of a professional gentleman ought to be sacrificed for the sake of securing the lives or health of the destitute sick. Five years ago, medical journals were conducted upon gentlemanly principles; a due regard was paid to those gradations of rank on which the happiness of society mainly depends, and if a few paupers were occasionally destroyed in a hospital by ignorance or neglect, no unprofessional attempts were made to shake the public confidence in the skill of the gentlemen appointed to operate on the objects of the charity. Journals were then the screens, not the mirrors of what was passing in the medical world; but now

all is exposed to the glare of day, and the blunders of those who have hitherto arrogated to themselves the title of heads of the profession, have so frequently been made the subject of censure or of ridicule, that these persons have ceased, as was manifest in the case of Rölfe v. Stanley, to be estimated at their own price by the public.

Such is the *gravamen* of the charge brought against this Journal, in respect to the levity wherewith we have treated the pretensions of the *soi-disant* heads of the medical profession; and we are certainly not in a condition to gainsay the fact, however we may demur to the conclusions which our opponents would draw from it. We contend, that ridicule is not only a fair weapon to be used, generally, against false pretensions, but that it is, in many cases, the only instrument by which the character of pretenders can be effectually laid open and exposed. Ridicule has been called the test of truth; and this assertion, properly understood, is perhaps not liable to any substantial objection. Truth may be made the subject of ridicule, but we question whether any one signal, or memorable instance, can be pointed out, in which truth has been overborne by ridicule; and, if this be the case, ridicule may undoubtedly be considered as one of the tests of truth. On the other hand, abundant instances may be cited, in every branch of human knowledge, to show the capacity of truth to survive the effects of ridicule. Few great discoveries have been acquiesced in, without some struggle in behalf of error, which the new light has tended to dissipate; and the struggle has generally been in proportion to the quantity of rubbish which has served as a foundation for a superstructure of error. But *magna est veritas et prevalebit*; the final triumph of truth is as certain as is the indisposition of mankind to be too speedily enlightened, and to be compelled to acknowledge that they have been worshipping

R

ignorance, or empiricism, in the garb of science, as Ixion embraced a cloud for a goddess. Hence it may be inferred, that the pretensions of men, which will not stand the test of ridicule,—which will not survive, and triumph over, the opposition that may be made to them by a few “paper pellets of the brain,”—are generally false pretensions. To those who are conversant with the history of medical controversies, numerous examples of the truth of this position will suggest themselves. Who now believes in the virtues of Sir KENELM DIGBY’s sympathetic powder; or in MESMER’s pretended discoveries as to the influence of animal magnetism; or in the miraculous cures said to be wrought at the tomb of the Abbé PARIS? These delusions have severally had their day; they have been believed, and attested by evidence as unexceptionable as that to which we are accustomed to give unhesitating credit; but they have also been ridiculed and investigated, and are now nearly forgotten. On the other hand, what effect has the ridicule with which the use of bark in intermittents, or the great medical discovery of modern times, vaccination, was originally assailed, had on the estimation in which bark, as a therapeutic, or vaccination, as a prophylactic agent, is now held in all parts of the civilized world? The fact is, that ridicule, while it may be most efficaciously employed in exposing error, or unmasking false pretension, is, for the most part, powerless, when directed against truth or genuine ability.

There are many cases in which the mere enunciation of what a man has said or done has a stronger tendency to render him ridiculous than any comment which could possibly accompany the statement. A faithful Report, for instance, of Sir ANTHONY CARLISLE’s Oration on the Oyster; or of all Sir WILLIAM BLIZARD’s extemporaneous facetiæ touching Hats; or of interlocutory matter delivered in the course of lectures by

some of the officious noodles of our hospitals—would be far more ludicrous, and more directly calculated to bring the parties into contempt, than any attempt which we have ever made, by dint of a little *persiflage*, to point out the true character of the persons styling themselves the heads of the profession. Let us take, by way of illustrating this point, a case which we believe is not likely to have escaped the memory of our readers; we allude to the case which Dr. HEWETT, the Cambridge Professor of Medicine, pronounced to be one of severe peritonitis, and in which, after diligently fomenting the woman’s abdomen, he would have proceeded to apply forty leeches to the part, but for the unseasonable protrusion of the head of a chopping boy! What comment could exaggerate the ludicrous effect of the bare statement of this transaction? The whole scene becomes immediately present to the reader’s imagination; and no ridicule which a writer could cast on the Doctor’s powers of diagnosis could possibly increase the derision to which, as far as his obstetric skill is concerned, the bare enunciation of the facts is calculated to expose him. Of a similar nature was STANLEY’s mistake, as far as the anatomical skill of that hospital surgeon and teacher of anatomy was concerned, in supposing a portion of flint, of more than an inch in diameter, and situated at the distance of nearly two inches from his patient’s *entire* patella, to be a *portion of that patella*! In cases like these, the facts themselves are of such a nature that no comment upon them can alter the impressions they are calculated to excite, and against ridicule, however poignant, the party who has rendered *himself* ridiculous has no reasonable ground of complaint. Mr. STANLEY threatened us with an action for the injury which, he declared, his reputation had sustained by the comments which we felt it our duty to make on his achievements in the celebrated flint case. The threat, however, proved to be mere *brutum*

fulmen, and that gentleman had the discretion to rest satisfied with one reading of the lesson which he and the six hospital surgeons, who attempted to screen him from the consequences of his unskilfulness, had been taught by a discriminating Middlesex jury. What the result would have been, if Mr. STANLEY, after having been assessed in damages for his unskilfulness, had ventured to go into a court of justice to ask for damages sustained by our remarks upon his case, it is not difficult to conjecture. Mr. STANLEY might, indeed, have sustained some pecuniary damage, by the publicity given to the case, and so might Dr. HEWETT, by our notice of his "pregnant" case of "peritonitis." Few persons acquainted with the treatment of Mr. ROLFE would care to consult Mr. STANLEY for an injury of the knee-joint; and no husband, we presume, who had heard of Dr. HEWETT and the leeches, would willingly trust his lady, at a certain interesting crisis, to the hands of the Cambridge Professor of Medicine; but the loss of the individual in such cases is the gain of the public, and is what the lawyers call *damnum absque injuriâ*. The effect of criticism and of ridicule, where ridicule arises naturally out of the subject matter, as applied to *mala praxi* in surgery or medicine, cannot be better illustrated than by the observations of Lord ELLENBOROUGH, in the case of *Sir John Carr v. Hood and another* (1 Campbell's Nisi Prius Reports, p. 355), on the use of ridicule, as applied to despicable literary compositions.

"One writer," said that distinguished judge, "in exposing the follies and errors of another, may make use of ridicule, however poignant. Ridicule is often the fittest weapon that can be employed for such a purpose. If the reputation, or pecuniary interests of the person ridiculed suffer, it is '*damnum absque injuriâ*.' Where is THE LIBERTY OF THE PRESS, if an action can be maintained on such principles? Is the plaintiff to be indemnified, by receiving a compensation in damages from the person who may have opened the eyes of the public to the bad taste and inanity of his compositions? Who would have bought the works

of Sir Robert Filmer, after he had been refuted by Mr. Locke? but shall it be said that he might have sustained an action for defamation against that great philosopher, who was labouring to enlighten and ameliorate mankind? We really must not cramp observations upon authors and their works. They should be liable to criticism, to exposure, and even to ridicule, if their compositions be ridiculous."

Now if ridicule be justifiable, where it is employed to expose the true character of a literary composition, and to guide the public opinion in matters of literary taste, by how much more is it justifiable, where its object and tendency are to protect the health and lives of the community.

At the conclusion of the Introductory Lecture delivered by Mr. Coleman, at the Royal Veterinary College, in the course of which the Professor had exhorted the pupils to be diligent in their attendance at the demonstrations, a pupil inquired, how he could derive any benefit from demonstrations where there was no demonstrator? The Professor replied, that Mr. Sewell was the demonstrator; but, on its being stated that Mr. Sewell had disavowed holding the office ascribed to him, and on some further questions being put by the same pupil, with a view to ascertain whether any competent and regular demonstrator was likely to be appointed, the Professor declared, that he would answer no more questions; that he considered the pupil, who had endeavoured to elicit information from him, beneath his notice; and that if the pupil was dissatisfied, and persisted in catechising him, he (the Professor) should take measures to expel him. This, as *Sir John Brute* says in the play, might be a very good answer at cross-purposes, but it seems a whimsical answer to be given by a man in Professor COLEMAN'S situation. A pupil pays his twenty guineas, and when he inquires how, (seeing that there is no demonstrator at the College,) he is to obtain an equivalent for

his money in instruction, the Professor tells him, if he is dissatisfied, he shall take measures to expel him ! *Sir John Brute's* treatment is, in point of hardship, a case in point with the treatment of the pupils at the Veterinary College. "A man comes to my house," says *Sir John*, "eats my meat, lies with my wife, dishonours my family, and when I ask for a civil account of all this, Sir, says he, I wear a sword." We can hardly suppose Mr. COLEMAN'S coarse and menacing reply to his pupil's inquiry to have been seriously intended ; but if the Professor meant to be jocose, we may apply to him what DRYDEN said of *Jeremy Collier*, "there is rather too much horse-play in his railery !"

WE had some reason to doubt the genuineness of the case detailed, in the letter from Glasgow, signed "Maxwell C. Calder," in our 271st Number, p. 191 ; but as the letter also contained matter calculated to throw light on the disgraceful system pursued at the Glasgow Infirmary, which we knew, from other sources, to be correct, we gave insertion to the communication. Subsequent information has confirmed our suspicions, and satisfied us that the case was fabricated, and fabricated for the purpose of throwing doubt on other cases, reflecting discredit on the functionaries of the Institution in question, which have appeared in this Journal, and the accuracy of which has been fully established. This despicable manœuvre proves the miserable shifts to which the Scotch supporters of a "Hole and Corner" system are reduced ; it is "a weak invention of the enemy," which must needs return to plague the inventor. The relation between the editor of a public journal, and his correspondents, is one founded on mutual confidence, and on the presumption that no greater degree of fraud or turpitude need be guarded against, than

in the ordinary transactions between man and man. Editors are, no doubt, peculiarly exposed to the chances of imposition ; but in proportion to their liability to be deceived, and to the necessity of reposing confidence in the good faith of their correspondents, is the baseness of endeavouring to poison the channels of public intelligence. We cannot picture to ourselves a more despicable miscreant, than the man who is capable of fabricating a piece of intelligence for one Journal, and before the ink is dry with which he has perpetrated his fraud, composing for another Journal a communication, complaining of the falsehood to which his own infamy has given birth.

Observations on the Nature and Treatment of Fractures of the Upper Third of the Thigh Bone, and of Fractures of long standing ; showing that Fractures of the Neck of the Femur, and others which occur in the upper Third of this Bone, admit of being united, so as to restore the natural powers of the Limb, without Deformity or Lameness, &c. &c. By JOSEPH AMESBURY, Esq. London. T. and G. Underwood ; 1828. 8vo. pp. 315.

THROUGH the publicity which has been given in this Journal to the proceedings of the London Medical Society, the author of the work before us is well known to the profession as the inventor of an ingenious apparatus for the treatment of fractures of the lower extremities. He now brings forward the results of his experience in the use of the machinery in question. If Mr. Amesbury needed any apology for devoting his especial attention to fractures of the thigh, it is to be found in the confessions of every surgical writer, from the time of Celsus downwards, as to the difficulty of treating these accidents without deformity. The illustrious John Bell, in treating of fracture of the femur, says, that "the subject is of

itself a study;" that it is "of all fractures the most difficult of cure;" and that "the machine is not yet invented by which a fractured thigh bone can be perfectly secured."

It will be perceived from the title of the book, that the author limits himself to a consideration of fractures of the upper third of the thigh bone, which he arranges under the following heads:—fractures of the cervix femoris, fractures of the trochanter major, and fractures just below the trochanter minor. But Mr. Amesbury, at the same time that he allows the propriety of dividing fractures of the neck of the thigh into two kinds,—those which are situated within the capsule, and those which are external,—contends that each of the kinds advantageously admits of a subdivision. He says,—

"Those fractures which occur entirely within the synovial capsule, might be divided into fractures without any considerable laceration of the close coverings of the neck of the bone, and into fractures accompanied with an extensive laceration, or complete division of these coverings. Fractures external to the capsule might also be divided into two kinds, one of which is accompanied with little or no laceration of the investing soft parts, and the other with great laceration, or complete division of them."

Fractures at this part may also be complete or incomplete; and these, again, may be transverse, oblique, or comminuted. The complete fracture of the thigh-bone, if transverse, is usually situated against the head of the bone; and if oblique, its most frequent direction is downwards and outwards.

The subject of fracture of the cervix femoris being so highly important,—one, indeed, on which so much attention has been devoted during the last few years,—we shall, in our analysis of the present work, closely follow the subdivisions of the author, and thus carry our readers onwards with him, throughout the whole course of his reasoning, and detail of facts.

Fracture of the Cervix Femoris within the Capsule, unaccompanied by any considerable laceration of the investing membranes.

Of this accident the author himself has only seen one instance, which occurred in a patient who died from organic disease, shortly after the accident. The symptoms of the injury he states to be very obscure; the patient may be able to exert considerable power in the limb; there is but little, or no shortening; the foot may or may not be everted; and, lastly, we may or may not be able to elicit crepitus.

"We must depend, in a great measure, upon the history of the case, into which we should inquire most minutely. A great and sudden diminution of power in the limb, referred principally to its upper and inner part, and occurring immediately after the infliction of an injury, of that description which usually produces fracture of this part, must be regarded as a symptom of considerable importance. There is tenderness in the joint, and some pain experienced in the soft parts in the direction of the pectineus muscle, and the tendon of the psoas magnus and iliacus internus, and sometimes in the hollow behind the trochanter. The patient may be able to turn the limb inward or outward; he may be able to bend it upon the pelvis, but not without pain, and a remarkable sense of weakness in the joint. The close coverings may yield so as to allow of slight eversion and slight shortening of the limb. The swelling in these accidents is not likely to be great, unless the surrounding parts are much injured by the blow, or other force, which occasioned the fracture. That which occurs is confined principally to the joint. When these symptoms exist, we might, I think, fairly suspect the existence of a fracture; but, in order to make ourselves more certain, we should examine the limb very attentively. This should be done, however, with the utmost caution."

The fractured ends of the bone, in this accident, being held together by the periosteum and reflected membrane, it is obvious that these are in danger of laceration, if the limb be roughly and incautiously moved. Bending the limb upon the pelvis, bearing upon it, and extending it, are therefore measures to be avoided.

The author next proceeds to a consider-

ation of the mode in which the parts are nourished both before and after the accident, and he gives a plate to illustrate the manner in which the arteries ramify in the periosteum and reflected membrane, in a direction from the trochanters to the head of the bone; and a second plate also, to show the vessels taking the same course in the interior of the bone. The arteries which pass into the ligamentum teres are so extremely minute, that, as Mr. Amesbury very correctly observes, we cannot suppose the head of the bone, under ordinary circumstances, derives any considerable nourishment from this source. Such being the mode in which the head and neck of the bone are nourished, the effect of a complete fracture of the neck within the capsule will be a division of those vessels which enter the bone on the trochanter side of the fracture, and, consequently, the nutrition of the pelvic portion will be, to some extent, cut off.—Hence arises the important question, how far does the diminution of the quantity of nourishment, naturally sent to the pelvic portion of bone, influence the reparative process? The upper end of the bone, we admit, is placed under different circumstances from a fractured end of bone in other situations, external to a capsule, because, in the latter cases, blood is equally distributed through each of the ends; still we have to consider, whether osseous union in the former, is physically impossible. The reasoning employed by our author on this subject is perfectly just; after stating that it is a general law for fractures to unite more or less rapidly, according to the quantity of blood that supplies the parts, and illustrating this position by the difference in the reparative process of the young and of the old, he applies the argument to the case immediately in question.

Fracture of the Cervix Femoris within the Synovial Capsule, in which the coverings of the Bone are nearly, or quite, divided.—The symp-

toms of this accident are much more strongly marked than where the coverings remain nearly, or quite, entire. The characteristic signs, enumerated by the author, are as follow:—

“The retraction of the limb is usually from three quarters of an inch to an inch and a half; commonly, however, in the recent state of the injury, it is not more than an inch. There is eversion of the foot, attended with great diminution of the powers of the limb; the patient, however, is still able to roll it inward, so far as to bring the foot from its everted position high enough to place the limb in that position which might be called supine, or in which the ball of the great toe and the superior anterior spinous process of the ilium are in a straight line with the long axis of the body. The patient can also bend the limb a little upon the pelvis, but not without great pain, when the fracture is in the recent state. He experiences pain opposite the insertion of the *psoas magnus* and *iliacus internus*, which is increased when the limb is bent upon the pelvis, especially when it is, at the same time, adducted and inverted. The limb might be readily drawn down to its proper length, but, as soon as the extension is discontinued, it becomes again retracted; and might be passively moved in every direction, but not without producing pain. When the limb is rotated, the trochanter, instead of moving in a circle, is observed to roll, as it were, upon a pivot. Crepitus may generally be felt when the limb is drawn down, and then rotated, while the head of the bone is fixed firmly in the acetabulum, by pressing upon it with the fingers over the front of the joint.”

Mr. Amesbury is of opinion, that although eversion is most common, no one position of the foot can be regarded as an invariable attendant on fracture of the *cervix femoris*. He has seen one instance in which the foot was upright, and he alludes to another where it was inverted. In respect to the crepitus, he thinks that surgeons sometimes fail to discover it, in consequence of making an imperfect examination, omitting to draw the limb downwards, and then to rotate it while the head of the bone is fixed in the acetabulum by means of the fingers.

We have already explained the manner in which the head of the bone naturally receives its supply of blood, and the effect of

complete fracture through the neck of the bone, in cutting off a principal part of this supply. We endeavoured to shew that in cases of fracture of the cervix femoris, when the investing membrane remains entire, there is still a considerable number of blood vessels passing along it to the head of the bone; and that these, together with the small branches of the ligamentum teres, are the only sources of nutrition then left. But, in the second kind of accident described by the author, the vessels which pass along the periosteum and reflected membrane are torn through, within the osseous substance of the neck, and consequently the head of the bone being insulated from the shaft, it can only receive nutrition by the vessels of the round ligament. This is a point much dwelt upon as an argument against the union by bone; it is, however, in our estimation, altogether inconclusive, and we must do Mr. Amesbury the justice to say, that he has completely demolished the strong hold of his adversaries—he has indeed hooked the proboscis of the Surgical Leviathan.

Two other causes have been mentioned by Sir A. Cooper, as tending, in a *minor* degree, to prevent the consolidation of the fractured ends of the bone, namely, “want of proper apposition, and the absence of continued pressure.” “To which,” says our author, “might be added a fourth cause, want of rest.”

The ancients had a saying, “*veritas in pectore*,” but truth, in the present case, is not so deeply hid. In the “*minor causes*,” as they are designated, are to be found the true reasons for non-union. One plan of treatment has been pursued, and one common effect has been observed, namely, a ligamentous, instead of a bony union; the inference attempted to be drawn is that nature is at fault. “Change your mode of treatment; do not blindly pursue that which has confessedly led to evil results,” says Mr. Amesbury. “No, (say the bigots and dogmatists,) bony union *cannot* take place—this

is our creed, and whosoever believeth it not “deserves to be kicked out of the profession.”

We shall pass over the detail of four cases related by the author, in which osseous union was found to have taken place, as our readers, from the almost innumerable discussions on the subject, are, doubtless, familiar with the particulars. We may, however, briefly remark, that the case of Mr. Chorley, of Leeds, is the most conclusive. In respect to the question, how far it may be advisable to produce osseous union, seeing that in the four cases alluded to there was equal lameness as in those cases where a ligamentous union has been effected, Mr. Amesbury very justly contends, we have no right to infer that no better results *can* be obtained. The deformity which has been found, whether union had taken place by the intervention of ligament or of callus, arises from absorption of the neck of the bone, which, in the opinion of the author, is not a necessary result of fracture, but commonly produced by the irritation which is kept up in the joint from the imperfection of the treatment adopted.

Fractures of the Neck of the Thigh Bone external to the Capsule, without any considerable laceration of the Periosteum.

“When the fracture, (says the author,) is not attended with laceration, the symptoms are so similar to those which are observed when the bone is broken within the capsule, without any considerable injury to the close coverings, that it will be found, in many cases, exceedingly difficult to distinguish them from one another. The best surgeons sometimes fail in their diagnosis as to the situation of the fracture; and I am not acquainted with any symptoms accompanying this accident which are, in every instance, sufficiently marked to enable the scientific surgeon to say that the fracture is external to the capsule.”

Fractures of the Cervix Femoris, external to the Capsule, with great laceration of the surrounding parts.

The symptoms which characterise this accident are similar, for the most part, to those which accompany fractures of

the cervix within the capsule, attended with laceration of the close coverings, but in addition there is generally much tumefaction of the surrounding parts, and ecchymosis, which rarely occur when the fracture is entirely within the synovial membrane. Inversion of the foot is an occasional symptom.

Fractures of the Trochanter Major.

These are either transverse or oblique; they may be complicated with fracture of the cervix femoris, and occasionally fractures of the trochanter major pass through the femur so as to divide the neck of the bone and the trochanter from the shaft, these two parts remaining naturally connected.

Fractures just below the Trochanter Minor.

The upper portion of bone in this case is somewhat abducted and bent upon the pelvis, in some cases to such an extent as to form nearly a right angle with the lower portion.

Before entering upon a consideration of the treatment necessary to be pursued in the various accidents previously detailed, Mr. Amesbury concisely investigates the merits and demerits of the mechanical means usually employed; the short splints; the double inclined plane; Desault's and Boyer's apparatus. The method pursued by Sir A. Cooper, of placing a rolled pillow under the knee, in cases of fracture within the capsule, is very well shown, by a diagram, to have a decided tendency to separate the broken surfaces.

We could not here give an adequate written representation of the apparatus which Mr. Amesbury employs in the treatment of fractures of the upper third of the thigh. It is enough to say, that in many respects it resembles the fracture bed of Harrold (in use at St. Bartholomew's Hospital), and that by varying the angles it is adapted to most of the accidents we have described. Both of these machines are, however, in our opinion, far inferior to the REVOLUBLE BED

invented by Mr. JERRARD, of Honiton. The remainder (nearly one-third) of the volume is occupied with observations on the nature and treatment of un-united fractures. The author is decidedly of opinion that the cause of non-union is, for the most part, purely local; and in confirmation of this he states, that of fifty-six cases of non-union which he has witnessed, only four of the patients were in a bad state of health, the remaining fifty-two having been robust and vigorous. Acting upon the belief that the cause of non-union did not exist in the constitution, Mr. Amesbury conceived that by exciting the action of the parts, and producing absorption of the adventitious deposit, he should effect union.

"But, (he says,) how were these desirable objects to be accomplished? It occurred to me, that they could not be so well effected by any other plan as by the influence of local pressure. Strong pressure produces inflammation; and, at the same time, absorption of the parts which are pressed upon. Pressure I could readily produce and keep up, for an indefinite period; and, at the same time, maintain the parts in a state of quietude, by the contrivances already in my possession. I now wanted facts only to prove or disprove the validity of my reasoning."

The results fully demonstrated the correctness of the reasoning, for of seventeen cases of non-union treated by the author, he succeeded with sixteen in producing consolidation of the bone. Six of these instances of non-union were of the humerus, two of the fore-arm, four of the femur, and four of the tibia.

From the copious analysis which we have given, our readers will, of themselves, be enabled to form an estimate of the value of Mr. Amesbury's work. It will, no doubt, be in the hands of every surgeon, inasmuch as all must have felt the difficulty of treating fractures of the upper third of the thigh-bone. Time, the great test of all things, will prove whether the methods recommended by Mr. Amesbury are effectual, and if they should so prove, a most important desideratum has

been supplied in a difficult branch of surgery; thus will the author deservedly rank as the improver of his profession, and, consequently, as the benefactor of mankind. One word of parting advice, "more in sorrow than in anger," we must give to Mr. Amesbury. Let him avoid the coxcomby of affixing a string of worthless titles to his name; the best are but as "sounding brass;" but we apprehend that no possible respect can be obtained, by calling himself "Consulting Surgeon" to the Royal Union Association. It would have been better even to have allowed the F. L. M. S. of a former volume, to remain.

ST. BARTHOLOMEW'S HOSPITAL.

List of Patients admitted under the Care of Mr. Earle, November 6.

Baldwin's Ward, No. 1.—Henry Bromley, ætat. 15, severe inflammation of the right knee-joint from the blow of a cricket ball.

No. 6.—E. K., ætat. 33, gonorrhœa.

Lazarus' Ward, No. 1.—T. W., ætat. 20, gonorrhœa, and excoriation of the inside of both thighs.

No. 2.—J. B., ætat. 25, chancres and gonorrhœa.

No. 8.—D. S., ætat. 22, bubo in the left groin.

No. 9.—J. M., ætat. 18, extensive inflammation and swelling of the coverings of the penis, papillary eruption over the whole body.

No. 11.—W. C., ætat. 24, enlarged glands of the right groin.

Sitwell's Ward, No. 11.—Mary Fuller, ætat. 30, fistula in ano.

No. 10.—S. S., ætat. 30, sore throat, bubo, and mercurial eruption over the whole body.

Elizabeth's Ward, No. 1.—Mary Giles, ætat. 26, inflammation of the right hip-joint from a fall.

No. 13.—Sarah Wheeler, ætat. 24, inflamed bursa of the right knee.

Patience's Ward, No. 4.—M. R., ætat. 18; No. 5.—M. M., ætat. 18; No. 6.—E. J., ætat. 19; No. 7.—H. P., ætat. 20; No. 9.—M. H., ætat. 36; all with gonorrhœa and excoriations.

FATAL CASE OF ERYSIPELAS, AND DEATH.

John Pike, ætat. 40, was admitted on Tuesday the 4th inst. into No. 6, Henry the Eighth's (back) Ward, under the care of

Mr. Lawrence. The patient was the driver of a coal waggon, of rather short stature, remarkably muscular and strong, and appeared to have been a hard worker, as well as a hard drinker. Feeling rather unwell, he presented himself as an out-patient the day before his admission to the Hospital. Twelve ounces of blood were taken from his arm, and he fainted. On recovering he went away; told to return again on the following day. On Tuesday he felt worse, and was admitted. His right hand presented an erysipelatous appearance, with a spot on the back of it, as if it had received a blow; he was not aware of its having sustained any external injury. He was ordered to be bled again to sixteen or eighteen ounces; but twelve only were taken from him by the dresser, and twenty-four leeches applied to the hand and arm. He had a dread of being bled.

5. Half-past one o'clock, he has just been visited by Mr. Lawrence. His countenance is somewhat wild and anxious, and his mental faculties becoming impaired, so that it is difficult to get a satisfactory statement from him. He says that the first inconvenience he felt in his hand or arm was on Sunday. The hand and fore-arm are now considerably swollen and inflamed. The dorsum of the hand seems inclined to slough, to the extent of about a half-crown piece. The erysipelas has spread over the whole of the chest and abdomen. The redness in those parts, however, has somewhat a papillary appearance, and Mr. Lawrence has not made up his mind as to its exact nature. Tongue brown and coated; pulse 84, and full, though compressible. He is evidently in a very precarious state. Ordered to be bled again, the bleeding to be regulated by the state of the pulse, and the opening medicine to be repeated. Twelve ounces more were taken from the arm in the course of the afternoon, and a dose of calomel and jalap administered. He became delirious at five o'clock in the evening, and so outrageous that the strait waistcoat had to be put on. At seven p.m., the dresser took, as he states, ten ounces of blood from the temporal artery. This, however, did not appear by the board on the patient's bed, (though unquestionably the temporal artery had been opened,) the reason assigned being, that this portion of blood was taken away by him on a visit, *not official*.* A cold lotion was

* What this means may probably puzzle Mr. R. to explain. Is it, at this Hospital, not to be considered the duty of the dressers to attend the patients at any and every moment the danger of their situation may require such attendance, and either themselves to adopt, or instantly to send for the

kept applied during the evening and night to the head. The disease made rapid progress; he was exceedingly violent throughout the night; no other remedies whatever were resorted to, and he died at half-past eight on the following morning, by which time extensive sloughing both of the arm and fore-arm had taken place.

Post-mortem Examination.

The body was examined by Mr. Lloyd, at half-past one. The liver was unusually large, and had all the appearance of that of a dram drinker's; it, as well as the kidneys, was firmly adherent to the adjoining parietes and peritoneum, but the adhesions were decidedly of a chronic nature. There was about an ounce of fluid within the pericardium. The right auricle of the heart was loaded with blood, and very flaccid. There was more blood in the several viscera, when cut into, than is usually detected after death, and the vessels throughout were much distended. The arachnoid membrane of the brain was opaque, and a small quantity of bloody fluid was observed between it and the pia mater. No pus, but a considerable quantity of yellow fluid, escaped on cutting through the integuments of the diseased arm. The superficial veins of this arm seemed more hardened than natural. He evidently, for a considerable time, had laboured under a large scrotal hernia; the sac was found filled with omentum.

CASE OF SIMPLE DISLOCATION BETWEEN THE FIFTH AND SIXTH CERVICAL VERTEBRÆ.

James Hulford, ætat. 42, a thick-set muscular man, was admitted into Pitcairn's Ward, under the care of Mr. Earle, on Monday evening, November 10, at eight o'clock, with an injury to the cervical vertebræ, consequent on a fall from a cart into the street, upon his head, while engaged in levelling the grain with which the cart was loaded. A depression was felt about the fifth cervical vertebra, but no fracture distinguishable. There was complete paralysis of the upper and lower extremities, difficulty of respiration, which was performed entirely by the diaphragm.

11. The urine has been drawn off with the catheter, and an enema of soft soap given, but no motion has followed. The abdomen is greatly distended with flatus. Mr. Earle has endeavoured, for a considerable period, to stimulate the intestines through

surgeon, that he may have recourse to the most active treatment the circumstances may demand?

the rectum, by galvanism, as well as by placing the wire upon the dorsum of the tongue, but no good effect has resulted: ʒviij of blood have been taken from the arm; one minim of croton oil, mixed with crumb of bread into the form of pill, given in the forenoon, and repeated in the afternoon; but still no motion. The man died in the evening.

CASE OF DISLOCATION AND FRACTURE OF THE CERVICAL VERTEBRÆ.

John Taylor, ætat. 63, was admitted at seven o'clock on Tuesday evening, the 11th instant, into Powell's Ward, under the care of Mr. Earle, also with violent injury sustained to the cervical vertebræ by a fall into the street, upon his head, from a scaffolding. He lingered till three o'clock on Thursday morning. He likewise became tympanitic, and had great difficulty in respiring. The paralysis here was not so complete as in the former case. Enemas were resorted to, but the bowels remained unmoved. Priapism attended both cases throughout.

Post-mortem Examination.

This was conducted so quietly, and, at such an unusual time, that we had only an opportunity of collecting the following description of appearances from Mr. Earle's *Clinique*, on Friday evening. The first case he considered highly interesting, inasmuch as it showed a perfect instance of *simple dislocation*, without any fracture. The dislocation was between the fifth and sixth cervical vertebræ. The calibre of the canal was diminished to about half its extent; the medulla spinalis was much bruised, and blood diffused into its substance; the membranes of the spinal marrow were uninjured; there was a rupture of the ligamentum flavum, between the dislocated vertebræ, and a small portion of cartilage, at the very top of one of the oblique processes, torn off; but Mr. Earle could not suppose this anything like sufficient to deprive the case of the character of a simple dislocation without fracture. Mr. Lawrence met with a similar case last year, and Mr. Earle thought, if extension of the head had been made, and reduction effected, there might have been a chance of recovery.

In the last case, there was a complete fracture, through the articular processes, of one vertebra, and an entire dislocation, without fracture, between the sixth and seventh cervical. The fibro-cartilage was completely torn from between the bodies of the last. The spinal canal was not so much narrowed, nor had the spinal marrow sustained so much injury, as in the former instance.

CASE OF VARICOSE ULCER OF THE RIGHT LEG,
INFLAMMATION SUPERVENING UPON VE-
NESECTION, AND DEATH.

Ann Tilling, *ætat.* 23, a servant from the country, was admitted, October 31, into Faith's Ward, under the care of Mr. Lawrence, complaining of a small varicose ulcer on the inside of the right leg. States that, for the last six years, she has observed a dilated vein on the inside of the leg, and that, for a long period, a small dark spot, which subsequently became the seat of the ulcer. These never troubled her, nor occasioned any pain, till about a month ago, when, after a hard day's washing, as she was proceeding up stairs to bed, the dark spot burst open, and a good deal of blood followed. The hæmorrhage was stopped by a gentle compress and bandage. In the course of a week she was able to resume her usual work. In another week, the same part opened again, and, in the former manner, the bleeding was arrested. In the course of a few days subsequently, the limb having become inflamed and painful, two dozen of leeches were applied, and five grains of calomel, combined with jalap, were administered. Salivation was produced, the leech-bites ulcerated, and, ever since, great pain has been experienced when she has been in the erect position; therefore she has been partially confined to bed. The ulcer is only about the size of the disc of a shilling; and she says about a quart of blood, in the whole, has been discharged from it.

Ordered to be bled *ad 3xvj*, to have a bread-and-water poultice to the leg, a dose of house medicine, and five grains of *pil. hydrarg.* every night.

Nov. 1. Three grains only of the *pil. hydrarg.* were given last night, which have produced salivation; it is therefore discontinued. The leg looks better, there is less heat about it, and it is free from pain.

2. Her mouth is very sore; bowels open; leg much the same; complains of stiffness in the right arm, from which the blood was taken, and, indeed, says, that she felt a slight pain in it on the very evening of the day on which venesection was performed.

3. The arm, from the orifice upwards, is inflamed and painful; pulse quick, tongue furred, and she appears to be labouring under symptoms of fever. On pressure, a small quantity of fluid has exuded from the orifice of the vein. Sixteen ounces of blood to be taken from the other arm; the saline mixture, with a drachm of the sulphate of magnesia, and half a drachm of antimonial solution, every four hours, and a bread-and-water poultice to be applied to the inflamed arm.

4. In the morning the arm was less swollen and inflamed, but, towards the evening, it became painful to the touch, and the inflammation had extended. Twenty leeches were applied. The bowels are open, but her stomach rejects the medicine.

6. Has passed a restless night; complains of pain and giddiness in the head, with general uneasiness. There is some degree of induration around the puncture; the inflammation has rather abated; there is no inflammation, nor any pain, in the fore-arm; tongue foul, and loaded; pulse 140. Calomel and jalap, and *hydrarg. c. creta*, to be taken; the head to be shaved, and cold lotions to be kept applied to it.

7. Has had, last night, severe rigours. Sixteen leeches have been applied to the arm to-day; it exhibits a red and puffy appearance, though there is no circumscribed phlegmonous tumour. Complains of great faintness, and sinking at the stomach; the head free from pain; the tongue is furred, and dry, with a brown crust on the middle, sores of the teeth and lips; pulse quick, but compressible; the countenance pale and clammy, with perspiration. This evening the former medicine has been ordered to be discontinued, and five grains of Dover's powder to be taken immediately, and every four hours.

8. This morning, having passed a comfortable night, felt much better. The bowels having been rather confined in the course of the day, the common salt enema, with ten drops of laudanum, was administered, and was followed by green and offensive dejections. Towards the close of the day she has complained much of nausea, but has been relieved by vomiting. She has taken some broth; complains of a little giddiness in the head; pulse soft, and 100; the arm seems entirely free from inflammation.

9. Last night was restless. Was much fatigued this forenoon, by getting up to have the bed made. Pulse 100. The mouth very dry; the edges and tip of the tongue moist; she has great thirst. Complains greatly of stiffness in the arm, and inability to move it. Repeat the Dover's powder.

10. Has passed a tolerable night. Bowels rather relaxed. Pulse 130. Feels pain across her shoulders. Has again had rigours. Perspiration over the face, with thirstiness. The arm again a little inflamed, to which ten leeches are to be applied.

11. The rigours have been more frequent. The skin cool and clammy. Pulse 112. Bowels have been opened three or four times. Discontinue the former medicine, and take quinine every four hours.

12. In the morning she had so far rallied

that some hopes of recovery were entertained, but towards night these all vanished. The pulse has become extremely quick and fluttering; the brain oppressed, and she can only answer questions with difficulty. The fever has assumed a typhoid type. In a state somewhat similar to this she lingered till four o'clock, A.M., on the 14th, when she expired.

Examination Ten Hours after Death.

A very small branch of the *vena saphena* was found to communicate with the ulcer in the leg. The median basilic vein of the right arm inflamed, and the calibre obliterated for about an inch below, and an inch and a half above, the puncture. The orifice of the puncture open. A small quantity of matter extended underneath the fascia covering the biceps. In the vein accompanying the brachial artery, abscesses had formed in various situations, from which exuded small portions of pus and blood. This condition, and the inflammation of the vein, extend up to within an inch and a half of the axilla. The internal cutaneous nerve, accompanying the vein, greatly softened, and very vascular in its substance at the diseased portion of the vein. The brain healthy; a small quantity of fluid in the lateral ventricles, as well as within the pericardium, and with the exception of slight inflammation of the mucous membrane of the small intestines, no other morbid appearance, either in any of the veins or any part of the subject, was detected.

It is but right to state, that no blame whatever is to be attributed to the dresser. There probably is not a more careful, attentive, and intelligent dresser attending the hospital than Mr. Snowden. The lancet used, on the occasion, was perfectly clean, and in the best condition. Mr. Lawrence all along stated, that the symptoms which followed the operation must have been owing to the peculiar condition of the patient. He remembered having had a lancet which he prized very highly, in consequence of its being one of the best he ever had; he bled one lady ten times with it, without the slightest ill consequence following; and immediately afterwards used it, because it was his best, to open a vein in a gentleman's arm, who was afterwards attacked precisely as the above patient, and also died. He had never known a case in which inflammation followed venesection, where the patient had recovered.

GUY'S HOSPITAL.

CONTINUATION OF THE "NO HERNIA" CASE.

Tuesday, Nov. 12. The patient has had no sickness, he is free from pain in the abdomen, except at the lower part, which is slightly tender on pressure; pulse 82 and feeble.

13. The wound is sloughy; poultices are applied. The pulse continues feeble, the bowels are open, and there is no pain of the abdomen, but it is considerably distended with flatus. Ordered to take calomel and opium at night.

14. Pulse 104 and weak; tongue furred; bowels open; abdomen tense and tender.

15 and 16. Much the same. Calomel and opium are given at night; a dose of aperient medicine occasionally, and also some "julep of ammonia."

17. On visiting the patient to-day with Mr. Key, we found that the tension of the abdomen had completely subsided; the pulse was 94, and feeble. On removing the poultice, there was a discharge of matter from the wound, which Mr. K. pronounced to be of a feculent kind, and the assistant surgeon, on smelling it, confirmed the diagnosis of the "senior surgeon." The nurse said, that she had observed for the first time, last evening, the discharge had a stercoraceous odour.

18. Much the same. It is the opinion of the surgeon, that ulceration of the gut has taken place at the internal ring.

SPECIMEN OF "NEVEY'S" SURGERY.

Edward Evans, æt. 19 of scrofulous diathesis, was admitted into Luke's Ward on the 12th of Nov. under the care of the junior surgeon. Upon examining him on the day after admission, we found a tumour extending from the angle of the lower jaw to a short distance behind the mastoid process, also extending upwards behind the ramus of the jaw. There was an evident fluctuation in the posterior part of the tumour. When the junior surgeon (with the usual paucity of pupils who accompany him,) saw the patient on the 14th, he said that it was a fatty or statomatous tumour, and that the fluid was fat. But failing to convince the pupils against the evidence of their own senses, he punctured the swelling, when a considerable quantity of pus was evacuated, to the no small amazement of the operator. "Here is a lobe," and "there is a lobe" and "here is a lobule," were the clinical remarks of the operator. A poultice was applied to the wound.

OSPEDALE SANTA MARIA NUOVA,
AT FLORENCE.

CASE IN WHICH THE CÆSARIAN OPERATION
WAS SUCCESSFULLY PERFORMED.

E. ZENOBINI, ætat. 23, of a feeble constitution, and who, in her childhood, had suffered much from rachitis, felt, on the 11th of May, the first symptoms of approaching parturition. The pains, within a short time, increased to an extraordinary degree; and, after twenty-four hours, the membranes burst, but without being followed by the expulsion of the child. After the patient had remained in this condition for two days, the midwife, who attended her, sent for Dr. Lotti, who, after an accurate examination, declared that the malformation of the pelvis prevented delivery in the ordinary way; the umbilical cord, which had descended, being without any pulsation, he inferred that the child was dead, and insisted upon the patient's being immediately removed to the hospital, in order to have recourse to surgical aid, without any further delay. In the hospital, she was again examined; and it having been found that the largest diameter, from the pubes to the sacrum, was not more than three fingers; the professors of the surgical department, and of the internal clinic, were sent for to consult on the best means of delivering the patient. The Cæsarion operation being unanimously resolved upon, M. Tassinari, one of the oldest and most experienced pupils of the Institution,* was chosen to perform it in the presence, and under the superintendence of the Professors, M.M. Ucelli, Bigeschi, Betti, Andreini, and Michelacci. The patient having been placed on a table, M. Tassinari raised a transverse fold of the integuments, between the umbilicus and the pubes, and divided it over, and parallel with, the median line; a director was now carried under the aponeurosis of the abdominal muscles, and the

latter divided upon it; the peritoneum having thus been laid bare, it was lifted up by a small pair of forceps, and divided by the scissors. The uterus now presented itself in a contracted state, and was opened longitudinally by a probe-pointed bistouri; M. Michelacci seized the child's feet; and while Professor Ucelli, with his hand introduced into the vagina, raised its head, succeeded in extracting it with the greatest facility. The umbilical cord was divided, and the placenta removed through the vagina. The child was without any signs of life. The edges of the wound were now brought together, and kept in this situation by five sutures; a tent was placed in the lower angle, in order to promote the evacuation of purulent matter; the wound was covered with lint, and a uniting bandage. After the operation, the patient was allowed nothing but fluids. During the following night she had a violent attack of fever, with a sharp resistant pulse, to which tympanitis, vomiting, and ischuria, soon succeeded; the abdomen was very tender, and some blood escaped from the wound and the vagina. By repeated bleeding, the use of ice-water, and emollient clysters, these symptoms were happily subdued; and, on the 17th, the lochial flux began to appear. From the 20th, much purulent matter escaped from the wound and vagina, and the breasts swelled and became painful. On the 21st, the bandage was, for the first time, removed; the wound had completely united except at its lower angle, from which the tent was now removed. During the following days, the fever abated; the alvine excretions became regular, the patient recovered her appetite, notwithstanding which the low diet was continued. On the 27th, the sutures were withdrawn, erysipelatous inflammation began to appear near the pubes, but soon disappeared again. The cicatrix became more consolidated; on the 8th of June, the patient was able to leave her bed; and, on the 10th, she was discharged perfectly cured.—*Repertoire général d'Anatomie, &c.*

* It is the praiseworthy custom of our hospital, that all operations are performed by the first pupil of the surgical department, provided that after several examinations, and after having performed every surgical operation several times on the dead subject, he has shown himself fully capable of it. Of course the young operator acts under our immediate direction and superintendence, so that, at the least accident, the operation may be terminated by the professor; in fact, he and the operating pupil may be considered as one and the same person. The immense advantages of this practice are apparent; the attention of the

pupil is much more attracted and fixed; he is obliged not only to instruct, but practically to exercise himself; he thus best acquires that intrepidity, without which no surgeon ought to enter into his practical career. If there is any one who loses by this custom of our hospital, it is the professor who renounces the honour, and takes upon himself the responsibility of the operation; but we are justified in asserting, that to it chiefly we owe a great number of excellent practitioners, and most skilful operators.—*Anno di Clinica esterna dell' T. e R. arcispedale di Santa Maria Nuova, del Professore Filippo Ucelli.*

THE BATH UNITED HOSPITAL.

"LIG. ——— What's to do?"

"BRU. A piece of work that will make sick men whole."—JUL. CASS. ACT. II. SC. I.

To the Editor of THE LANCET.

SIR,—I take up my pen to address you with considerable hesitation and reluctance, the subject being one that I would willingly resign into other and more able hands. It is, however, a subject, which, on the high ground of justice and humanity, demands exposition and redress. I allude to the treatment of out-patients at the Bath United Hospital. Scarcely a week passes without some application being made for my professional assistance to individuals, who have endeavoured, but in vain, to obtain, at the institution alluded to, that relief from, or mitigation of their ailments, which they had a right to anticipate. It would seem, that unless a case is *important*, i. e., of *rare occurrence*, the patient is generally consigned to the care of an inexperienced youth, under whose *judicious* management disease commonly proves intractable; and the patient, wearied with fruitless journeys, often from a considerable distance, has recourse, at length, to private professional aid; the distressed applicants usually concluding their appeal, with declaring that "*they would rather sell their beds from under them, than again apply at the hospital.*" Surely this is a state of things that ought not to be suffered to exist. That it *does* exist, I assert from my own experience, and will illustrate my assertion by a few cases hastily selected from many of a similar character. I was lately called to visit a female, in the last stage of carcinomatous disease of the uterus; she was, in fact, so much reduced, as to expire a few days after my visit. This woman had attended regularly at the hospital from the commencement of her complaint, yet had never been *subjected to an examination—never bled, cupped, or leeches*, and was, ultimately, dismissed with the assurance "*that she would get better as she advanced in life.*" Dissection demonstrated the fitness of this subject for Oscander's operation; the uterus, although greatly enlarged, being perfectly free from unnatural adhesion to the surrounding parts—not to speak of the possibility of effecting a cure in the early stage of the disease, by prompt and suitable treatment, the greater number of cases termed cancerous, not being strictly so at the commencement of diseased action.

I have also been required to take charge of a case of fractured clavicle, *unreduced for five days, treated as a bruise, and well rubbed with a stimulating liniment!* by direction of "*the young gentleman*" in attendance at the

Bath Hospital. And no later than yesterday, a man presented himself before me, his mind in a state of deep depression, his body covered with blotches, and suffering from nocturnal pains in his bones—the result of a *protracted course of mercury*, administered by "*one of the young gentlemen*" for *bleorrhœa*! These are but a few of the cases that could be mentioned. That such cases are not confined to *my* experience, but that *other* practitioners in this city have *their* share of the fruits of hospital mal-practice and neglect, may be safely inferred from the fact, that a *dispensary* is on the eve of being established within a short distance of the hospital, as a matter of speculation, grounded on these very circumstances.

With regard to the treatment of patients in the house, if the following case, which is bruited about in this and the neighbouring city, (Bristol,) be substantially correct, *that* class have as little reason to congratulate themselves on their situation, as the out-patients. It is confidently affirmed, that a young person in the hospital was lately operated on for stone, and died. A post-mortem examination demonstrated the utter impossibility of a stone being extracted by *the operation performed; admitting it to have been*, what I am informed it *was* NOT, a stone case, for the bladder had not been opened in the operation!!! the instrument having passed on *one side of that viscus*. This being the second known case, of a similarly unfortunate kind, that has occurred in the practice of the same operator, it has excited a powerful sensation, and has called forth some severe remarks (from a correspondent) in the Bath Journal of the 19th inst., which hitherto have been suffered to remain unanswered.

It is singular enough, and *sufficiently unfortunate*, that some non-professional-half-learned smatterer, took occasion, a short time since, on the strength of hearing a few lectures delivered over the body of Gilham the murderer, to write an article in your Journal, avowedly for the purpose of extolling the Bath Hospital surgeons, and doubtless conceived he rendered them additional honour, by celebrating their names in connexion with what he was pleased to consider—their *peculiar and specific virtues*,* much after the fashion of Scott, when alluding to certain places in Liddesdale:

"Bilhope braes for bucks and raes,
And carit haugh for swine,
And Tarras for the good bull-troat,
If he be taen in time."

* "Of the surgeons, Mr. Soden is celebrated as an ophthalmic surgeon—Mr. Wilson Brown operates successfully in hernia—and Mr. Norman in lithotomy!"—LANCET, Vol. II. No. 251. pp. 368.

Thus, according to our eulogist—

Soden's famed for cataract,

For hernia Wilson Brown—

And Norman for his skill and tact

In cutting for the stone.

But the subject is of too serious a character to admit of being treated with ridicule. That the surgical officers of the Bath Hospital possess talent and ability, there can be no doubt; that they are *men*, and, *being so, fallible*, there can also be no doubt. They are likewise in extensive *private* practice, particularly the senior surgeon. Undue haste!—how many excellent surgeons have suffered from it! a minute more for reflection!—how different, perhaps, the decision! Hence the propriety of that regulation, tenaciously adhered to in the Bristol Hospital; a regulation which makes it imperative on the surgeon, previous to performing any important operation, to convene and consult with his colleagues. Nay, each of the surgeons is required to enter his opinion as to the propriety of an operation, with his reasons for entertaining such opinion, in a book kept for that purpose. What has been the result of this humane regard for the safety of the unfortunate afflicted? this powerful check on the passions, the fallibility of human nature? Why, that the Bristol Hospital has acquired, and deservedly acquired, the reputation of being, in proportion to its magnitude, the best conducted institution of the kind in Europe.

Let the governors of the Bath Hospital take a lesson in this particular from their commercial, and less elegant, but *equally philanthropic* neighbours. And let them, if they value the reputation, the prosperity of an institution constructed for the noblest of purposes, be watchful and vigilant over the conduct of their officers. If those gentlemen be so extensively engaged in private and *lucrative* practice, as to be unable to dedicate that time and attention to patients, whether in the house, or out of it, which the cases require, let them *resign*, and give place to others of less splendid pretensions, but of *greater practical ability*. Nothing tends more powerfully to bring a charitable institution into contempt than inattention and neglect on the part of its servants. And if once an impression to that effect is imbibed by the multitude, it is not in the power of the most *eloquent harangues*, delivered by the most *popular ministers*, to restore to its former channel the stream of public beneficence.

In concluding these remarks on a subject of great local importance, I desire to be distinctly understood, as disclaiming any reflection on private or personal character. For the surgeons of the Bath United Hospital, individually, so far as I am acquainted with them, especially for Mr. Soden, I en-

tertain much respect; and it would give me pain, if the observations which I have felt it to be my duty, on public grounds, to make, occasion that gentleman a moment's disquietude. ΔΕΛ,

Bath, Oct. 28, 1828.

DR. BLUNDELL ON EXTIRPATION OF THE UTERUS.

To the Editor of THE LANCET.

SIR,—The case in which I successfully excised a uterus, affected with malignant ulceration, having been admitted into your Journal a few weeks ago, I beg leave to make known, by the same channel, that the operation has now been performed by me for this disease, in four different instances; of these four operations, one (that already given to the public,) has terminated favourably, the other three have proved fatal; two of them within a few hours after the womb was removed. In one of the fatal cases, examination after death was not allowed; in the other two, the bodies were carefully inspected by Mr. Green and Mr. Callaway in one instance, and by Mr. Green and Mr. Morgan in the other. No undesigned wounds were found in the parts contiguous to the uterus. All the four cases were deemed hopeless, unless the help of surgery could be interposed.

I am, Sir, your obedient servant,

JAMES BLUNDELL.

Great George St. Westminster,
Nov. 6, 1828

UNION STREET DISPENSARY.

As we frequently publish letters from Physicians, we do not see any reason why we should not insert a letter from one of their "Pashunts."

Sur,—I arnt much given to riteing but as I heard the other day you wur not afeard of letting foke no there duty, wen they did not do the rite thing, I thort I woud tell you a little aboute docter Ramage, who is docter to the Union Strete Dispensary for Arstma. We ort to be thare to see the docter, at twalve in the mornin, but you may set it down for sartin, that he do not coame til nêrly won, but keeps us wateing in the cowl: and we carnt help coffing with owr arstmas, and wateing so long in the winter time is a bad thing for us; hoping you will put this in your book.

I remane, yur umble Sarvint,

A PASHUNT.

If you make docter Ramage come a little soner by this you sartinly will be corled the pore mans frend.

FRACAS AT THE LONDON MEDICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—At the Ordinary Meeting of the Medical Society, on the 10th instant, some expressions fell from Mr. Lambert, in reference to my conduct in the Society, which I deemed to be offensive, and replied to with some indignation:—Mr. Lambert afterwards explained, so, as in my opinion, and in the opinion of my friends who were present on that occasion, to sufficiently apologise for the expressions in question:—and, after the breaking up of the Meeting, upon Mr. Lambert offering me his hand, I did not hesitate to take it. Since that period, a Report of the proceedings of the Society appeared in THE LANCET, concluding with a sentence or two imputing to Mr. Lambert remarks upon my conduct, more offensive than those which had called forth my angry feelings;—leaving untold the explanation which followed. After perusing this Report, I requested my friend Mr. Blenkarne to wait upon Mr. Lambert, for the purpose of asking that gentleman, in the most explicit manner, whether I was at all mistaken in concluding that a sufficient apology had been made for expressions, which the warmth of argument might have elicited. Mr. Lambert, in the most gentlemanly manner, assured Mr. Blenkarne, that my view of the affair was perfectly correct; and that any thing like a personal insult, or demonstration of animosity, was altogether foreign from his intention.

Thinking it due to my character to make this statement, I beg the favour of your inserting this letter in the next number of your journal.

I am Sir, yours, &c.

JAMES FIELD.

Bolt Court, Nov. 17, 1828.

PRACTICE OF M. BROUSSAIS.

To the Editor of THE LANCET.

[TRANSLATION.]

SIR,—I always read your excellent Journal with great pleasure. The spirit of candour and independence by which it is uniformly distinguished, induces me to hope that you will insert in your next Number, some remarks upon an article in THE LANCET of November 15, p. 198, taken from the *Gazette de Santé* of M. Miquel, purporting to be an account of the number of deaths at the hospital of *Val de Grace*. In this account, *M. Broussais* is represented as having lost more patients than any of his colleagues;

but after the satisfactory manner in which Dr. Roche has proved,* that out of twenty of Dr. Miquel's figures in this table of mortality only three were correct, I deem it unnecessary to say anything in refutation of the statement in the *Gazette de Santé*. The medical men, who have considered this matter, know how to appreciate the testimony of Doctors Miquel, Bousquet, and Dupau. These journalists follow the same tactics in medicine, as the *Quotidienne* pursues in politics; they are well aware that a portion of calumny commonly sticks to the party calumniated, and, in this respect, they prove themselves disciples worthy of the Jesuitical school in which they have been educated. It is said that since the Jesuits have lost their ascendancy in France, M. Dupau is in a state of mental alienation, M. Miquel is as moribund as his journal, and M. Bousquet is in a condition nearly as desperate as that of the reverend fathers, since his Majesty, Charles the Tenth, has been pleased to reward the services of M. Broussais, by nominating him an officer of the legion of honour.

I have the honour to be,

Your obedient servant,

D. M. P.

* Nouvelle doctrine medicale considérée sous le rapport des Théories et de la Mortalité. Paris, 1827.

MEANS OF DISTINGUISHING COMETS.

Dr. Forster has discovered a mode of distinguishing original from reflected light in the heavenly bodies, by means of vibrating, imperfectly, achromatic glasses, in such a manner as to vary the inclination of their planes. This method separates the original light of fixed stars into coloured portions, but leaves reflected light of an uniform colour. The test may be applied to comets.

BOOKS RECEIVED FOR REVIEW.

A Pocket Compendium of Anatomy, containing a correct and accurate Description of the Human Body. By Edward W. Tuson, Lecturer on Anatomy and Physiology. pp. 289. 8vo. London: Callow and Wilson.

Memoir of the late William Wright, M.D. Fellow of the Royal Societies of London and Edinburgh, &c.; with Extracts from his Correspondence, and a selection of his Papers on Medical and Botanical subjects. 8vo. pp. 456. Edinburgh: Blackwood. London: J. Cadell.

[To be continued.]



THE LANCET.

Vol. I.]

LONDON, SATURDAY, NOVEMBER 29.

[1828-9.

LECTURES

ON THE

GRAVID UTERUS, AND ON THE DISEASES
OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

LECTURE VI.

THERE are, gentlemen, two grand varieties of genital structure, whereby impregnation is accomplished,—the hermaphrodite, and that in which the genitals are divided into two portions, of which either is assigned to a separate individual; whence the species becomes divided into two bodies,—the male and female. Of vegetables, most species are hermaphrodite; of animals, sexual. Yet this rule is not universal; the worm, the snail, and many of the white-blood animal class, possess, in the same individual, both the male organs and the female; and, among vegetables, the almond, the hemp, and the tobacco, are divided into sexes; the different parts of the sexual apparatus becoming elaborated annually upon different stocks.

Whether generation, however, be sexual or hermaphroditic, it well deserves remark, that Nature, almost universally, makes use of two distinct substances for her purposes of organization; and, in vegetables, we have the seeds and the pollen; in animals, the male secretions, and those which are lodged in the ova of the female. Why it is that the two forming substances should thus be formed at first apart, and afterwards mingled, in the formation of the new structures, I am unable to explain. Is there not, however, some great discovery latent here? Have galvanism, or electricity, any share in the consideration of the great Designer? Time, the discoverer of truth and falsehood, may, perhaps, solve this important question.

Two substances being generally neces-
No. 274.

sary, in order that organization may be effected, it has often been inquired by physiologists, whether it be further requisite, in all cases, that these two substances should come into contact with each other? So large a question it is difficult to answer; indeed we never could obtain an absolute demonstration of the affirmative, unless we were to make our observations on almost all the different species of living structure.

The ova of the frog are impregnated by the male, after they have left the body of the female, while they are yet on the verge of the vagina; and Trembley, I think it was, interposing an impervious texture,—a sort of trowser,—between the genitals of the two animals, found that, while the rest of the eggs were productive, those which issued from the female, while this veil was interjected, were incapable of producing; so that in this animal, at least, of oviparous generation, impregnation is accomplished by an obvious contact of the two substances with each other.

By experiments on the rabbit, I have endeavoured to prove this same principle, in respect to viviparous generation; and I found, in the results of those experiments, that, in the rabbit, and, therefore, probably, in all those structures which essentially resemble that of the rabbit,—perhaps also in living bodies generally,—in order that a new structure may be produced, the semen and the rudiments must come into contact with each other; and to this conclusion I came, though I set out with a very different persuasion, derived from observations made by a man, to whose example I owe so much,—my relative, Dr. Haighton; so that it was entirely in consequence of experiments made, and not from any prejudices left on the mind by the opinions of my excellent and philosophical preceptor, that I came to the conclusion that, in the rabbit, at least, unless the male and female substances are actually blended together, a new structure cannot be produced. A wholesome scepticism is one of the eyes of Philosophy; in the communion of science, doubt is no crime.

In order that you may comprehend these experiments made on the rabbit, it is per-

S

haps necessary to remark, that, in this animal, the vagina is extraordinary, both in its length and capacity; so much so, indeed, that when this canal is full grown, the forefinger may be introduced into it, without much stretching, or other injury. It should, too, be further observed, that, in connection with this vagina, she has two wombs, which are in form very like the little finger, when incurvated in this manner, and perforated from one extremity to the other; the inferior opening into the vagina by a mouth distinct from that of the corresponding uterus; the superior receiving that oviduct, or fallopian tube, which stretches from the womb to the ovary, and forms the channel by which the two viscera are communicating with each other. The two wombs, therefore, are, in the main, distinct organs. Instead of the os uteri being single, there are two.

Well, now, in some of the experiments made, I opened the abdomen, above the symphysis pubis, to the extent of about an inch, taking care, by compression, to excite the contraction of the bladder, so that it might withdraw into the pelvis, and get completely out of the way. This done, by a little well-directed pressure I urged the head of the vagina, with its wombs, through the opening, the parts then lying forth upon the downy fur of the animal; and all this, when the operation was dexterously performed, without occasioning much severe pain. The womb lying under the eye, I then divided it clean through, near its mouth, carrying the incision a little way into the mesometry; the divided portions of the womb, immediately after separation, moving out of apposition, and afterwards healing in such a manner that, at the line of division, the canal of the uterus became shut up, though its structure, in all other particulars, remained healthy enough. After this operation, some of the rabbits died with abdominal inflammation, in the way that these animals frequently do when no operation has been performed; but others, and by far the greater number, recovered completely, and admitted the male; when I observed, that on the side where the uterus was not cut through, the *corpora lutea* made their appearance, and the womb became thicker, and the foetuses were formed; but, on the opposite side, where the uterus had been divided completely, no foetuses were formed; but *corpora lutea* were generated, and, not infrequently, the womb was enlarged and evolved, and became filled with water. There were clear marks of a generative effect, which proved ineffectual, because the access of the semen to the rudiments had been intercepted.

In another set of experiments, (for it seemed good to vary the circumstance of

these operations,) an opening was made as before, and the wombs and the vagina were pressed through the aperture, [Dr. Blundell illustrated his statements by diagrams] and the parts lying within reach; instead of dividing the uterus, I made an incision through the vagina, about half an inch below that part where it receives the two orifices of the womb. Several of the animals died from this experiment, which is a much rougher one than the former, owing to the large size of the vagina; nevertheless, many recovered, and were put to the male, the vagina being still sufficiently capacious to admit of easy intercourse; but although, in a healthy rabbit, one single union, during the heat, seldom fails to produce generation; although in some of these animals desire seemed to remain for days together, lively and insatiable, yet never in one single instance were new foetuses formed; *corpora lutea* were generated—the wombs, as in extra-uterine pregnancy, were evolved—the waters, as before, collected in the uterus—the efforts of generation were powerfully made, but the mutual access of the semen and rudiments was intercepted, and formation was tried in vain. But it may be objected, that sterility ensues, from the general injury inflicted on the genitals in these operations, and not from the intercepted access of the semen to the rudiments; this objection, however, as would be readily admitted by those who had seen the experiments, is rather specious than sound. If the experiments are dexterously conducted, much injury is not ultimately sustained; and I know, from experiments not to be wantonly repeated, that wounds more severe may be inflicted on these parts, without producing sterility, provided the canal of the uterus is not interrupted. I once, in the rabbit, divided one womb in two places, the other in three, in such manner, however, that when the parts became re-united, the uterine canal was renewed, and, after the very first intercourse, the animal produced as many as nine foetuses, to be seen in the preparation placed upon the table. Be it remembered, too, that when the vagina was divided, the wombs were left totally untouched by the knife; and, moreover, that in both sets of experiments, vaginal and uterine, the formation of the lutea, the evolution of the uterus, and the accumulation of fluids in the womb, demonstrated clearly, that the genital system was powerfully excited, though the excitement proved abortive. Nor must we forget that, when only one uterus was divided, the other, left untouched by the knife, suffered quite as much as either of the wombs did under the second set of experiments, in which the vagina only was divided, and yet foetuses formed in this womb, notwithstanding. Further, in two of the

vaginal experiments, it so happened, that a re-union of the divided parts was accomplished, the two portions being put into communication again, by means of an aperture as large as the barrel of a crow-quill; *both these animals* became pregnant, and this, too, after little intercourse with the male. To conclude, these experiments were not single, but multiplied; they were not mere repetitions, but with varying circumstance; they were not discordant, but consentaneous; and though I commenced my inquiries with a contrary prejudice, they left me under the full conviction, that in rabbits certainly, and in all animals of analogous generation probably, in order that generation may be accomplished, the semen and the rudiments must come into contact with each other. In the Medico-Chirurgical Transactions, you will find a fuller account of these experiments.

From these experiments we may infer, that in the rabbit, corpora lutea may form independently of the full excitement of the generative actions, and, therefore, that in this animal they are not the certain evidences of impregnation. By the corpora lutea, I understand those appearances presently demonstrated, which, when impregnation is effected, seem to show themselves invariably in that part of the ovary from which the rudiments have escaped. From these experiments we may also infer, that mere absorption of the semen from the vagina by means of the lymphatics, is insufficient for the purposes of formation. In one of the vaginal experiments, the access of the semen to the rudiments being intercepted, impregnation could not be accomplished, though the animal admitted the male altogether as many as fifty times, mostly at intervals of two or three days, or more. This doe, a remarkably fine one of her age, was a great favourite with her polygamous husband; but it appeared, after death, that notwithstanding all these attempts, no fetuses could form—the corpora lutea were generated—the wombs were evolved—the water, as usual, collected in the uterine cavities, but this was all—the access of the semen to the rudiments was intercepted at the top of the vagina, and impregnation could not be effected. Yet it is evident that much of the male fluid must have been deposited in the vagina, and absorbed by the veins or the lymphatics.

To some women, impregnation is death; the pelvis is so contracted, that without the Cæsarian operation, delivery cannot be effected by any artificial means. In such women, sterility might be insured by the division of the tubes, as formerly advised; and I think I know of cases in which this operation, though an evil and a danger, might, however, have been prudently re-

commended, and thankfully undergone. These operations, however, are neither to be rashly commended nor condemned. They require in the operator many qualities. If the fallopian tubes are divided to ensure sterility, a small piece, say of a line or two in length, ought to be removed, lest the divided portions should again fall into apposition, the canal becoming renewed.

It has often been asked, whether the male fluid ever rises up to the ovary, or whether the mixture takes place elsewhere? For myself, I incline to think that, in general, the rudiments and the fecundating fluid meet each other in the uterus; for the formation of the lutea, the development of the uterus, and the accumulation of water in the uterine cavities, as in the experiments narrated, seem all of them to show, that the rudiments may come down into the uterus, without a previous contact of the semen. It is certain, however, that the secretions of our sex sometimes reach to the ovaries. Ruysch, who examined a woman struck dead by a knife when in the act of adultery, found the fluid in the fallopian tube; and granting what cannot, I conceive, be denied—I mean, that there can be no full formation of the fetus without mixture of the two substances, it is clear that in ovarian pregnancy such deep penetration must occur. Perhaps the overaction of the genitals, and the conveyance of the semen too far, may be the exciting cause on which extra-uterine gestation depends.

Although, however, in generation, the formation of the new structure cannot, perhaps, be accomplished, without commixture of the semen with the rudiments; yet it is remarkable that in some species of animals, and our own among the rest, very minute quantities of the semen are all-sufficient for the purpose. Four impregnations, in which the hymen remained unbroken, have fallen under my notice, the diameter of the vaginal orifice not exceeding that of the smaller finger; and this, too, though the organ of the male parent was of ordinary dimension. Chambon has related the case of a French girl, who, on marrying, suffered so much pain, that she was obliged, in about a fortnight afterwards, to separate from her husband, and return to the maternal roof; yet she became pregnant, notwithstanding, and produced twins. When delivery occurred, it was found that the hymen remained unbroken, there being two small apertures scarcely larger than a surgeon's probe; the urethra, however, was dilated, and readily suffered the introduction of the finger, so that the whole nature of the case was rendered intelligible enough. Now, under these circumstances, I think there can be no doubt that only a very small quantity of the semen could have entered the

vagina or uterus; and the rather, because a separation took place between the parties within a fortnight after the marriage; but still she was delivered of twins within the nine months, and therefore impregnation must have taken place in the course of the first few days.

To these facts I may add those of a second class, namely, cases in which impregnation is taking place unexpectedly, and where the parties, guilty of incontinence, have been desirous of preventing it. I know of three cases in which the male organ was not suffered to enter the vagina at all, and where, nevertheless, I suppose from the mere deposition of the semen upon the vulva, impregnation took place. I have known women astonished to find themselves pregnant, being persuaded that an impregnation was impossible, until, to their sorrow, this unwelcome truth was unfolded. In a word, from several facts of this kind, too delicate for a fuller disclosure in this theatre, I am satisfied that very small quantities of the semen, introduced into the lower part of the vagina, where *there is an aptitude to become pregnant*, will give rise to the new structure.

Nor must we forget the experiments made by other physiologists, and by Spallanzani among the rest. Spallanzani says, that he has taken three grains by weight of the male fluid of the *frog*, and mixed it with seventeen ounces of water, finding, almost invariably, that an impregnation of the egg was produced by so much of this exceedingly weak mixture, as would adhere to the point of a fine needle; though, in a globule so minute, the quantity of the plastic agent must clearly have been inconceivably small. He tells us, too, that where the male material was mixed with a much larger quantity of water, about a gallon, if my memory serve, even by this exceeding dilute mixture, impregnation was frequently produced. So then it seems, that although for the purposes of formation, it is essential that there should be commixture of the male and female substances, yet, if the female genitals be apt to conception, the requisite quantity of the male material is small.

But, to conclude here. "Increase and multiply," says the Hebrew scripture; "plant trees, and beget offspring," says the doctrine of the Magi. In speculation, I acknowledge I am not of the opinion of those who, with some admirers of the doctrine of antipathies, have taken it into their heads that there is most wonderful virtue in abstaining from the proper use of the sexes. Why, in the name of sense and reason, were the powerful impulses given? why were these wonderful structures elaborated, if they were not originally designed to be used by every one who is possessed of them? Re-

member, however, that society, in its present form, is not, perhaps, constructed with a philosophical regard to our natural instincts, and our original rights. Remember, too, that, in consequence of this fundamental defect, (it may be irremediable,) society cannot subsist without a mutual concession of a part of these rights. Remember, too, that those are justly stigmatised with public infamy, who, living in society, refuse, in turn, to their associates those concessions which they are themselves receiving. And when we fail to be intimidated by the wholesome bullying of fanatics, who, with all their arrogance, seem frequently to put our duties upon a wrong bottom—let prudence—let self-respect—let a regard to health—let a just consideration of social duty, put a check upon these follies. Awkward accidents sometimes occur to those who conceive themselves the most knowing. Let the disciples of the sensual school beware.

"Hic murus aleneus esto

Nil conscire tibi nulla pallescere culpa."

If you ask me how it is that impregnations are accomplished, when there is a deposition on the vulva, I reply, that it is most probably by an admixture of the male fluid with the secretions of the female—for dilution does not destroy fecundating power. If this glass, so tall, were filled with water, should sugar be thrown into the bottom of it, this, on solution, might soon be perceived in the upper part of the fluid, especially if agitation occurred. So the fecundating secretion may, by admixture, penetrate to the inmost recesses of the genitals, more especially if the secretion of the genital surface be copious. One word more, and I conclude.

Although, in human formation, it is not essentially necessary that the male material should be deposited in the upper parts of the vagina of the female, yet there seems to be little doubt that the deeper entrance of this substance conduces to impregnation. Children are sometimes not procreated for want of sufficient penetrative power in the male organ; much, and often needless, misery results from this infirmity; the birth of a child is one of the best auxiliary remedies, as it lays the passages open; and if the male fluid do but enter the vagina, it seems often to matter little how—*verbum sat*. One of the most intellectual families in Europe seems, at length, to have become extinct, in consequence of an impediment to generation of the kind to which I have alluded, and which, I conceive, there can be little doubt that a little art would have remedied.

In generation, it is not necessary that mixture should take place in the individual

who is pregnant; and, therefore, it is not physiologically impossible, that a woman, though a virgin, should be with child. It is well known, with respect to some animals in the lower class especially, that one impregnation will serve for several generations; thus, to go no further than that common insect which is called the *vine-fretter*; if a female is impregnated, she will produce young; these young will go on to produce others, without further impregnation; this process may be repeated, until eight or ten generations have been produced; so that, in these animals, you have proof of the very principle for which I am contending, namely, that virginity is not of necessity lost by the individual who conceives. Some years ago I was shown by Mr. Highmore, of the West, a preparation of a child, on the whole not very imperfectly formed, of the size of six or seven months, and which had been taken from the body of a boy. The boy literally, and without evasion, was with child, for the fetus was contained in a sac in communication with the duodenum, and was connected to the side of the cyst by a short umbilical cord. Nor did this fetus make its appearance till the boy was eight or ten years of age, or more, when, after much enlargement from pregnancy, and much pain and flooding, the boy died; and these cases are not singular; there are others on record.

A seed, or an egg, though fecundated, may lie for years without becoming evolved. A serpent may, I believe, become enclosed under the egg-shell of the goose, the shell, I presume, forming over it as the animal lies in the oviduct of the bird; and these facts explain pretty clearly the phenomenon just narrated. For when this unfortunate child was begotten, a twin was begotten at the same time; but while the brother formed in the usual manner, the impregnated ovum of his companion lay dormant, and, without resistance, became closed up within the fraternal abdomen, as the viper in the egg-shell. Like the seed in its bag, or the egg upon the shelf, these living rudiments lay quiet for a few years within the body of the brother, and then formation commencing, the wonder and the catastrophe ensued. The boy became pregnant with his twin brother; his abdomen formed the receptacle, where, as in the nest of a bird, the formation was accomplished. Now, if a child, without impregnation of the bearer, may form within the abdomen of a boy, you will, I am persuaded, allow that it may also form in the uterus of a virgin. To me, therefore, it seems to be not physically impossible that a girl may become pregnant with her own brother or sister. Here then is, indeed, a physiological triumph of the sex, though I feel persuaded

they have too much virtue to make use of it. Of all the precursors of the modern gentleman, the knight of old, which is the champion who, with his lance, defended the unsullied honour of his idol with half the effect of this simple principle of physiology?—Senuerunt Jupiter et Mars.—To the demi-gods of an absolute superstition,—to the airy creations of the middle ages,—paternity can no longer be ascribed. But this principle of physiology may take upon itself the defensive office of the other two; and in the womb first, and at the bosom afterwards, under the protection of science, a lady may now, it seems, nourish her sister without a blush. Louis Quatorze presented a richly embroidered jupe to clothe an offensive statue, which formed a sort of aqueduct in one of the cities of the Netherlands. The image of Duncourier, formed in plaster, was, as report goes, very properly screened from the view of the sex some few days after it had been set up in the Place des Victoires. But the conscious innocence of our country-women, however, places them above such pruderies, and I will not despair of seeing my favourite science honoured with a statue, not robed and shaded, but in Grecian nudity, a fit companion for the Achilles, with two inscriptions, the one—To the defender of innocence, the grateful sex;—the other—*φύσις ειμι και τομεν πεπλον ουδειςων δρητων αποκαλυπτει*,—mysterious words, which, inscribed under such a figure, will become intelligible enough. But I beg pardon for this levity. From all that is said, we may, I think, infer, that, in formation, nature generally uses two substances; that these two substances must mix; that of the male material, often, little is required; and that it is not necessary that the contact should take place in the individual who bears the child; so that virgin pregnancy is not physically impossible.

There is one other remark I shall offer, and then conclude this speculative subject. Different genera of animals, and different animals of the same species, are found to possess very different degrees of fecundity. A sturgeon produces, at a single spawning, a million of eggs; our women are usually uniparous. In the strength and prolific energy of the genital system there is, too, a good deal of variety, even in the same species, as in our own race, for example, some women being sterile, others producing two, three, four, or even five children at a birth. When women are sterile, we generally ascribe the defect to their part of the genital apparatus, and I believe with good cause; but when they are unusually fruitful, we are willing to arrogate the merit to ourselves. This claim of ours, however, is, I believe, in general unfounded. When the sex is more

prolific than ordinary, it is, I conceive, generally owing to their own powers; nor can I, by any means, commend the corporation of one of our provincial towns, which presented a piece of plate to an old gentleman, whose age lay near 80, in commemoration of his felicity in being blessed with four children at once. A lady, related to one of my own pupils, conceived of four children together, and this lady had three own sisters, who all produced their husbands either twins or triplets; it is clear, therefore, that it was in the female system that the fecundity existed. Of this hint you may avail yourselves hereafter, when searching for a bride. Mr. Knight, in one of his excellent papers on vegetable physiology, tells us, that when a herd of cows is served by the same bull, some of the cows are noted for being more prolific than the rest.

Suckling is no certain preventive of pregnancy, though, in general, in the earlier months especially, the wet nurse remains sterile, and, in the second or third month, gestation dries up the milk. Genitals, pregnant already, cannot, so far as I know, be impregnated again, unless at a very short interval; so that the daughter of Augustus Cæsar was right in her distinction. At a very short interval, a second impregnation may be accomplished. Bitches, I am told, produce puppies engendered by different dogs; and women have produced twins begotten respectively by a white and black parent, as the characters of the offspring clearly showed. Mr. Blackaller, of Weybridge, has recorded one case of this kind, and in Smellie's translation of Buffon may be found another. I lately, in presence of my able friend Mr. Waller, of Bartholomew Close, met with two wombs opening by separate orifices into the vagina; and my distinguished colleague, Mr. Key, showed one uterus with two bodies, and Mr. John F. South showed me another. Should any of you hereafter meet with a superfetation, for so those impregnations are called, pray observe whether the womb be double, if, indeed, the observation can be made.

FOREIGN DEPARTMENT.

THE HOSPITALS OF PARIS.

Up to the year 1780, the Parisian hospitals were in such a miserable state, that when Howard visited them, he declared that he had never seen worse; and when the Emperor Joseph, after having ascended the Imperial throne, made a journey to Paris, he was actually so shocked at the

management of the Hôtel-Dieu, that he openly made very energetic remonstrances to the French king. In consequence of this, and after many complaints from nearly all quarters,* the French government, at last, elected a committee, consisting, among others, of Daubenton, Lavoisier, Bailly, Coulomb, and Tenon, to inquire into the best means of reforming the state of the hospitals. The report of the commissioners revealed the most shocking abuses, of which the picture that M. Tenon gives of the Hôtel-Dieu, will best enable us to form an idea.

This hospital contained 1,219 beds, of which 486 were three feet, and 733 four feet four inches in breadth; the number of patients varied from 1800 to 5000, so that often not less than four, or even six patients, were lying in one bed! The Salle Saint-Charles Saint-Antoine alone sometimes contained 818 patients! The lying-in department consisted of four wards, contiguous to those of the wounded and fever patients; three or four women were often lying in one and the same bed; pregnant and delivered, ill and healthy females, were indiscriminately crowded together. It may be easily imagined, that very dreadful epidemics often manifested themselves in these wards, and the mortality in the lying-in department of the Hôtel-Dieu, if compared with other institutions of the same kind, exceeds all belief. On an average ten died out of a hundred; but during epidemics, from ten to nineteen died out of twenty. (The general average of deaths, in a lying-in-hospital, is not more than one in a hundred.) The number of children born annually in the Hôtel-Dieu was 1500; of these nine out of a hundred died, and about 1500 were sent to the Foundling Hospital, where 400 of them died of induration of the skin, while of 3,400 children, sent from the town and the environs to the same institution, not more than 200 died of the same disease. Of the other patients at the Hôtel-Dieu, 25 died in a hundred, a mortality which is more than double that in any hospital now existing.

It is to the zeal of the above-mentioned committee, that Paris owes the subsequent amelioration, and the present state of its hospitals. The sum formerly applied to their maintenance, was increased from 1,200,000 to 2,700,000 francs; the number of hospitals was considerably augmented; to each class of patients a particular hospital was appropriated; the old, infirm, and

* Marmontel proved, that from 1737 to 1772, more than eighty thousand individuals perished in the Hôtel-Dieu, merely from bad management, neglect, bad air, improper treatment, &c.

incurable, were removed into the Hospices; the lunatics were separated from the criminals, &c. The following tables, drawn up in the year 1825, will best serve to show the

happy results of this reform, and especially the considerable decrease of the mortality amongst the patients, as compared with that formerly observed in the Hotel-Dieu:—

NAMES OF THE INSTITUTIONS.	Usual Number of Patients.			Annually Admitted.			Annually Discharged.			Annually Died.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Hôtel-Dieu.....	530	400	930	7,650	4,930	12,580	6,655	4,127	10,782	1,102	835	1,937
Saint Louis	430	300	730	2,356	1,624	4,380	2,338	1,718	4,026	1,206	142	1,348
Veneriens	160	292	452	1,305	1,565	2,870	1,260	1,561	2,821	42	40	82
Pitié	220	180	400	3,991	2,725	6,716	3,427	2,271	5,698	521	406	927
Charité	156	124	280	3,425	1,761	5,186	2,915	1,439	4,354	451	293	750
Saint-Antoine.....	120	100	220	1,789	1,237	3,026	1,515	1,074	2,589	273	219	492
Necker	42	38	80	736	747	1,533	679	610	1,289	104	134	238
Cochin	56	44	100	824	915	1,743	741	607	1,348	99	105	204
Beaugon	98	52	150	1,562	730	2,292	1,338	590	1,928	212	113	327
Enfants Malades	225	175	400	1,676	1,387	3,063	1,279	1,036	2,315	424	333	757
Maison de Santé	80	36	116	1,522	787	2,309	1,301	623	1,928	228	164	392
Maison d'Accouchement	-	-	-	-	-	-	-	-	-	-	-	-
Infirmerie des Enfants	-	-	-	-	-	-	-	-	-	-	-	-
Trouvés	100	100	200	750	750	1,500	200	200	400	550	550	1,100
	2,207	2,101	4,298	27,856	22,293	50,149	23,665	18,867	42,532	4,212	3,440	7,552

HOSPICES.

NAMES OF THE INSTITUTIONS.	Usual Number of Inmates.			Annually Admitted.			Annually Died.		
	Men.	Women	Total.	Men.	Women	Total.	Men.	Women	Total.
Bicêtre	3,000	-	3,000	920	-	980	700	-	700
Salpetriere	-	5,000	5,000	-	1,180	1,020	-	1,800	800
Incurables	420	520	940	83	75	158	60	60	120
Ménages	236	414	550	50	60	110	45	40	85
Mont-Rouge	85	90	175	60	60	120	24	20	64
Sainte-Périne	84	82	166	27	17	44	16	12	28
Orphelins	145	135	280	154	100	254	15	8	23
Enfants Trouvés (In the Institution and in the Country.)	8,500	8,500	27,100	2,795	2,621	5,416	2,020	2,020	4,040
Total	12,470	14,741	17,711	4,149	4,113	8,262	2,880	2,960	5,840

The annual number of deaths in Paris is between 21 and 22,000, of which more than two-fifths occur in the hospitals. There are between 24 and 25000 births annually, of which 5000 take place in hospitals. The fourth or fifth part of the whole number of hospital patients is contained in the Hôtel-Dieu, where from thirty to forty are daily admitted, and about five patients die every day.—*From the Journ. des Progrès.*

MENSTRUATION IN A CHILD NINETEEN
MONTHS OF AGE.

The subject of this occurrence was, at its birth, in no respect different from other children; it soon, however, began to grow rapidly, so that at its ninth month, it was equal in size to a child of a year and a half. At this period, a small emission of blood was observed from the vagina, and the same recurred more abundantly in the eleventh month; at the same time the breasts began to grow, and the pubes to be covered with hair. At the fourteenth month a third, and, at the nineteenth, a fourth evacuation of dark-coloured blood took place from the vagina. At this age, the child was, in all other respects, very well formed; its height was three feet; the distance from one shoulder to the other, nine inches; the circumference of the thorax and of the pelvis were twenty-two inches each; the breasts and external genitals were fully developed; the child had, as yet, shown no sexual desire, nor did it, with respect to its intellectual faculties, exceed other children of the same age.—*Merkel's Archiv.*

GASTROTOMY.

A lady at Bordeaux, 24 years of age, inadvertently let a small fork slip into the throat; it was swallowed, and descended

into the stomach. Here it remained for some months, hardly producing any symptoms; but, at the end of this period, the most violent vomiting came on, and soon brought the patient into a most dangerous condition. By the advice of MM. Delpech and Fages, gastrotomy was performed by M. Cayroche; the fork was easily extracted, and within twenty days the wound had completely healed.—*Rapport des Travaux de l'Académie Royale de Médecine de Bordeaux.*

THE DUBLIN COLLEGE OF SUR-
GEONS AND ERINENSIS.

"Hos ego versiculos feci, tulit alter honores."

My re-appearance, for the third time, in the pages of THE LANCET, has been followed by manifestations of resentment, among a certain portion of the profession in Dublin, in which, it is to be feared a troubled conscience may have some share. The exertions, at least, of this party to discover me, strongly partake of the embarrassing timidity of guilt; foolishly supposing, that if they could tear off my mask, my strength, like that of Sampson shorn of his locks, would instantly vanish. In their blind zeal, it may be readily imagined, they have fallen into mistakes which, if they might not prove mischievous, would be calculated only to awaken a smile. If, indeed, to conceal myself from their threatened hostility, at the expense of the unoffending, were my present object, I could not adopt a more judicious plan for its attainment than to permit these blunders to pass by in silence. Humbly,

however, as I think of my own labours, I value them sufficiently not to wish that any individual should be burthened with the credit or reproach of having composed these Sketches, much less that any person should suffer by being considered their author. These feelings alone, independent of egotistical speculations, induce me to attempt (notwithstanding the little confidence usually reposed in the assertions of anonymous writers speaking of themselves) to show the extreme folly of conjecture in matters of this kind, by its perpetual contradictions.

When the first of these papers was published, rumour, from the mere analogy of title and topic, detected the writer of them in the person of Mr. Cross, author of the excellent Sketches of the Medical Schools of Paris, a calumny on that gentleman in which I certainly had the better part. Having subsequently described scenes of which Mr. Cross, residing, I believe, in Norwich, could have known nothing, I had next the supreme honour of finding myself and Dr. Macartney one and the same person, in the suspicions of the day, for the unconscious benefit of whose celebrity I here beg leave, most heartily, to thank him. Well, the portrait of the Professor of Anatomy, in the University of Dublin, appeared soon after; the delusion was, of course, as quickly dissipated as it was diffused; but I had the consolation of being immediately united to Mr. Kirby, an union, by the way, in which I may remark, I also felt highly flattered. Had my labours ceased here, they might still have retained all the splendour of Mr. Kirby's fame; but, Marplot as I was, I should pencil a likeness of my illustrious representative, which, unfortunately, deprived me of the advantage of being synonymous with the founder of Peter Street School. Puzzled to find a fit and proper person to identify me with, the public now launched into the licentiousness of unlimited conjecture; and, will it be believed, that the Royal College of Surgeons in Ireland supposed they saw grounds for accusing Sir Astley Cooper of the composition of the Sketches, who, it was slyly whispered, was actually jealous of the rising fame of that institution? This report, however agreeable to my vanity, was, I regret, of too delicate a constitution to live long; but as it was quite certain I must be somebody, and as nothing better presented at the time, surmise fixed, for awhile, the odium excited by my lucubrations on a candidate for "letters testimonial," who had been rejected about this time, on the principle, I presume, implied in the satirical precept—"Facit indignatio versum." This inglorious alliance carried in its improbability the seeds of its own dissolution; and I now turned out to be no less a personage than an Apothecary,

whose claims to a connexion with me rested on the simple fact of his having penned some ingenious "puffs" in the newspapers, in a style which (*horresco referens*) was said to bear a strong resemblance to mine. I was soon relieved from my disreputable association with the Apothecary and his "puffs," to be identified with the Sub-Editor of a Popish morning journal, who, opportunely for the gratification of the public taste for gossip, had recently "thrown physic to the dogs," and commenced practising without a license on the moral diseases of his native country. He did not long, however, enjoy a monopoly in my fame; a new candidate was started, in a reporter to a Protestant morning paper, who, I believe, was serving in the capacity of a surgeon at Sierra Leone, while I was writing these Essays in Dublin. This fact, when made known, threw me once more on the wide waste of anonymous existence, from which I was, in due time, delivered by identification with a melancholy looking pupil of Mercer's Hospital, who, having no apparent business on hand, the public should find him in employment, in the composition of the Sketches. Not satisfied with this adjustment of the question, the public divided on my identity, one party strenuously maintaining (*risum teneatis amici?*) that I was really Mr. Jacob, who, by virtue of his office as demonstrator to a rival institution of the College of Surgeons, should then be a medical Whig as he is now a Tory, as professor of that establishment; the other as ardently contending that my familiarity with Camper, Spurzheim, and Lavater, in my descriptions of professors' heads, was a demonstrative proof of my being a certain pupil of the Meath Hospital, who, about this time, became such a craniological enthusiast, that he actually combed back his hair to render his forehead a more convenient reference for the elucidation of his favourite doctrine. My metamorphoses, hitherto strange as they were, had not yet ended; they were now to be far surpassed, my sex (a point on which, like most men, I felt particularly sensitive,) being now changed by Mr. Tom Egau, according to whom I had absolutely entered the sacred premises of the Lock as a "woman of the town," to watch his spiritual practice in that establishment, while my old friend, Mr. Cusack, as positively asserted that I must have the omniscience of a "witch" to know that he had been in the habit of purchasing tumours for operation in Stevens' Hospital. This, indeed, was the very climax of transformation, at which a Pythagorean might rejoice; but I had still further trials to undergo. Characters being now a good deal exhausted in Dublin, the sphere of speculation was en-

larged, and I had now the pleasure of finding myself in the person of Mr. Quain, of London, to whom report assigned the ingenious merit of making up these articles, out of materials transmitted by post to the metropolis. How long Mr. Quain may be allowed to enjoy a reputation of which, I presume, he would be no ways ambitious, I cannot say, so capricious is that spirit of conjecture which has made me, in succession, Mr. Cross, Dr. Macartney, Professor Kirby, a rejected Candidate, a puffing Apothecary, a Popish Editor, a Protestant Reporter, a Green-horn of Mercer's, Sir Astley Cooper, Mr. Jacob, a Phrenological Madman, Mr. Jones Quain, a Witch, a Woman of the Town; and, of course, it will be duly discovered, that in addition to all these I am the "terra filius" of the next institution of which I may chance to give a description. The enjoyment of the privileges of immortality on alternate days, by the twin Sons of Leda, or the contortions of Proteus in the hands of Aristæus, were but plain matter of fact transactions, compared with these more than mythological transformations of character.

But to be serious, even though it "exceed all power of face," how are these contradictions to be explained? Simply, because each of them has been the offspring of error. No person ever originated one of them, who was not conscious that he had no other foundation for his belief than mere conjecture; for, up to the present time, no individual could prove the authorship of these papers but the Editor of this Journal. The absurdity of these suspicions (and I have enumerated all that reached an ear naturally attentive to rumour) is manifest from the names on which they have fallen, as it is obvious that some of the men specified could not, and the rest would not, write these articles though they possessed the ability. So much for the consistency of guessing. As the articles themselves have given uneasiness, I think the character of some of the complainants, and the nature of the charges, entitled to some consideration. I have been generally taunted with writing anonymously—upbraided with the cowardice of concealing my name. To this I answer, I have a right to use my discretion, or my taste, in withholding my name. Having taken the right of disclosure into their own hands, and passed me through all the stages of degrading transformation, the demand of my identity comes with rather an awkward grace from these men. Until it be my pleasure to set them right, I will leave them to their suspicions, in which they have so liberally indulged, for I am not to be bullied into concession, or deceived by their shallow stratagems into the revelation of my name. The propriety of the

task which I have undertaken has also been made the theme of condemnation; but, I answer, that I have taken no liberties with public characters, or used any precautions for concealing myself, for which I am not prepared to furnish hundreds of examples in the literature of this and of every other age. The whole periodical literature of the present day, not to include former times, is anonymous, and made up, in a great measure, of strictures on living character. The talented Sketches of the Irish Bar, Peter's Letters to his Kinsfolk, and several other essays of the same description, furnish at once a pertinent example of personal and nameless composition. To the charge that I have abused this right, by partiality in my representations of professional merit, I reply, that if I injured any person, the instrument, a free press, by which the wound was inflicted, was open to them for redress. I do not consider it an answer to this observation to say, that some men cannot defend themselves in print, if wronged, and that others think their time better employed than in replying to anonymous attacks. The man who does not defend his own character (and there are few who cannot write all that is necessary for this purpose) violates his own principle, and abuses as much, or more, the press by not correcting its licentiousness, as the man by whom he pretends to be injured. Social duties are obligatory on all. With any individual, however, whose name has been mentioned by me, or with any institution which I have described, I affirm I have no connexion whatever: my estimates may, indeed, have been wrong, but the imputation that they were biased by improper motives I reject with contempt. In asserting this, I but claim the right of being judged by the general conduct of mankind in similar circumstances. The basest villain will act fairly without a motive to the contrary: I had none for being unknown, and, necessarily so, no act of mine could be reflected back with interest on its author. With respect to the insinuation that my opinions have been influenced by politics and religion, I may merely remark, that I aspire to no higher distinction in either than that of being an Irishman and a Christian. I wish I could say so much for my accusers. Their own suspicions, which, along with coupling me with every grade of intellect, have confounded me with persons professing every and no form of religion, sufficiently acquit me of all sectarian predilections. As to the threats muttered against me by a faction in the College of Surgeons, this party might, if they had only common discrimination, perceive, in the nature of these Sketches, that I despised the consequences of detection. Having given them so much negative information, I will now

affirmatively inform them, that no act of theirs, however base, or remote in design, can possibly reach me. With Niobe I may say, without, I hope, being turned into stone by the angry glances of these Apollos, for a reluctant intimation of my circumstances:—

Tantum me copia fecit.
Major sum, quam cui possit fortuna nocere;
Multaque ut eripiat; multo mihi plura relinquet.

But why argue the question with them thus? They say they know me; I take them at their word, and ask them, why wait for additional evidence to justify the execution of their threats? If I am a member of their body, their new charter furnishes them with a congenial instrument of revenge; and since they have not the candour of men to be silent when uncertainty renders report criminal, let them act consistently with their past conduct, and display, at least, the courage of the assassin,—I DARE THEM TO THE ATTEMPT.

BRINSENSIS.

OBSERVATIONS ON DISLOCATIONS.

By HENRY PENNECK, M. D.

DISLOCATION of the radius forwards, appears to be an accident of such unfrequent occurrence and difficult management, that the recording every case of it would seem interesting, and particularly if a more facile mode of treatment could, at the same time, be pointed out.

Until Sir Astley Cooper, and Mr. Charles Bell, proposed extension by the hand, instead of by both radius and ulna, as had been formerly practised, the reduction must have been nearly impracticable. The former gentleman, in his great work on Dislocations and Fractures of the Joints, &c., 1824, has mentioned six cases that had fallen under his notice. The two first foiled every attempt that was made to reduce them; and how the reduction of the third was accomplished, except that the patient was in a state of syncope, does not clearly appear. But the fourth case, in which the arm was bent over the back of a sofa, and extension made by the hand, is the only really instructive case that I have seen. The fifth and sixth were old dislocations, from which nothing could be inferred but the difficulty of treating them; nor does extension by the hand alone, though clearly a great improvement, appear to have removed all impediment; for, even in the fourth case, Sir Astley Cooper was "some minutes," before he succeeded in effecting the reduction; and we find Mr. Key, surgeon of Guy's Hos-

pital, in a memoir read before the Hunterian Society on the 2nd of July last, and reported in the London Medical Gazette of the 19th of the same month, attributing the difficulty to "a band of the *interosseous ligament*, about one-third down the fore-arm, which is violently stretched by the separation of the radius from the ulna, and retains the head of the radius on the coronoid process." It might not have been necessary to notice this opinion, if it came from inferior authority; but as I conceive it to proceed from an erroneous pathology, and is, consequently, likely to have an injurious effect on practice, by withdrawing attention from the improvements of which our art is susceptible, I will endeavour to show that it rests on no solid foundation; and, for this purpose, I shall quote the writings of Mr. Pott, in whose day there was no surgeon superior to himself. Among the many sound principles to be found in that rich mine of experience, his works on surgery, and which, in 1783 and 1784, when a pupil at Bartholomew's, I had also the satisfaction of hearing him deliver in his lectures, are the following:—In his remarks on dislocations, he says, "The ligaments of some of the joints endued with great mobility, are weak and distractile, and capable of suffering considerable violence, without being lacerated;" and "as it is impossible to know, with any certainty, whether it (a laceration) has happened or not, or in what part of the ligament, it cannot be admitted as a rule for our conduct;" and he does not appear to consider it a matter of great consequence, even if the ligament should be torn.

Mr. Pott is certainly applying his observations principally to the capsular ligament of the shoulder joint; but this I take to be the stronger case; for he says, when extension is made, "it being much more likely that the head of the bone should return back by the same rent in the ligament, when such ligament is moderately stretched, than when it may be supposed to lie wrinkled, or in folds." The interosseous ligament must also be endued with great mobility; in pronation and supination of the fore-arm it allows of considerable motion, and therefore is not more likely to occasion resistance than the capsular ligaments of the joints, particularly as, by extension in the reduction, that ligament, which was before on the stretch, will be relaxed, and cannot lie in folds; for the radius cannot be removed from it, and the arm will be a guide for returning the radius through the same rent in the capsular ligament which it may have produced in being dislocated. That the interosseous ligament has little to do with any difficulty that may arise, will be shown by analogy, when we further examine the principles which Mr. Pott has estab-

lished; for he observes, "that all the force, in reducing a dislocated bone, ought always to be applied to the other extremity of the said bone, and as much as possible to that only. By the yielding nature of the ligaments of the luxated joint, reduction is accomplished; the ligaments of the other articulation, which is not luxated, are *yielding* also, and all the force which is applied to the bone, below, or adjoining, must necessarily be *lost* in the articulation which is *not* luxated, and can be of *little or no* service in that which is." And he afterwards illustrates his argument, by showing why extending by the *wrist*, in dislocation of the shoulder, has failed, by observing, why, in a case of luxated os femoris at the hip joint, the strength of five or six people, divided between the joint of the knee and that of the ankle, shall be insufficient; and that of four, nay three, of the same assistants, shall, in the same case, prove sufficient, by being all and properly applied to the knee and femur only, as I have more than once seen."

Here, then, the *true cause* of the difficulty may be ascertained; for, if the intervention of the knee joint *alone* rendered *double* the force necessary; then, as the joint of the carpus is composed of *three* articulations, it follows that the resistance will increase in *geometrical progression*, and become *nine times* greater when the extension is made by the *hand*, than it would have been could the extension have been made on the *distal extremity* of the radius. Here, too, we must look for the consequences of over-distension, which the acute mind of Mr. Pott has guarded us against, by directing the extension to be made slowly, that time should be allowed for the muscles and ligaments to relax and give way, and that no greater force should ever be applied than was absolutely necessary for the reduction, when applied in a proper situation and direction.

I now beg to draw the attention of the profession to the following case:—Samuel Payne, aged 60 years, a fisherman of Newlyn, near Penzance, informs me that, when a lad, he, by a fall, injured his left elbow. The radius must have been dislocated outwards and forwards: it has not been reduced, and presents the following appearances:—A joint has been formed on the outside of the external condyle of the humerus, on which the head of the radius rotates; it is most prominent when the hand is supinated; when the hand is pronated, it is less prominent, by rolling more forwards over the condyle. The coronoid process was probably fractured; for though the sigmoid cavity of the ulna traverses in the trochlea of the humerus, yet, when the arm is bent, the olecranon, which is enlarged, projects further back than that of the other arm, and is prevented from falling into the posterior

fosse, so as to allow the arm being fully extended; neither can it be bent so far as to permit the thumb to touch the shoulder. A depression is felt on the inner side of the radius, where its head ought to rotate against the knob of the external condyle of the humerus. The arm, three inches above and below the condyles of the humerus, is one inch less in circumference than his right arm in the same places. About 14 years since, in a gale of wind, he was washed out of a boat, and hung by the hand of his crippled arm, which occasioned so much *over-distension*, and consequent inflammation, that his *fingers* have since been *contracted*.

This case, though irreducible, appears to me important, because it has enabled me to ascertain by experiment the practicability of a method of reducing dislocations of the radius forwards, similar to that which I recommended for the reduction of dislocated thumbs, fingers, &c. See THE LANCET, vol. i. 1827-8, p. 260. My friend, Dr. Clutterbuck, of Bridge Street, Blackfriars, being at Penzance in August last, I submitted Samuel Payne to his inspection. I repeated the experiment, by bending the forearm to a right angle with the humerus, and supinating the hand. I placed a tape on the arm above the head of the radius, and tied it on the inside of the arm below the inner condyle of the humerus, and twisting both ends round my hand, I proved to his satisfaction, that this method permitted me to make an extension with any degree of force I might wish to employ, without danger of the tape slipping; he also saw and felt the head of the radius rotating on the condyle of the humerus when the hand was moved, and was convinced that by bringing the force to bear immediately on the head of the radius, that bone must be more easily and quickly returned to its proper situation, than by any other means. In confirmation of this, Dr. Clutterbuck has allowed me to refer to himself.

I have also had an opportunity of using the same method in the following case, which well illustrates the plan I have detailed. On the 19th of July last, the wife of Henry Curnow, a farmer of the parish of Ludgvan, by a fall from a horse, dislocated her left wrist. The carpal bones were thrown backwards on the radius and ulna, which were thrust forwards upon the anterior annular ligament. I bent the forearm to a right angle with the humerus, where it was held by an assistant; and having placed the tape of a tourniquet on her arm, immediately above, and partly against the carpal bones, I tied it gently on the opposite side. I then twisted the ends round my left hand, and with my right grasped her hand. I made the extension with both hands, and in an instant, and when I was employing very

little force, the bones passed into their places, the tape slid down on the wrist, and the woman exclaimed, "the bone is in!" It is evident that a dislocation of the radius forwards may be reduced by a similar method, and with the same facility with which I reduced this dislocation of the wrist; compression of the muscles of the humerus by a firm roller, as I described in my former paper, would here be of great use; and it appears to me, that "bending the arm over the back of a sofa," in Sir Astley Cooper's fourth case, was, in a degree, productive of this very effect. I am fully convinced, that far less force will always be required to reduce a dislocation, when the force can be applied on the head of the dislocated bone, as well as on its distal extremity, than if it be applied to that extremity only, and *a fortiori*, than if the force be applied to a part between which and that extremity, one or more joints may intervene.

I consider the effect of the extension made by the hand in the last case, chiefly to be, to preserve the direction, whilst the motive power was exerted on the bones themselves. This method has also the advantage of employing no more force than is absolutely required to make sufficient extension, and then laterally to conduct the dislocated bone or bones into their proper places. No over-distension can here take place, the effect of which has been shown in the case of Samuel Payne.

Having stated the use of this method in so many cases, I need not particularise all in which it may be of great service, for I believe wherever it can be applied, it will certainly be found an important advantage.

I have already mentioned my observations on reducing dislocated thumbs and fingers, published in *THE LANCET*; I there also detailed a method of assisting in the reduction of some dislocations of the thigh-bone on the same principle, but, unfortunately, an error of the press, converting *bight* into *thigh*, and *pull* into *pulley*, has rendered the paragraph unintelligible, and I request it may be reprinted as follows:—

In addition to the methods so scientifically recommended by Sir Astley Cooper, for reducing those dislocations of the thigh-bone, in which the head of the bone is thrown above the acetabulum, I propose to employ a four-tailed bandage, by which I intend two rollers, firmly fastened to each other at the middle; and to prevent it from slipping, I carry two of the straps in opposite directions round the pelvis, under the spine of the ilium, and above the head of the dislocated thigh-bone, to be crossed on the opposite side, and held by assistants, and to bring down the other two straps also in opposite directions, so as to encircle the

hip, and to tie or fasten them to each other on the inside of the thigh, close to the pudendum, on which, fastening a pull may be fixed, which will have the same effect as twisting the ends round the hand; and whilst an extension is making, and as soon as the strap can be brought to act on the trochanter of the dislocated bone, the pull should be hauled in a proper direction, which must greatly assist in bringing the head of the thigh-bone to the acetabulum.

Penzance, Oct. 10, 1828.

EXTIRPATION OF THE UTERUS.

By JOHN LIZARS, Esq., Edinburgh.

In the spring of 1828, I was requested by Mr. Campbell, surgeon, Newington, to visit a patient of his, affected with a diseased uterus, and to whom I am indebted for the following history of her case. She was an unmarried woman, forty-four years of age, of the ordinary stature, apparently in good health, and acted as servant in a gentleman's family. She stated, that for some months back, she had been suffering severe pain in her lumbar and pelvic regions, with a bearing-down sensation of the womb, and a dull heavy feeling at the top of the thighs; that she had a thin offensive leucorrhœal discharge, occasional rigors, and irregular catamenia which had then ceased for three months; that she voided her urine frequently, but with difficulty; that her bowels were irregular, being constipated and flatulent; and that she was sometimes attacked with vomiting. From these sufferings she was unable to attend to her duties, being confined to bed for two or three days in the week. On examining *per vaginam*, the os uteri felt turgid, and excited severe pain, which darted upwards, producing a sensation of suffocation: the cervix appeared lengthened, enlarged, and also painful to the touch; and the whole organ was increased in size, and very hard and heavy. The vagina was perfectly sound and narrow, was natural and contracted, with the circulus membranous firm and distinct. Per rectum, the uterus felt large, hard and weighty, about the size of a large pear, and moveable in all directions; she complained equally of pain during this mode of examination; indeed, after any examination, she required to remain quiet in bed for some hours before the pain subsided. All the other viscera of the abdomen seemed perfectly sound and healthy. As the vagina was so small that the uterus could not be removed by this passage, I recommended an attempt to dilate it by

Weiss's speculum ani, and to try the effects of a decoction of ergot, which I had found most beneficial in similar cases. She then went to the country, and I heard no more of her until September last, when her sufferings had so much increased, that she implored us to think of some more effectual mode of relief, for her life had become a burthen to her; she mentioned that the ergot, in a few days after she had taken it, produced flooding, which had weakened her. Her countenance had the dull leaden leucorrhæal cast, and her health seemed to have suffered much. Examination *per vaginam et rectum* produced more pain, and the uterus appeared to have increased in size. She was unable to use the *speculum ani* above once a week, from the pain it produced, so that the vaginal passage was nowise dilated. We now told both her and her master the nature of the operation, when she clung to the proposal as the last means of relieving her, and could not be dissuaded from it by her master, who was averse to her running any risk of danger whatever. Seeing her so determined he then encouraged her, and procured a room for her in town, with every comfort.

On the 1st. October she took a dose of physic; and on the next morning, the day of the operation, a domestic enema was administered. At twelve o'clock the operation was performed in the following manner: she was placed on a table in the attitude for lithotomy, without being bound; the limbs were held by two assistants, and the nates raised above the level of the shoulders, with the view of preventing the small intestines from descending into the pelvis, and as a greater security against such an event, Mr. Campbell placed his hand across the abdomen, immediately over the region of the promontory of the sacrum. I had resolved to follow the mode of Dr. Blundell; but the vagina was so contracted, that only two fingers could be inserted; I therefore divided the perineum with a bistoury from the rectum, by this means laying the rectum and vagina into one, and even then I found a difficulty in reaching the cervix uteri, which I transixed with a curved needle, armed with a strong ligature, which was knotted, and given to Dr. Campbell,* who gently held it on the stretch. I then proceeded with a straight, narrow, sharp-pointed bistoury, conducting it along the forefinger of my left hand, to divide the peritoneum and cellular tissue uniting the uterus and rectum, which, in consequence of its being more closely and extensively adherent than natural, was tedious and dif-

ficult. I next, in the same cautious manner, insulated the connexion of the uterus and urinary bladder, (previously inserting a common male sound into the urethra, in order to keep the urinary bladder greatly on the stretch,) which was equally tedious and difficult. Lastly, I cut with a straight probe-pointed bistoury the round and broad ligaments of the right side, close to the uterus, keeping extremely close to the latter organ, in order to avoid wounding the ureter; and in the same cautious way divided the ligaments of the left side, and removed the diseased uterus. Not two pounds of blood were lost during the operation, which she bore with uncommon fortitude, although she appeared much exhausted from pain, but no fainting ensued; she requested several times a little wine and water. On examining the pelvic cavity, after the removal of the uterus, no intestine but the rectum could be felt; the left ovary, however, was enlarged to about the size of a small apple, and felt distended with fluid. I attempted first to seize it with a hook, and remove it with the bistoury: but being foiled in consequence of its close adhesion to the parietes of the pelvis, I merely punctured it. The patient, who had now been under the operation thirty-five minutes, was carried to bed, and the nates raised gently with a pillow, as in the operation, and the limbs bound together with a handkerchief, to prevent the intestines from descending; but she felt the position so uneasy, that it was necessary to remove them almost immediately. The uterus, when dissected, presented every appearance of carcinoma, especially the cervix and one side of the body, which projected considerably, forming a round tumour, about the size of a chesnut. Soon after the operation she complained of sickness, with inclination to vomit, both of which hourly increased; in two hours rigours came on, although bottles of hot water were applied to her feet, a practice, which I invariably adopt after all great operations; in three hours she complained of acute pain in her bowels, with incessant thirst; her pulse was scarcely perceptible, her face bedewed with cold perspiration, and her hands also cool, so that she was allowed a tea-spoonful of brandy and ten drops of laudanum, with hot water and sugar, every hour. She had a peculiar craving for food, and had already taken some tea and biscuit. Five hours after the operation she had taken a third dose of the brandy and laudanum, her skin had become more natural, her pulse more perceptible, but the pain, thirst, and vomiting still continued. She complained of acute pain in the hypogastric region, with an urgent desire to make water; this was accordingly drawn off with the catheter.

* Lecturer on the Practice of Physic and Midwifery.

The brandy and laudanum were discontinued, and the toast-water, tea, and oat-meal gruel, which she had been taking from the first, allowed her. Nine hours from the operation, she had slept for a few minutes, but awoke, complaining equally of pain, thirst, and vomiting. At three o'clock, next morning, fifteen hours after the operation, the pulse became rather fuller, and continued to increase in strength for an hour and a half; the skin to be hot and dry, with a flushed cheek; the tongue dry, and pain to be equally severe and much increased on pressure; twelve ounces of blood were abstracted, with evident relief. The abdomen fomented with flannel cloths, dipped in hot water and turpentine, which also afforded much relief, and the feet surrounded with the same. At six o'clock in the morning she was much better; the pain confined to the hypogastric region, and she felt a frequent inclination to void her urine, which she now did without the catheter; there was a slight venous discharge *per vaginam*; the thirst was nearly as great as ever, but the vomiting had ceased; the skin was moist and natural; the pulse small and feeble; she took some tea and biscuit with some relish. From this period, until half past ten o'clock, she continued to improve, sleeping mildly and soundly at intervals, and having little or no pain, or thirst; when the vomiting, thirst, and pain recurred, and the face and hands became cold and clammy. The brandy and hot water were repeated, and bottles of hot water applied to the hands, feet, and sides, with apparent good effect. At one o'clock her breathing became hurried; and although she had slept at intervals, still the symptoms indicated more depression of the vital powers, a drachm of nitrous ether, another of aromatic spirit of ammonia, and five drops of laudanum, were given every hour; but the vomiting, thirst, and craving for food, continued unabated, and the skin became colder and more clammy; the pulse totally imperceptible; the breathing more hurried; the vomiting more urgent, until eight o'clock, when she expired.

Dissection.

Two o'clock, P.M., Saturday, 4th October, thirty hours after death. On making the usual crucial incision of the parietes of the abdomen, the peritoneum appeared deeply tinged in patches, partly with inflammation and partly with blood, but chiefly with the latter, of which there might be interspersed over the abdominal cavity about six ounces. The soft linings of the pelvic cavity were infiltrated with blood; the urinary bladder, and ureters, and rectum, were perfectly sound and healthy, and the vagina presented a

natural appearance. The left ovary, which was diseased, and of the size of a small apple, was distended with blood and hair; the former apparently a consequence of the puncture made during the operation.

ON THE TREATMENT OF PILLS.

By F. SALMON, Esq., Surgeon to the General Dispensary.

Two recent numbers of a periodical publication contain some observations from Mr. Bacot, not only reprehending the plan of treatment advised by Mons. Dupuytren, in the removal of hæmorrhoids; but likewise condemning, in the most indiscriminate manner, the excision of that disease.

The opinions Mr. Bacot has advanced, which he states to have founded upon the observations of Mr. Copeland, appear to me of too much practical importance to be passed over in silence.

Before I proceed to allude to the treatment of hæmorrhoids by excision, or by ligature, I trust I may be permitted to examine how far the opinions of Mr. Copeland accord with those Mr. Bacot has assigned to him. He (Mr. Bacot) writes, "It cannot be too generally known that the profession is indebted solely to Mr. Copeland for the clear and scientific view which he gave, some years ago, of this class of complaints; to him alone must be ascribed the merit of having shown to what cases the operation by ligature is applicable, and where excision may be practised with safety; and the value of his works consists in the sound and unerring principle upon which it is founded—that of the anatomical structure of the parts concerned. It has often surprised me that, notwithstanding the length of time which has elapsed since the publication of Mr. Copeland's pamphlet, and the eminent success attending his practice, the profession, both in England and on the Continent, appear to be still so little instructed on this subject. In all modern works upon diseases of the rectum, including Messrs. White's, Kirby's, and Calvert's, the treatment of the internal hæmorrhoidal tumour, is discussed in a manner that evidently shows those gentlemen to have been unacquainted with the true principles of practice in these cases; and I cannot but repeat my conviction that, if the mode of operating, first brought into notice by Mr. Copeland, and which I have followed for some years with the same invariable success, was generally understood, and appreciated as it ought to be, we should hear

nothing more of the excision of internal hæmorrhoids."

Now, respecting the formation of hæmorrhoids, Mr. Copeland remarks, "that the intestinal varicose tumour, or hæmorrhoidal excrescence, has been so very accurately described, and distinguished from other complaints which it somewhat resembles, by Sir James Earle, and some others, and is a disease so well known to surgeons, that it becomes unnecessary to enter into a minute detail of its nature and its appearance.* But I am sorry to say, that although I have repeatedly succeeded to the utmost of my wishes in curing the disease by the application of a ligature; this success has not been so uniform as to establish it in my mind as an operation *always to be recommended*. In one instance the patient very narrowly escaped death; in another, very serious symptoms were produced by the operation; and, in a third case, the operation was actually fatal. I have also heard of one or two other instances where the life of the patient was destroyed by freely tying off the hæmorrhoidal excrescence."

Mr. Copeland further condemns the unscientific manner in which the removal by ligature is frequently performed, nevertheless admitting, that he has seen "very serious accidents, and even death, sometimes happen, when much less injury is offered to the parts than in the case which Mous. Petit has related. Locked jaw, suppression or retention of urine, and other bad symptoms have occurred, when no more violence has been done to the rectum than in many of those cases which have been published, and have terminated happily." And he concludes this part of his subject by advising as "the safest and best way, to pass a ligature round one only of the tumours at a time, the most painful and troublesome of them, and to wait until the patient has quite recovered from this operation before any thing more be attempted, if any thing more should still be necessary."

Respecting the removal by excision, all Mr. Copeland observes is, "but I confess that I have been hitherto deterred, by the fear of hæmorrhage, from extirpating them by excision: for it is to be recollected that the veins of the abdominal viscera have no valves, and also that considerable difficulty has been felt by Mr. Hey, and by other surgeons, in restraining the bleeding after such an operation. It is better that this operation, by ligature, should be repeated two or three times, if it should become necessary, than that the tumour should

be all removed at once, at the imminent risk of the life of the patient!"

To what extent, then, the opinions of Mr. Copeland merit the eulogium Mr. Bacot has bestowed upon them, I leave to the decision of others.

To Mr. Copeland, however, the merit of originality and utility is justly due for the treatment of hæmorrhoids in the early stages by the use of the rectum bougie; though I do not agree with that gentleman as to its *modus operandi*, since I believe where it is productive of any benefit, it is not by its pressure producing absorption of the hæmorrhoids, (for before this would take place, ulceration of the part would most probably ensue) but by the removal of stricture of some particular part of the bowel.

In my "Practical Essay upon Stricture of the Rectum," which I presume Mr. Bacot has not perused, since he has made no allusion to it, I have given some cases illustrative of this particular; and it appears to me by no means improbable, that the hæmorrhage which sometimes follows the removal both of external and of internal hæmorrhoids, is, in a great degree, promoted by the same cause; for any obstruction at the superior part of the intestine tends, not only to prevent the free circulation of the blood, but likewise to create an hæmorrhagic disposition in the vessels at the lower part of the rectum.

A just consideration of the causes of any particular complaint will be our best guide; not only to prevent it, but likewise as to the mode of treatment we should adopt for its removal or alleviation. Let us therefore briefly enquire into the causes of piles. Various as these will be found, they all tend towards the same results, viz. "distention of the minute vessels of the mucous coat of the rectum, and enlargement of the hæmorrhoidal veins. They may be produced, therefore, by any circumstance, constitutional or mechanical, preternaturally exciting, or mechanically obstructing, the circulation in these particular parts. Thus they commonly follow an injudicious use of peculiar or violent purgative medicines; or too great an indulgence in venery: hence, also, arises the prevalence of piles in persons accustomed to a sedentary mode of life, the preternatural warmth excited from the constant sitting position of the body, promoting undue action in the vessels of the lower part of the alimentary canal; while the deficiency of exercise induces a torpid and confined state of the bowels, in great degree assisted by a deficiency in the secretion of bile." They are very commonly connected with an enlarged and diseased condition of the liver; in which case we shall usually find the venous circula-

* He afterwards alludes to different authors who have recommended the treatment by excision, or by ligature.

tion of the rectum, to be more or less affected; a circumstance satisfactorily accounted for, when we consider the immediate connexion which exists between the *vena portæ* and hæmorrhoidal veins. But a common cause of piles will be found in a contracted condition of some portion of the rectum, which causes an accumulation of indurated feces in the bowel; this necessarily irritates the part, and its mucous coat more particularly, while the perpetual straining which accompanies the disposition for motion, the result of the accumulation, injects the minute vessels of the bowel, distends them, and finally causes them to rupture, producing the hæmorrhage generally experienced, more or less, by those who are subject to piles. It is not always judicious, suddenly, to correct this effect; for though it is a diseased action, it is very frequently the mode by which nature relieves herself, and it thus, perhaps, prevents the formation of a more serious disease.

"From this cause, likewise, the hæmorrhoidal veins may become distended, which do not burst, but enlarging, form permanent tumours in the part. This enlargement will continue to increase, provided the cause remains uncorrected, till, in extreme instances, the whole cavity of the rectum will be nearly filled up.

"Another effect of irritation in the bowel, is the coagulable lymph, which, from time to time, is thrown out upon the inner coat of the intestine, and between its muscular and mucous coats; which lymph, becoming organised, at last creates a huge mass of diseased superstructure, productive of intolerable pain."

"The foregoing is, as I believe, a very brief and simple narrative, both of the formation of piles, and of the hæmorrhoidal excrescence."*—Now let us suppose the instance of a surgeon being consulted by a patient suffering from an extreme case of piles; he inquires into the state of the patient's general health, and ascertains that he has not any enlarged or diseased condition of the liver, no stricture in the intestine, or any other organic affection to which the formation of the piles may reasonably be attributed. He examines the part, and discovers one or several tumours, either protruding externally, or being within the sphincter. On what is he to found his judgment as to the removal by excision or by ligature? I should say, not so much upon the size of the tumour and its extent of attachment to the rectum, as upon the condition of the hæmorrhoidal veins.

In the removal by ligature, we shall have

to encounter much local irritation, and not unfrequently severe constitutional disturbance; over which, when once excited, we have a very limited controul. Provided there are several tumours, (a common occurrence, we shall be necessitated to perform several operations. The application of the ligature is extremely painful: its operation tedious, and not unfrequently incomplete, either from the ligature getting loose, or by reason of the base of the tumours being left, which forms a nidus for the return of the disease. The treatment, after the removal of the tumours, is likewise protracted; lastly, it is inapplicable, where there is much distention of the hæmorrhoidal veins.

Now the removal by excision is more expeditious, it is more complete, the pain is less, as is the danger either of local inflammation, or of constitutional disturbance, the parts heal more readily, and, finally, if we are compelled to divide the enlarged hæmorrhoidal veins, the probable danger from hæmorrhage is not by any means so great, as that which is to be apprehended from the constitutional and local disturbance, which almost invariably follow the including them in a ligature. If, therefore, we survey the advantages which may reasonably be expected to follow the operation by excision or by ligature, I think it must be admitted that they preponderate in favour of the removal by excision. So far as my experience has gone, I can only say that I have repeatedly performed the operation by excision, with the most perfect success; occasionally I have had to encounter hæmorrhage, but never to such an extent as to endanger the life of the patient, or even to be a source of apprehension, since it has readily subsided upon throwing a few injections of cold water into the rectum. On the other hand, in three cases out of seven in which I applied the ligature, though it was used with great caution, it created such severe constitutional, as well as local, disturbance, that I was obliged to take it away. I may also add, that I have more than once excised the excrescence from patients who had previously undergone the operation by ligature, and who have expressed their decided preference for the former mode of relief. I am inclined therefore to believe, that when hæmorrhage ensues to any extent, it is in those cases where the tumours are accompanied with an enlarged and diseased condition of the liver, with stricture in some part of the rectum, or some other disease which may give rise to an hæmorrhagic disposition in those vessels we have divided.

12, Old Broad Street, Nov. 1, 1828.

* Salmon on Stricture of the Rectum, &c.

THE LANCET.

London, Saturday, November 29, 1828.

WE alluded, last week, to a fabricated case transmitted to this Journal from Glasgow, in a letter signed "Maxwell C. Calder," in the expectation that our exposure of the fraud would be contemporaneous with some effusion on the part of the fabricator, or of those who colluded with him, complaining of the false statement to which they had themselves given circulation. Our anticipations have been more than fulfilled by the respectable parties to this transaction, for they have put forth an unblushing avowal of their own turpitude, and are evidently of opinion, that the success of their fraud affords a just ground for exultation. Low as we had reason to rate the morality of these persons, we gave them credit for a species of sagacity, or cunning, frequently found united with fraudulent propensities, which they do not appear to possess. The object of the perpetrators of this fraud was to throw discredit on certain cases published in THE LANCET, the accuracy of which has been fully established, by showing that a case, which had never occurred, was maliciously inserted in our Journal. Now, the avowal of their own fraud negatives the imputation of malice, and consequently defeats the object of the fabrication. Had they merely insisted on the false statement, the *onus* would have been thrown upon this Journal of showing that the fabricated case had been innocently published; but by avowing their own fraud, they, at the same time, furnish a complete answer to the allegation, that we have been actuated by malicious motives in publishing cases of *mala praxis* at the Glasgow Infirmary, and they prove nothing, therefore, but the liability of Journalists to be deceived, so long as society is infested by persons as despicable and degraded as themselves.

The case which gave rise to the war now

waging at Glasgow between the friends to the freedom of the medical press and the supporters of a "Hole and Corner" system, was one in which the operation for strangulated hernia was performed upon a boy, without any regular attempt at the taxis, bleeding, &c., and where the *irreducible hernia* proved to be nothing but a collection of water in the spermatic chord! The accuracy of the account of this case, which will be found at page 496 of our last volume, was denied in a communication from Glasgow, to which we gave insertion, and which, shortly after its insertion, elicited a letter from Mr. Macnee, *who was dresser to the patient*, confirming the original statement. This last statement has never been contradicted, and may, therefore, be taken to be undeniable. If further proof were wanting to establish the case brought against the functionaries of the Glasgow Infirmary, it would be found in the contemptible manoeuvre to which they or their instruments have resorted—a manoeuvre which has succeeded sufficiently to expose and disgrace its inventors. The denial of our Correspondent's accuracy was met by proof, and proof has been answered by fraud.

The Scotch Bats have small cause for self-gratulation on the success of their fraud, for they will gain nothing by it but the assurance, that a few obscure and hungry birds of prey on this side of the Tweed have a kindred feeling with their tribe, and are ready to exult and flap their wings at a supposed triumph over THE LANCET. We can afford for once, however, to acknowledge that our adversaries have triumphed, since the only superiority to which they pretend is superiority in the use of weapons which no honest antagonist would employ. They have failed in all legitimate attempts to cope with THE LANCET, but the arts of circumvention and fraud may still furnish a field for their ambition, the more easily won, as they will have nothing to dread from our competition.

We can hardly imagine a more decisive refutation of the charge of malice against hospital functionaries, which has been so frequently and absurdly made against this Journal, than the acknowledged necessity of resorting to fraud, in order to procure the insertion of a statement involving the professional ability of a hospital surgeon at Glasgow. It is made matter of boast and exultation, that the fraud was "well-conceived and happily executed." A "well-conceived fraud" is a phrase which savours strongly of the morality of Mr. Peachum, who held that there were some rogues of so dull an apprehension that they would never come to the gallows with credit, if they were to live a *twelve-month*. But admitting, as we are ready to admit, that the fraud was skilfully executed, what does this fact prove, but that it was necessary to furnish, *prima facie*, evidence of the authenticity of the case, in order to procure its insertion in this Journal? We cannot, of course, be responsible to the same extent, for the accuracy of cases transmitted to us by our correspondents, as for that of cases reported upon our own authority; but where there is no strong reason, upon the face of a letter, to doubt the integrity of the writer, we shall not be deterred by a single, and in the course of our editorial experience, unexampled instance of dishonesty on the part of an unprincipled Scotchman, from giving insertion to communications addressed to us by provincial surgeons. The only instances in which we uniformly refuse to insert communications from unknown correspondents are, where the skill of a practitioner may be impugned or questioned in a case occurring in *private* practice. Cases occurring in public hospitals stand upon a totally different footing. Hospital surgeons are amenable to the public for the faithful and efficient discharge of the duties of the office with which they are entrusted. The patients of private practitioners have the

means of redress in their own hands, if they are unskilfully treated; not so the destitute sick who seek relief, and too frequently find themselves neglected and maltreated, in our charitable institutions. For one case of negligence or ignorance on the part of hospital surgeons, that is fairly brought under the notice of the public, it may be truly said, that twenty escape the animadversion which is due to them. Hence, the vigilance of the medical press should be exerted, not against, but in favour of, those who complain of the conduct of hospital functionaries; not with a view to suppress or discourage statements,—because such statements may, by possibility, turn out to be erroneous or exaggerated,—but to afford every facility to the weaker party to prefer complaints against the stronger; because we know, from experience, that such complaints are, in a majority of instances, too well founded. It is a wholesome doctrine, which cannot be too strongly impressed on the minds of hospital surgeons, that they hold situations for the efficient discharge of the duties of which they are responsible, not merely to the hospital patients individually,—for, if their responsibility extended no further, they would, in effect, owing to the condition of the patients, which is, for the most part, destitute and friendless, be wholly *irresponsible*,—but to the public. The public have a right to know whether such surgeons are, or are not, competent to discharge the duties of the office to which they have been appointed; and this knowledge they can only obtain through the medium of a FREE MEDICAL PRESS. The distinction between the cases of an incompetent hospital surgeon, and an unskilful private practitioner, as affording ground for the animadversions of a public journal, is too plain, we apprehend, not to be perceived even by those who have, in argument, confounded them. In the first place, an incompetent hospital surgeon has not only far greater opportunities of doing mischief, but he is

placed in a situation in which he must, of necessity, become a public scourge. The errors of the private practitioner may be safely left to the animadversion which is, from time to time, bestowed upon them, in the shape of actions at the suit of patients; and the law, as we all know, bears hard enough upon private practitioners, seeing the disabilities to which they are also subjected by the operation of the law. But the legal redress, which is open, on the same conditions as the London Tavern, to hospital patients is, of course, a mere nullity; and the errors of an incompetent hospital surgeon, if not exposed by a Free Medical Press, would be committed with impunity. There is another reason, which renders the mistakes of hospital surgeons peculiarly fit subjects for comment in a public journal. The evidence of a hospital functionary's incapacity is likely to be much stronger, and more satisfactory, than that which can commonly be obtained as to the unskilfulness of a private practitioner. A hospital surgeon acts under the eye of the profession; he operates in the presence of hundreds, and his unskilfulness, if he be manifestly wanting in skill, is a fact capable of easy proof.

With regard to wilful misrepresentations of facts, it is absurd to suppose that an editor would, with his eyes open, adopt a course which must necessarily destroy the credit of his journal. Is it the interest of the editor of a medical journal to give true or false accounts of medical cases to the profession? The enemies of THE LANCET, indeed, say that the profession prefers false accounts, and that the reputation of this Journal is founded on the systematic malignity with which we have gratified this morbid appetite for slander. But what are the facts? Although upwards of ten thousand cases have been reported in this Journal, there are not six instances in which we have received reclamations, or complaints of the slightest inaccuracy; while the only false

case to be found in our pages, is one transmitted to us by our adversaries, who hail its insertion as matter of triumph, and boast of the felicity with which they have conceived and executed a fraud!

System of Human Anatomy, translated from the Fourth Edition of the French of H. Cloquet, M.D., with Notes, and a corrected Nomenclature. By ROBERT KNOX, M.D., F.R.S., F., Lecturer on Anatomy, Fellow of the Royal College of Surgeons, and Conservator of the Museum. Edinburgh. Maclachlan and Stewart. 1823.

IN our youthful days, "Fyfe's Anatomy," and the "London Dissector," were almost the only works in the hands of students of anatomy, but within the last ten years, we have been literally inundated with works in this department of medical literature. *Quot homines, tot sententia*—so many anatomical teachers, so many books. Writers on anatomy may be considered as of two kinds, each pursuing a widely different path; the one class limiting themselves to the production of systematic compilations or treatises on anatomy, simply descriptive of the structure, appearance, and general situation of the organs; whilst the second class of writers, instead of considering each organ separately, have treated of them collectively, in relation to operative surgery. Cloquet's system, a translation of which is now offered to the profession, is of the former kind, and the translator in his preface strenuously contends for the superiority of this method of teaching anatomy. The excellence of continental writers, he says, consist "in presenting to the anatomical student, a clear, methodical, and concise, yet minute description of all the parts of the human body, with brief allusions only to the use of the parts, and with none of those alarming digressions, interlarding and

disfiguring the works of English anatomists." At a subsequent part of the preface, the translator severely censures those persons who teach anatomy "as a mere appendage to surgery." We must candidly confess that our opinions are much opposed to those of Dr. Knox. *Cui bono* should ever be the motto of the student; the practical application should always be a paramount consideration, otherwise anatomy would be a mere useless science of words. In the preface to the excellent and able work of Mr. Quain, we meet with sentiments perfectly in accordance with our own. "Human anatomy (he says) cannot be considered as an abstract science: scarcely any one enters on its study, unless with a view to make practical application of the facts it discloses in the treatment of disease." Dr. Knox himself admits that "anatomy is the only basis on which the superstructure of medicine, surgery, and physiology, can be raised," yet he would have pure, "simple, descriptive anatomy" taught *per se*; first, the tedious dry detail, and then the adaptation of this mass of knowledge.

Considered simply as a treatise of descriptive anatomy, the work of Hippolite Cloquet deservedly ranks high. It was first published in 1812, under the title of "*Traité d'Anatomie Descriptive*," ten years after the publication of Bichat's work, bearing the same title. It has been wittily remarked, that "every thing suffers by translation, except a bishop;" and certainly the translation of Bichat's work on general anatomy afforded an exemplification of the truth of this sarcasm. Cloquet has been more fortunate in his translator, who has executed his task with much ability and judgment. The style throughout is concise, yet perspicuous, and the various descriptions are given with minute, but not with tedious accuracy. We cannot, however, avoid expressing our firm conviction, that the value of the work

would have been much enhanced by pointing out to the student the practical applications to be made of the anatomical facts.

On the subject of general anatomy, we are surprised to find Dr. Knox thus expressing himself:—

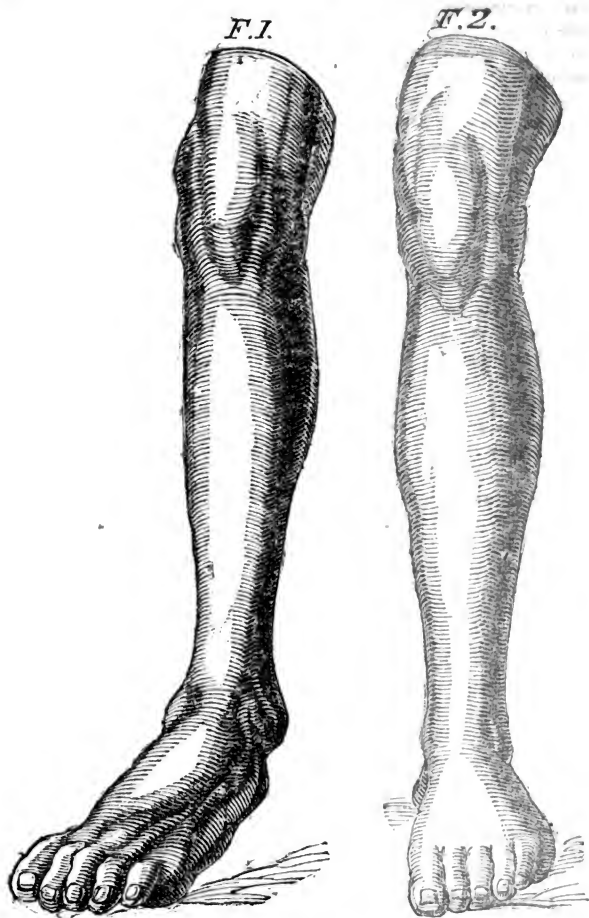
"His (Cloquet's) omission of what is called general anatomy, with all its absurd theories, its tiresome diffuseness, its verbosity, and unprofitable minuteness, ought to be deemed, by the student, a great advantage and recommendation of the work; and should any one doubt this, let him peruse the first volume of the "*Manuel d'Anatomie generale, descriptive et Pathologique*, by G. F. Meckel," where he will find, under the title General Anatomy, all the absurdities, without the good sense, contained in the *Elementa Physiologia* of Haller, and, in addition, *more idle, extravagant, unintelligible theories, misnamed anatomical, than ever yet were collected into a single volume.*"

"Who shall decide when doctors disagree?" By way of contrast, we quote Mr. Quain's observations on the same subject; and first of general anatomy:—

"A correct and intimate knowledge of the structure and composition of each organ is indispensably necessary to the understanding of its functions: an acquaintance with the structure and functions, leads, by an easy and natural transition, to the investigation of lesions of structure and function, induced by disease, the only data on which we can establish a correct diagnosis, and a rational plan of treatment."

Of Meckel's treatise, Mr. Quain thus writes:—

"Such a production as this is valuable to the present generation, from the quantity of information it contains, and at any future period may be appealed to, as the best criterion of the state of opinion at the time in which it was written, concerning the most important subjects of anatomical research. Meckel may be considered to have laid down, by this publication, the courses of instruction which should be given by teachers of anatomy, if they intend them to be all commensurate with the present state of anatomical science."



MR. SHELDRAKE ON DISTORTIONS OF THE FEET.

To the Editor of THE LANCET.

SIR,—As several gentlemen have expressed a wish to know more of my manner of curing distortions than appears in the communications that I have already made to you, I trust that I shall be excused for

sending the following account of a case that is now in my hands:—

John Robinson, a youth who is almost fifteen years of age, had his left foot distorted so early in life, that neither he nor his relations can tell at what period the deformity took place. As the circumstances of his friends were such that they could not pay for professional assistance, they applied to the Middlesex Hospital, without obtain-

ing any relief for him; at last, a reader of *THE LANCET* advised him to consult me.

I found it was a case that I could cure. The circumstances of his connections put all expectation of adequate compensation out of the question; but I determined to cure him; first, because, in so doing, I should make him a present of great value; and, secondly, because it was a case that would prove to every member of the medical profession, who thinks the subject is worth investigating, the value of my discovery.

With this view, I showed him to you on the 30th of September, before I had done any thing with him. There were present, at the time, Mr. Lambert, Mr. Kingston, and Mr. Pattison, surgeons; and you, and the other gentlemen, will remember the extent of the deformity.

After I returned home, I had a cast taken from his leg and foot; this cast remains in my possession, and you will perceive that it is a fac-simile of the leg at the time you saw it. The annexed figure 1, is drawn from it, and will give a correct idea of it to those who have not seen the original.

I immediately began to treat him according to the principles that have been detailed in *THE LANCET*. I have seen him daily, from that time to the present; and the annexed figure 2, I have drawn from his foot on the day that I am writing this. By comparing the two figures, you will see the amount of the improvement that has been effected in this short portion of time.

The cure is gradually going on, as is always the case when such deformities are properly treated. This youth lives at three miles' distance from my house; but he walks to me every day, and back again, besides taking such other exercises as are usual to persons of his age. This plan he will continue, till the form and powers of his leg are fully restored, which cannot be for many months to come.

I beg to announce, that any gentleman, professional, or private, who may be desirous to see this lad, at any time during the progress of the cure, shall be perfectly at liberty to examine him, and also to witness the treatment that I am in the habit of adopting in such cases. I must, however, receive two days' notice of the intended visit, saying, also, at what hour I may expect my visitor. This preliminary is necessary, because the youth comes to me at uncertain hours, which I name to him every day before hand, according as my own engagements may render it necessary. If, therefore, any gentleman informs me, two days previously, when he will come, I can arrange so that he shall see my pa-

tient, and receive such other information as he may desire.

I am, Sir, yours, &c.

T. SHELDRAKE.

No. 7, Devonshire Street,
Portland Place.

November 8, 1828.

[The above offer reflects great credit on Mr. Sheldrake; and we hope that practitioners and students will avail themselves of the advantages it is calculated to afford. Mr. Sheldrake's method of treating distortions is as peculiar as it is successful, and is founded on a thorough knowledge of the physiology of muscular action.—Ed. L.]

LONDON MEDICAL SOCIETY.

November 17, 1828.

Dr. HASLAM, President, in the Chair.

MR. AMESBURY'S CURE OF A FRACTURE OF THE NECK OF THE THIGH-BONE.—DR. HOPKINS'S UNSUCCESSFUL CÆSARIAN CASE.

THE Minutes of the last Meeting were read.

Dr. HASLAM understood, that some of the Fellows had intended to have put some questions respecting the case Mr. Amesbury had introduced to the notice of the Society at the last Meeting, of a perfect cure of the cervix femoris upon his principle, and if that were so, he should be happy to find the subject resumed.

Mr. AMESBURY related the particulars of another case now under his immediate treatment, in No. 10, Ann's Ward, St. Thomas's Hospital. The patient, Jane Davis, ætat. 45, while walking in Cannon Street, slipped, fell on the trochanter major, on the 7th of August, and broke the neck of the thigh-bone. She was immediately taken to the Hospital, and put under the care of Mr. Travers. Shortly afterwards she was seen by Mr. Amesbury, and the whole treatment of the case committed to him. On the 11th of the same month, he put her upon one of his beds, where she remained for ten weeks. The limb was then examined, and the fracture found to be united; she was removed to another bed, and afterwards permitted to walk a little with the assistance of a crutch, and she is now every day getting better and better. At the last Meeting, the subject of reporting was discussed, and, as believed, it was declared to be the opinion of the Society—

The REGISTRAR. Order, order!!

Mr. AMESBURY said, the Registrar need not be afraid, as he was only going to

add, that if any gentleman were in attendance for the purpose of reporting, he should be very happy to give him a copy of this case. The man introduced to the Society on the former occasion, walked without a limp, and could sustain two hundred weight upon his shoulders.

Mr. SALMON had examined the man after he left the Society's room, and was perfectly satisfied in his mind, that the neck of the thigh bone had never been broken. There was a hard protuberance below the trochanter major, which, combined with other circumstances, assured him that the fracture must have been below the cervix. He had had a great deal to do with practical surgery, and, from the age of the individual, the perfect recovery, and the limp he had alluded to, he was quite sure the fracture alleged to have taken place, could not have existed. He believed that no fracture of the cervix was ever cured without considerable deformity. All he had seen, were fractures external to the capsule, and those that had united, had invariably been attended with very considerable deformity.

Mr. AMESBURY was equally satisfied in his mind, that the fracture in this instance was of the cervix, and that it had healed in the manner stated, by bony deposition. It was impossible for him to state precisely, that the fracture was *within* the capsule. The fracture was sometimes within, sometimes without; sometimes partly within and partly without, and the symptoms of all were so similar, that he thought it would be a difficult task for any man to undertake to state precisely in what exact situation the fracture was. As Mr. Salmon was so incredulous on this occasion, he hoped he would take the trouble of visiting, and of paying especial attention to the woman he had given a description of, and who was under his care at that moment.

Mr. KINGDON, before he made any remarks upon the case, wished to advert to what had taken place on a previous evening, respecting the *liberty of the press*. When the subject was under discussion, the President had given it as his opinion, that when a paper was read to the Society, it did not belong to the Society. The consequence of this was, that the very best parts of the paper were picked out, and reported with admirable accuracy, by which means, he apprehended, the author was deprived of his literary right in that paper.

The PRESIDENT interrupted the speaker, to express his wish, that as Mr. Kingdon was bringing forward a subject which was private, and as there were medical subjects pressing upon the Society, he would abstain from further observations upon that which must be considered foreign to the discussion of the night.

Mr. KINGDON, as an example to all others, said he should cheerfully comply with the request from the Chair, because he considered the dignity of the Society required the utmost deference to be paid to that seat. He would only add, that he was surprised to find the President had allowed the term "*base attempt*" to have been made use of on the last night the Society met, and which could only have been applied either to himself (Mr. Kingdon) or to Mr. Callaway, in consequence of what they had said a fortnight ago. He was astonished such an expression could have been made use of, and allowed to pass in the presence of the President of that Society.

The PRESIDENT declared that he did not hear so highly-coloured an expression uttered.

Mr. KINGDON added, that it was reported in *THE LANCET* of that day. Mr. Kingdon concluded by stating, that he could not agree with the observations made by Mr. Salmon. Because Mr. Salmon had not met with a clear case of fracture of the cervix femoris united by bone, according to the treatment adopted under his notice, that was not to be a reason why the profession were not to turn their attention to a superior mode of treatment.

Mr. LAMBERT wished to know of Mr. Callaway, how many cases, in the course of a year, of fractured cervix of the thigh-bone were treated in Guy's Hospital, and cured without deformity, and what beds were used? He had been in the habit of attending that Hospital for a long time, and he did not remember ever having seen more than about six cases, all of which had been cured with very considerable deformity.

Mr. CALLAWAY considered that Mr. Lambert had both put and answered the question.

Mr. LAMBERT then said, as it was admitted, that in one of the first Hospitals in London, this fracture could not be cured without deformity, it became the profession to turn their attention with eagerness to any contrivance that any gentleman might bring forward to accomplish the cure without deformity, and that consequently Mr. Amesbury's plan was entitled to the most serious attention of the practitioner.

Mr. CALLAWAY had always admired Mr. Amesbury's treatment; but, for his own part, he had uniformly adopted the plan of Sir A. Cooper. He firmly believed a fracture within the capsule would not unite by bone. Sir A. Cooper had sent to many eminent teachers in London, Dublin, Edinburgh, and many parts of the Continent for a specimen of a fracture within the capsule, that had united by bone, but had never yet been able to procure one. Than that eminent practitioner, no one had ever paid more

attention to fractures about this part of the body. Why Mr. Amesbury's bed was not regularly used, both in public and private, was for others, not for him to say.

Mr. LLOYD objected to the position that the cervix could not have been fractured, in the case shown to the Society, because bony union had taken place in consequence of the age of the patient, and there being no deformity. He had seen persons under fifty years of age, have the neck of the thigh-bone broken again and again, where it had united without any deformity whatever. So certain was he, that this union could be effected, that if he heard of a person under sixty years of age meeting with the accident, and the case was not cured without deformity and by bony union, he should conclude it had been mistreated. He alluded to several cases in which he had not the slightest doubt, that bony union had taken place in fractures within the capsule, and he considered the greatest credit was due to Mr. Amesbury for his industry, and the perfection to which he had brought the mode of treating this accident.

Mr. SHEARLEY entirely concurred with the last speaker. The slovenly practice of the London Hospitals, with respect to cases of this sort, had induced him to look for a better mode of management. He had been in the habit of keeping up extension daily, for three, or four, or five hours, after tension of the limb had subsided, and then putting on splints, by which means he had succeeded in almost every case he had attempted. He had no hesitation in declaring, that from the number of cases he had cured of fractures of the neck of the thigh-bone, as well as other parts of the femur, he would undertake to cure any case that might be brought to him; even where the patella was also transversely fractured, he would cure it without deformity.

Mr. BLICKE was much surprised to have heard it suggested, that a fracture of the cervix could not be cured without deformity; he had treated many cases, and cured them without the least, saving a slight eversion of the toe. He had been in the habit of using a bed very similar to that of Harold's. The price of Harold's prevented its being used, at least in some instances, and he feared that the same obstacle might operate against the more extensive use of Mr. Amesbury's. The apparatus he was in the habit of employing was very simple, cost only a few shillings, and could be made by any carpenter. It was a double desk; the patient lay on his back, with the thighs pressing against the one desk, and the legs hanging on the opposite side. There was a little door, for the purpose of removing the soil, &c. At the bottom of the desk, there was a board which raised the desk higher or lower at

pleasure. The object of the double desk was, in one respect, that of keeping up continual extension of the limb, and the weight of the legs was always found sufficient for that purpose. There were pegs for keeping the feet in a proper position, and in the same line with the thigh, when laying straight from the body; and there was a sideboard to which the toe was strapped, which completed the apparatus.

Mr. WALLER believed that the apparatus Mr. Blicke had alluded to, had been used for a long time in the Borough Hospitals, and been found very often to fail. It was agreed, on all hands, that Mr. Amesbury's invention was a great improvement; and for which he was entitled to the gratitude of the profession at large.

At this period of the evening, Mr. LORD, of Hampstead, related the particulars of a case of ruptured uterus, in which the Cæsarian operation had been performed. A lengthened discussion followed, and was renewed on Monday evening last; but as it was not finally concluded, we shall withhold our report of the proceedings until next week.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF SCROTAL HERNIA, OPERATION, AND DEATH.

IVY WILMOT, ætat. 65, was admitted into Colston's Ward, under the care of Mr. Vincent, on Wednesday morning, at 8 o'clock, November 19. The patient is a labourer, of small stature, with a considerable lateral curvature of the spine, and was brought from Harrow to the Hospital. States, that for twenty years past he has been, at times, the subject of hernia; that sometimes he could return it himself, at others it had to be reduced by surgeons, and that, until Monday last, he had not been troubled with any descent for the last two years. The hernia came down while he was engaged in pulling up young trees, and he has been under medical treatment until the time of his admission. There is now a scrotal hernia nearly as large as the head of a full-grown fœtus, on the right side. The bowels, since the descent of the hernia, have been relieved several times. He has been put into the warm bath, bled from the arm, the taxis applied, and a tobacco enema administered, but without effect. Ordered opening medicine, and a bladder of cold water to be kept applied over the part.

One o'clock. Mr. Vincent saw the patient at eleven, and has just left him. He has still been unable to return the her-

nia; the tumour is exceedingly tense, and exquisitely painful. The patient complains of the most severe pain on the least attempt to move, or on being touched either on the tumour or around the lower part of the abdomen; he has vomited, and continues to be sick occasionally. Mr. Vincent states, that he believes the hernia to consist simply of omentum, and that there is no strangulation. The surgeon, under whose care the patient was, informed him, that on the preceding day, on endeavouring to return the hernia, he heard a gurgling noise, from which he concluded, that all the intestine that had been brought down was returned. Under these circumstances, Mr. Vincent did not feel himself justified in operating, especially as the bowels had been opened more than once. Ordered, should the tenderness increase, an abundant quantity of leeches to the abdomen.

Half-past five o'clock. The dangerous symptoms having proceeded, and twenty leeches having been applied without affording any relief, Mr. Vincent was sent for, and he has now determined to perform the operation. On laying open the sac, an immense quantity of omentum was found to fill it, and which had dragged down the colon to the internal ring. When the stricture was divided, Mr. Vincent attempted to return the omentum; but after trying for half an hour, and failing, he was under the necessity of removing it with the knife. Two arteries were tied, the sides of the wound brought together by adhesive straps, and the patient returned to bed. The operation was performed dexterously. In an hour after it the man died.

On examination, the next day, the peritoneum was found to be inflamed to a very considerable extent, as well as the remaining omentum; and the colon showed marks of having been violently dragged down by the hernia.

REMOVAL OF A SCIRRHOUS BREAST.

Mary Burns, æt. 56, of short stature and dark complexion, was admitted on the 10th of September, under the care of Mr. Earle. States, that about thirteen months ago she observed a small swelling in the left breast, and that it has increased gradually, though slowly, until the present. Lately it has given her extreme pain. Mr. Lawrence, in the absence of Mr. Earle, has examined the patient with Mr. Skey, and agreed with him in the propriety of removing the gland.

13. It was not till the patient was on the table, that the glands in the axilla were observed to be diseased. Mr. Skey, after removing the breast, took out four or five of these glands, which, on being opened, presented a decidedly scirrhus appearance.

In the breast itself two scirrhus portions were found, each of them about the size of a chesnut, and separated from one another by a septum of the mammary substance of half an inch in thickness. One ligature only was applied. The patient endured the operation with much fortitude.

The operation was well performed; but the greatest dissatisfaction prevailed throughout the theatre, in consequence of the operator allowing a crowd of indiscriminate persons to surround the table, thereby utterly preventing the great majority of pupils from seeing any part of the operation.

15. The bowels have been moved, for the first time since the operation, this morning; a considerable quantity of blood has escaped from a deep-seated vessel in the axilla, which has reduced the strength of the patient very much. The countenance is flushed, and the tongue is dry, with a brown fur on the middle, and white edges. Pulse 120. Ordered the effervescing draught every four hours.

November 1. She has, with a very few slight interruptions, daily improved, and is now fit to leave the hospital.

EXTENSIVE FRACTURE OF THE FEMUR MISTAKEN FOR SIMPLE CONTUSION OF THE KNEE.

Margaret Foley, æt. 34, was admitted by Mr. James Earle into No. 3, Faith's (back) Ward, at twelve o'clock, p.m., Oct. 12th, under the care of Mr. Lawrence. Stated, that nearly twenty years ago she had a fall from a horse, after which she had, for a long time, suffered much pain in the right knee and thigh; that she had ever afterwards had a stiff knee until the night of her admission, when, on going down stairs, she unfortunately fell again; her right foot flexed under her, and she found she had seriously injured the knee. On rising, and attempting to stand, she perceived the knee-joint to be movable, but she was unable to stand on the right leg, and it being acutely painful, she was immediately brought to the Hospital. Mr. J. Earle, after examining the limb, concluded that no injury had been sustained beyond a *simple contusion of the knee*, and accordingly wrote upon the board, at the patient's bed-head, as the description of the case—"Contused Knee!"—ordering her to be treated accordingly. On the following day Mr. Lawrence saw her, and, giving credit to the description, continued to treat the case as that of a simple contusion. Mr. Bulmer, the dresser, likewise regarded it as such. On the morning after the accident, the œdema of the knee and thigh was very considerable, and continuing, it occasionally excited a degree of sur-

prise. The patient's constitution became much impaired; she was unable to move her limb, and was kept on her back until the whole of the integuments covering the sacrum sloughed.

Nov. 12. The *Sister*, on turning the patient upon her left side, to afford an opportunity of dressing the slough, observed that there was a *fracture of the thigh-bone!!* Having made this communication, all doubt was immediately set at rest, by a very slight examination. Matter having appeared also to have formed in various parts of the limb, under the fascia, Mr. Lawrence punctured the lower part of the hum, just over the attachment of the *gastrocnemius externus*, from which about eight ounces of thin, and extremely foetid pus, flowed. On the anterior aspect, near to the middle of the thigh, he also made a puncture, and let out about six ounces of more healthy and less foetid matter. The patient was left in the same condition, extremely exhausted.

Mr. Lawrence, upon some observations being made to him respecting the nature of the case, said, that when he first saw the patient, and indeed all along, there had not appeared to him any indication of fracture; he, however, had never seen the limb, except in a very swollen and painful state.

A rather warm discussion took place between Mr. Lloyd and Mr. J. Earle, and some of the pupils, in the ward, as to the shoulders that were to be justly burthened with the credit of what had taken place in this case.

Mr. Lloyd had seen the patient for the first time about a fortnight after her admission, and several times subsequently, when requested by Mr. Lawrence, in his absence, to visit the hospital. When he first saw the limb, it was much swollen; but still he thought, and observed to those around him, from the general *contour* of the thigh, that it looked like a fracture.

Mr. J. Earle observed, that when he examined the limb, *no swelling whatever was present*, and yet he was unable to detect the fracture!! He considered the responsibility of the case entirely removed from him on the next day, by Mr. Lawrence and his dressers taking it under their charge. At the moment Mr. Lloyd suspected a fracture, he held it to have been his duty either to have satisfied himself of the fact, one way or another, *instantly*, or forthwith to have mentioned his impression to Mr. Lawrence in so decided a manner, as to have induced that gentleman to institute any further necessary examination.

Mr. Lloyd looked upon Mr. J. Earle's position as altogether untenable. In the first place, it was a standing rule, that the individual in office, under whose care a patient came, should, at the moment, (except where great swelling existed,) make

such an examination as would enable him to state precisely the nature of the case, that the subsequent treatment might be governed accordingly. Here, Mr. J. Earle had declared, that there was no swelling whatever when he saw the case, and though nothing was so easy, under such circumstances, as the detection of a fracture of the thigh-bone, yet he had written on the board “*confused knee*,” which was calculated in the highest degree to mislead, especially in a case where, by the very next morning, and before it was seen by any other person, œdema had supervened to a great extent, and had actually continued till the detection, by accident, of the true nature of the injury. When a case had been once examined, and described by a person supposed to be competent to fill his office, it was inconsistent with the practice at the hospital, for the gentleman who next saw the patient, and when great swelling had come on, to institute another rigid examination, inasmuch as that would be calculated greatly to torture and increase the mischief, with but very little probability that the practitioner would get to a satisfactory conclusion. He certainly was of opinion, that Mr. J. Earle's first error had led to the future misconception of the case.

Here, then, is a case admitted by Mr. J. Earle, one of the house-surgeons, mistaken and erroneously described by him, hence treated under a mistaken notion by Mr. Lawrence for a month, visited occasionally by Mr. Lloyd under the same erroneous impression, and attended to daily by Mr. Bulmer the dresser, until the *sister of the ward!!* to whom some surgical ability will, perhaps, now be ascribed, ascertained that this phalanx of surgeons ought to return to the lecture-room.

14. The slough on the sacrum is extending, and, at one part, separating. The patient is extremely weak; the tongue clean; pulse 115.

15. She is evidently sinking fast. Takes eight ounces of brandy daily, and also quinine.

23. She lingered till nine o'clock, p.m., and then expired. A very profuse and offensive discharge was kept up through the punctures, until she died.

The *post-mortem* examination was made by Mr. Burnett, one of the house-surgeons, within three hours after the patient had expired. Why this haste, and the dead hour of the night should have been selected, Mr. Burnett probably only knows, because the body was not removed by the friends till Tuesday morning. The joint had evidently been ankylosed for many years. The fracture commenced in the shaft of the bone, about three inches above the condyles; the

lower part being smashed to pieces, and driven into the joint, a splint, isolated, running some way up the shaft, had become dead. Numerous splinters penetrated the muscles, detached as well as undetached from the greater portion of the shaft, and a comminuted fracture extended nearly as high as the trochanter major.

HOTEL DIEU.

VARIOLOID ERUPTION, FOLLOWED BY SCARLET FEVER.

—BELAIN, *âgé* 19, was, on the 3d of May, admitted at the Hôtel-Dieu, under the care of M. Husson. He had, for three days, been affected with violent headach, pains in the limbs, sore throat, nausea, fever, and a varioloid eruption, though he had been vaccinated in his second year, and had had the small-pox afterwards. From the 3d to the 10th, the fever increased, the tongue became dry, and covered with a crust. Having at this period exposed himself to cold, the eruption was suddenly suppressed, the pustules dried up, or became of a violet colour, and general debility, with diarrhœa, came on. He was twice bled by leeches applied to the abdomen, but the typhoid state increased, delirium succeeded, and the looseness was accompanied by tenesmus. On the 18th, a scarlatinous eruption appeared on the back and chest, with difficult deglutition and hoarseness. The fever subsided a little, and the new eruption terminated in vesicles, but the debility, delirium, and diarrhœa augmented; when, on the 27th, a slough was formed over the sacrum, and on the 30th the left parotid began to swell. During all this time, nothing but mucilaginous remedies were administered; but another physician having now taken charge of the patient, bark, wine, and strong beef-tea were given. Fluctuation being felt in the tumour of the parotid, it was opened on the 6th of June; but the patient sank and died on the 8th. On examination, the mucous membrane of the intestinal canal was found slightly inflamed; and the reporter of the case seems very much inclined to ascribe the fatal event to the irrational treatment of the physician who succeeded M. Husson. Although we cannot subscribe to this opinion, we cannot but consider it injurious that a patient should be passed from one physician to another, which, our readers are perhaps aware, occurs in nearly all the larger hospitals of Paris.

GANGRENOUS LARYNGITIS AND BRONCHITIS.

A labourer, 17 years old, had for some time been affected with a very troublesome

cough, when, after an excess in drinking, he was taken with shivering, fever, general debility, violent headach, sore throat, and diarrhœa. Some leeches were applied to the throat, and, on the 5th of April, the patient was admitted at the Hôtel-Dieu. At this period the heat was moderate, the skin dry, the pulse very small and frequent, the abdomen somewhat tender, the tongue dry and red, the mouth and nose filled with mucus, the breath very fetid, the throat very painful, and deglutition difficult. The tonsils and soft palate were covered with a thick, white, greyish mass, the voice was hoarse, respiration difficult and stertorous, and a thick mucus was expectorated; eight leeches were applied to the epigastrium. On the 6th, the smell of the breath was truly gangrenous; the countenance was very pale, and expressive of anxiety; the pulse could not be felt, and the voice was hardly audible. Thirty leeches to the throat, and sinapisms to both arms, were ordered; but the patient died on the same morning. On examination, the whole cavity of the mouth was of a livid colour, and lined with a thick albuminous mass; the tonsils were swollen, and of a dark-red colour. The whole extent of the larynx, trachea, and the larger bronchial divisions, were covered by a false membrane of a white colour, and gradually decreasing in thickness. The upper part of the right lung was hepatised, and very firm; the left lung was healthy. The mucous membrane of the stomach was red, and, on the great curvature, beset with granulations.—*La Clinique.*

ABUSES IN ST. BARTHOLOMEW'S HOSPITAL

To the Editor of THE LANCET.

SIR,—Since I last troubled you with some observations on the abuses at St. Bartholomew's Hospital, various changes have taken place, another winter-campaign has commenced, new house-surgeons have been appointed, and sundry dressers installed in their situations; thus, as there is a greater sphere of action, so is there an adequate proportion of abuse: should you therefore think fit to insert the occasional remarks, I shall send you in the course of the winter, it will still further prove that you are, what you have ever been, the pupil's friend.

With respect to the demonstrations at St. Bartholomew's, they have been for the last year or two, unquestionably the most inferior in London; and it would become Messrs. Abernethy and Stanley, if they have any regard for their own interest, and the pupils' welfare, to pay a little more attention to the qualifications of those whom

they venture to place in that most important department of a medical school, the office of demonstrator; more especially, when there are such men to be found near at hand, as Mr. Quain, in Aldersgate Street, and Mr. Bennett, in the London University. It might not be impertinent to remind a certain individual at Bartholomew's, that,

Indecency to wit has no pretence,
For want of decency is want of sense:—

also, that the subject on the table is a much fitter subject for a lecture or demonstration than himself; that impudence and confidence are not synonymous terms; that if a man should think fit to ape the faults and eccentricities of another, he should previously make sure of possessing equal talents to bear him out, or else he adds another's vices to his own, and makes himself, indeed, a double fool. To sum up all, I would remark, that ignorance, impudence, egotism, and indecency, are but poor qualifications for a demonstrator of St. Bartholomew's Hospital.

A Surgeon's custom of keeping patients in the Hospital for the space of six, nine, or twelve months, who might almost be as well out as in, is certainly reprehensible; instance a poor girl, in Charity's Ward, who came in the early part of January last, and has had her constitution nearly ruined by remaining so long in a ward where mercurial fumigation was constantly going on; phagedenic ulceration appeared about her nates; and by Mr. Stanley's direction, when Mr. Vincent was out of town, she was removed into an airy ward, where there was no other patient, since which removal she has rapidly improved in health and strength, and was discharged a day or two ago: instance two more cases in President Ward, which had much better be sent away, and into the country, if possible, having been in the Hospital the greater part of a year; this ward, indeed, is rather made use of as a refuge for the destitute than a Hospital for the sick; instance, another stricture case in Kenton. Filling the wards with chronic cases very much diminishes the extent of charity afforded to the poor, and generally is of but little service to patients so affected; the Hospital air being rather ill suited to chronic affections, while, at the same time, they occupy beds, and prevent relief being granted where it might be.—Mr. Vincent, I am sorry to say, is still remarkable for his lack of oral observation; he comes every Tuesday, Thursday and Saturday, at half past twelve, goes round his wards, signs pupils' tickets and hospital certificates, receives their money, and goes away again in about an hour, having scarcely spoken of the different cases to any one but his

house-surgeon: there is either a want of talent or a neglect of duty here; the one or the other is equally to be despised.

With respect to a desire manifested by Mr. Lloyd, a few weeks ago, to take the charge and management of the post-mortem examinations, I do not think it would be either reasonable or just; in the first place, he is not in the habit of visiting the patients, when living, so regularly, and frequently, as the house-surgeons are, and therefore would not be so fit to examine them when dead; in the second place, I believe Mr. Lloyd to be forming a private museum at home, and therefore to be seeking for public "specimens" abroad. However, that these post-mortem examinations is a matter of universal complaint throughout the Hospital, and not more universal than just, I acknowledge; no intimation of an examination about to take place is now given to the pupils, the dressers themselves, unless they are on the watch near the dead-house door, are not aware of them; it was but this very day that Mr. James Earle, the new house-surgeon, thought proper to examine a very interesting case of injury of the cervical vertebræ at twelve o'clock, instead of the appointed time, without giving notice to any one: thus are the pupils robbed of that for which they have already paid. Mr. James Earle may consult his pleasure and convenience, but if he does not know it, he shall learn, and that to his cost, that every pupil of the Hospital has an equal right with himself to see and know the particulars of every post-mortem examination; and that they are not to have their time consumed by waiting till he shall have tied his cravat, and curled his hair. The surgeons talk of the neglect of students, and of their not being acquainted with their profession; why, how are they to become acquainted with their profession, when they are robbed of the means? Pupils go to the college, and are rejected; rejected by those very men, perhaps, whose neglect has caused them to be deficient in the requisite knowledge: for if the surgeons of the Hospital would regulate, or order to be regulated, these post-mortem examinations, they might be conducted with very considerable advantage to the pupils, and would, I am sure, be justly appreciated.

I am,
Your obedient and humble servant,

CASITATOR.

13th Nov. 1828.

CASE IN WHICH MOST EXTENSIVE DISORGANISATION OF THE KIDNEYS WAS DISCOVERED ON POST-MORTEM EXAMINATION, WITHOUT SYMPTOMS OF DISEASE DURING LIFE.

Communicated by T. C. GIRTIN, Esq.,
Islington.

ABOUT four years ago I was called to attend a lady labouring under incipient *phthisis pulmonalis*. Her age was thirty-five; she was of a spare habit, dark complexion, and irritable constitution, a widow, and had had four children. After some time her health improved, and she was enabled to resume her ordinary domestic occupation. A severe cold, caught while menstruating, produced all her former ailments, in an aggravated degree, and she became truly consumptive. The usual symptoms of this complaint were manifested; and after occasional amendments of health, and as often relapsing to the usual standard, she died a few weeks since.

Upon dissection, the peculiar morbid condition of the lungs, always discovered in similar cases, was most apparent, and the cause of dissolution was ascertained most satisfactorily to the gentlemen who kindly assisted me in the operation, (Mr. Rose of Goswell Street, and Mr. Sewell of Kingsland Green,) as well as to myself.

When the inspection of the thoracic viscera was completed, the abdominal and pelvic contents were next examined. The stomach, liver, intestines, &c.; the uterus, bladder, and ovaria, were all found in the most healthy condition; but, on searching for the kidneys, the ravages of long-continued and extensive disease were most obvious. The right kidney, instead of being as usual closely adherent to the psoas and quadratus lumborum muscles, enveloped by its peritoneum, had mounted forward, so as to occupy very nearly the proper situation of the ascending colon, which portion of the bowel was pushed somewhat more outward, laterally, than in its ordinary position. And not only was the kidney evidently misplaced, but it was so very materially altered in structure, so essentially differing from its accustomed appearance, as to render it at first doubtful whether it was this organ. A very minute investigation ascertained this point in the affirmative. The viscus in question, instead of displaying its solid well-known texture, was so completely attenuated and disorganised, as to bear the closest resemblance to the distended bladder, or to the colon. It was about eight inches in length, and as many in circumference; and contained about a pint of a slightly gelatinous turbid fluid, but not in the least degree of a urinous

nature. Its whole structure was so totally disorganised, as to leave no trace of its usual divisions into the pelvic and secretory portions. The blood-vessels, both of supply and return, were somewhat enlarged, but not materially so. The ureter had nothing remarkable in its appearance. The left kidney was more than double its general size, both in length and circumference, though still retaining its ordinary shape. Traces of acute inflammation were distinctly visible throughout nearly the whole of its texture, and a considerable quantity of purulent matter was contained in its various cavities. The usual divisions of the organ were retained. The blood-vessels were slightly enlarged, and the ureter differed in no sensible respect from one in a sound state. The renal glands were, apparently, healthy on both sides.

This was a case in which the ravages of disease had made great progress, and apparently had been in operation for a considerable length of time. One kidney, judging from appearances, had entirely lost its functions; and the other was so extensively diseased, as to present but a very small surface in relation to its whole bulk for secretion, yet, up to the last hour of existence, the patient voided urine freely and naturally, and never once, during the whole duration of her illness, complained of the slightest inability to attend to this call of nature. Never did she express the least pain or uneasiness in any of the regions of the urinary apparatus, and never did her feelings indicate the presence of any visceral derangement, excepting in the lungs.

Islington, September 14, 1828.

TREATMENT OF ERYSIPELAS AT ST. BARTHOLOMEW'S.

To the Editor of THE LANCET.

SIR,—You will, perhaps, have the kindness to insert in the next Number of your useful Journal, the two following questions, which may elicit such answers as may prove advantageous to those who are looking up to the practice of hospital surgeons as a guide to their own. The questions alluded to, arose from reading the history of the case of John Pike, related in your last Number, who was admitted into Bartholomew's Hospital, under the care of Mr. Lawrence, for erysipelatous inflammation of the hand and forearm.

Has Mr. Lawrence ceased to adopt that most efficient mode of treating erysipelatous inflammation, viz. by free incisions? If not, why were they not had recourse to in the above case? Having had frequent op-

portunities of treating diseases of this nature by the mode recommended by Mr. Lawrence, with the greatest success, I felt disappointed that the measure had not been adopted in this case, as I conceived it to be one in which it was strongly called for. Not only would the vessels and cellular and fascial tissue of the limb have been effectually unloaded, and the local irritation and consequent irritative fever, have been thereby much diminished; but the spread of the inflammation to the trunk would, probably, have been prevented, and the system (already much broken down) spared the exhausting effect of the general depletory treatment which was adopted.

I believe, that the advantage of making early and free incisions, in the cases of erysipelas and carbunculous inflammation, to arise from relieving the system from the immediate effects of irritation, arising from inflammation of unyielding tissue: and, ultimately, of sparing it from the debilitating effects of a protracted discharge of pus, and of dead cellular membrane and fascia.

I am, Mr. Editor,

Your obedient servant,

QUESTOR.

Nov. 21, 1828.

PER-CENTAGE SYSTEM.

To the Editor of THE LANCET.

SIR,—An invalid, suffering from the pernicious effects of adulterated drugs and ill-compounded medicines, for which the French pharmaciens are notorious, and feeling deeply for the interest and health of my fellow countrymen, I cannot forbear directing your and their attention, to a system of combination between certain British physicians and French pharmaciens in Paris, which is now carried to such a scandalous and mischievous pitch, that it has drawn upon the offenders the ironical animadversion of the *Parisian Press*.

The following is copied from *The Corsaire*: "A medical paper called the *Hygie*, recently gave a letter from the pharmacien Beral, Rue de la Paix, to Dr. Ch—s—de, who had just arrived from London, for the purpose of initiating him into certain customs which he calls French, and which consist of the pharmacien engaging the doctor to send all his prescriptions to him; the pharmacien consenting to pay the officious doctor a reasonable sum. All this may be true, but it is long since the English physicians, Morg.—Tup, and Mac—g—lin, bargained with the pharmacien Beral; and the *Hygie* is wrong in saying, that these lucrative arrangements began with the French, for

every body knows, that in *commercial affairs*, the *English* always take the lead."

An English Journal, published in Paris, contains the following:—"The English nobility and gentry are most respectfully informed, that a Pharmacy will shortly be opened, quite in the English manner; physicians supporting this establishment, will receive as liberal a *per centage* as at any other Pharmacy."

"N. B. Each prescription will be numbered, and the doctors paid at the end of every month."

"'Tis true, 'tis pity;
And pity 'tis, 'tis true."

I am, dear Sir,

Your obedient servant,
AN ENEMY TO THE PER CENTAGE
SYSTEM

LONDON MEDICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—Your report of the proceedings at the London Medical Society, on the 10th instant, is strictly correct. I did there and then say, "that if a servant of the society were to be permitted to beard the Fellows, it would be a question whether such servant should be allowed to retain his situation." These remarks were intended to apply to the Registrar. It is preposterous to suppose, that I could regard the visit of Mr. Blenkarne as one of a hostile nature, coming, as he did, from a servant of the Society; although on that occasion, as well as at the meeting, I felt no hesitation in avowing, that *personal offence* was not intended.

I am, Sir, your obedient servant,

JAMES LAMBERT.

Walworth, Nov. 21st, 1828.

BLISTERS IN MEASLES.

To the Editor of THE LANCET.

SIR,—You will oblige me by correcting an error which is contained in your last Number, in the report of the conversation which took place at the Westminster Medical Society, upon the subject of the treatment of measles. I am reported to have said, that "almost always death must follow the application of blisters" during the eruptive stage of measles. I certainly did not commit myself by making such a statement. I gave it as my opinion, that blisters were rarely necessary during the eruptive stage of measles, and that I had fre-

quently seen a high and dangerous state of excitement follow their application during that period of the disease. I stated further, in speaking generally of the employment of blisters in infantile diseases, that I had seen two cases which terminated fatally, from mortification having taken place in the blistered part. I am quite certain, that blisters are much too indiscriminately applied to children, and that too often upon the very erroneous principle "that if they do no good, they can do no harm." But children generally suffer severely from blisters; and I confess I am yet to discover what benefit is derived from their application in the majority of infantile diseases, in which they are so commonly employed.

I am, Sir,

Your obedient servant,

JOHN NORTH.

Upper Berkeley Street, Portman
Square, Nov. 22d, 1828.

SUBSCRIPTIONS

FOR THE DISTRESSED MEDICAL GENTLEMAN
AND FAMILY.

Subscriptions already advertised	£ 275	16	6
James Bartlet, M.D.	1	0	0
J. W. Fisher, Esq.	1	0	0
Dr. Baland	1	0	0
G. Julins, Esq. (Richmond) ...	1	0	0
James Smith, Esq., ditto	1	1	0
J. Cattle and E. D. Howitt, Esqrs. 1	1	1	0
E. Hallam, Esq., Kennington ..	1	1	0
George Drysdale, Esq., ditto ..	1	1	0
Stephen Hall, M.D., Walsworth	1	1	0
T. Hammerton, Esq.	1	1	0
John Whatley, M.D.	1	1	0
E. W. Austin, Esq.	1	0	0
J. J. Wilson, Esq.	1	0	0
John Jefferson, Esq., Islington ..	1	1	0
Charles Armstrong, Esq., ditto	1	1	0
Nathaniel Clifton, Esq., ditto ..	1	0	0
Alfred Shirley, Esq., ditto	1	0	0
Joseph M'Crea, Esq., ditto	1	0	0

TO THE READERS OF THE LANCET.

THE Publisher has received numberless complaints of the irregular manner in which this Work has been supplied by the Booksellers and Newsmen. To these parties, however, blame is not justly attributable. THE LANCET, for a long time past, has been published at two o'clock on Fridays; but of late, from the vast increase of sale, it has been found impossible to prepare a sufficient number of copies to answer the full demand

on that day and hour. The publication therefore, having been irregular at this Office, it was impossible that the Booksellers and Newsmen could be otherwise than irregular in the distribution of the work. With a view to prevent a repetition of similar complaints, and in order that all persons may receive a full supply on a first application, the Publisher is authorised by the Proprietor to state, that, after Saturday, December 27, THE LANCET will be regularly published at six o'clock every Saturday morning. In consequence of this arrangement, the Stamped Edition will be discontinued after that day, as it will be impossible to "change the forms," and "re-makeup," so as to be in time for that evening's mail.

LANCET OFFICE, Nov. 27, 1828.

TO CORRESPONDENTS.

Communications have been received from Mr. Winterbottom—Mr. W. Overend—A Pupil and Well-wisher to the School—Mr. Price—Mars—A—Mr. H. Day—C. R. H.—Dr. Wade—Medicus Edinensis—An old Guy Student—Mancuniensis—Mr. Beddingfield—Mr. T. Coathupe—Mr. T. W. Wansbrough—Mr. F. Wilson—Junius—Aristides Dublinensis—A Gen. Prac.—A Lover of Justice—B. H.—A Rough-Knot Surgeon—Mr. Trevan—Dr. Ryan—Mr. J. Baker—Mr. Dela Fons—A Pupil of the London University—Mr. Robert Merrey—Dr. C. Thompson.

The letter of "P.," on the gross ignorance of the "Hags," in our next.

CONTENTS.

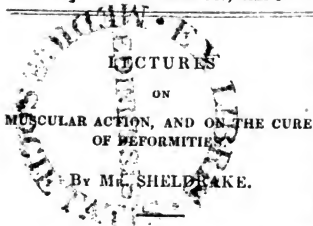
	PAGE
Dr. Blundell on Midwifery	267
State of the Parisian Hospitals	262
Menstruation in a Child	264
Gastrotony	264
The Dublin College and Erinensis	264
Dr. Penneck on Dislocations	267
Mr. Lizars on Extirpation of the Uterus	269
Mr. Salmon on Hemorrhoids	271
Frauds of the Scotch Bats—Slanderers refuted	274
Review of Dr. Knox's System of Anatomy	276
Mr. Sheldrake on Distortions of the Feet	278
Meeting of the London Medical Society	279
Case of Scrotal Hernia—Death	281
Removal of a Scirrhus Breast	282
Fracture of the Femur	282
Varicoid Eruption, followed by Scarlet Fever ..	284
Gangrenous Laryngitis	284
Abuses in St. Bartholomew's	284
Disorganisation of the Kidneys	286
Treatment of Erysipelas	286
The Per-centage System at Paris	287
Medical Society—Mr. Lambert and Mr. Field	287
Blisters in Menstrues	287
Subscriptions	288
To the Readers of THE LANCET	288

THE LANCET.

Vol. I.]

LONDON, SATURDAY, DECEMBER 6.

[1828-9.



It has already been said,* that the actions of involuntary muscles begin with the first movements of animal life, and continue, with as much uniformity as circumstances will allow, till its termination. Soon after birth, the cries of the infant, and the struggles to use its limbs, however imperfectly, give some feeble indications that the principle of consciousness is coming into action, like the instinct of animals, to obtain the means of supporting the life of its own body, these attempts, by degrees, increase in energy, and assume the appearance of a more fixed purpose, to obtain the means of supporting its own existence; its knowledge, in this respect, increases with its strength, till it acquires, in addition, the power of locomotion. At this interesting period, the anxiety which is natural to parents, stimulates them to seek the best information they can obtain, to give all the perfections that can be given to their children, and in this they frequently fail, sometimes by using means that were improper, but more frequently by following practices which are understood by the terms, to leave them to Nature, at a period when the proper exertions of art are quite as necessary for their welfare, as at any subsequent period of their lives.

Much of the improper advice that has been given upon this subject, has been occasioned by misunderstanding, or misrepresenting an opinion that has been attributed to John Hunter; who is represented to have said, that children should not be confined,

but should be permitted to run about in the natural way. Mr. Hunter certainly said this, but when the circumstances under which he gave that advice are considered, it will acquire a very different interpretation from that which it has received. It was a prevailing opinion in the time when Mr. Hunter lived, that the persons of young females might be made more beautiful, and more perfect than in their natural forms, by the use of certain articles of dress, and some other contrivances, which then were in general use, and Mr. Hunter was frequently consulted by anxious parents, to know whether stays that were made by some fashionable stay-maker, or some of the many contrivances that were then in general use, would not materially improve the shape of the young lady whose person was under examination. I have often been present at such consultations, when Mr. Hunter has uniformly given advice that was most advantageous to the patient, though it was certainly inimical to the stay-maker and the shape-mender who generally had a strong prejudice in their favour fixed in the minds of the patient's friends. After Mr. Hunter had repeatedly urged all that he thought proper, and was wearied with the pertinacity of his consultant, he has sometimes added with much good humour, "Well, lady, I have said all that I can say; we have talked nonsense enough, so give me my guinea, and let me go to somebody else." This was his good-humoured way of getting rid of absurd applications, which really teased him; had he been induced to direct his very powerful mind more particularly to this subject, he would have enlightened that, as he did every other, upon which he employed himself.

The truth is, that so far as human beings are concerned, there is no way of walking or moving about that can, with propriety, be called merely natural. The movements of the animal creation may be called natural, because they are impelled, by instinct, to perform and repeat certain actions during the whole course of their lives: the beast of prey is nourished by blood, which is given by the parent, till her offspring have acquired strength and skill enough to pro-

* THE LANCET, No. 268.

vide for themselves; from thenceforward they pass their lives in seeking those animals which are to become their prey.

The beasts of chase, when in a wild state, learn, from instinct, that they are to be destroyed by those beasts whose prey they are to become; and, therefore, these two classes of animals, during the time they exist, use all their energies, the one in endeavouring to inflict, the other to avoid, destruction; and such being the only objects for which they seem to exist, the practices by which they accomplish those ends of their existence may, strictly, be called natural. But the situation of man is totally different; he is the child of artificial circumstances; there is scarcely a situation upon the face of the earth in which he does not, or cannot, exist; he modifies his habits till they conform to his situation; and this peculiarity it is which makes it necessary that he should be educated for the station which it is intended that he should fill; if he is not so educated, he will not be able to fill that station, or execute its duties with propriety. Hence it is, that practices which are general among men in some situations, are quite unknown to men who live in different circumstances. The young of all the varieties of man, whatever may be the degree of civilisation, or of barbarism, in which they exist, are either taught all the practices of their progenitors, or learn them by mere dint of imitation. In our own time, and in those classes of society for whose use these observations are intended, a great desire is manifested to give to their offspring all the perfection of personal beauty which can be communicated; but that desire is accompanied with many practices which are not well calculated to produce so happy an effect. The only rational course that can be adopted and pursued to produce this effect, will be, to begin, at the earliest period practicable, after children have acquired the power of moving freely and firmly from one place to another, to teach them how to use all their limbs to the best advantage upon every occasion, and to avoid all the awkward and improper habits that they are so prone to acquire, by imitating the peculiarities of awkward servants, and other inferior persons, to whose care they are often entrusted; the notion that such habits, if acquired early in life, may be easily eradicated afterwards, by good instruction, is very erroneous; we frequently see that such habits, when acquired early, are with great difficulty eradicated, and very often not at all. The course that should always be followed, is to teach young children very little, but teach it them so effectually, that it shall never be forgotten, and not let them acquire any habit, or adopt any practice, that they shall afterwards

have occasion to discontinue, or, as it may be called, to unlearn.

As children, in the earliest periods of their lives, are generally left to the management of servants, these persons should be carefully watched, to see that they do their duty; I shall, in another lecture, describe very simple practices, which, if carefully used by those who are entrusted with the management of children in the earliest periods of life, will prevent many of the defects, which it requires so much trouble afterwards to remove; those directions may be called popular; but I shall now consider the subject in a more professional point of view, by explaining the nature, uses, and actions, of the bones, ligaments, and muscles, by the employment of which all our actions are performed; but as all professional men acquire a knowledge of these parts when they receive their education, I shall not enter into a formal discussion of the whole, but select such parts only as will require attention, because they are connected with the subject that is now under discussion.

The parts of the human body may be arranged under two divisions: first, those which contribute to locomotion; second, those by which parts of the body are moved with respect to each other. As these two divisions very frequently act together, they unite on the pelvis as at a common centre. As it was my fortune to attend more early, as well as more extensively, to the organs of locomotion, than to the other division, I shall begin my explanation, by describing those parts that I have been longest acquainted with. The bones, the ligaments, and the muscles, will all require attention; the bones, because they form the solid basis upon which the muscles act; the ligaments, because they restrain the bones within those limits to which they should be confined, in order that they may perform the functions that are required of them with the greatest advantage; and the muscles, because they are the powers which set the whole in motion.

I shall begin with the feet. They consist of many bones, different portions of which are joined together in a different manner from that in which others are united. The metatarsal bones are jointed together, so as to have considerable motion with respect to each other; but the last bone of each phalanx is so firmly united to corresponding bones of the tarsus, and the bones of the tarsus are so firmly united together, that it is not uncommon to say they are as immovable with respect to each other, as if they were one bone. This is not true; even when persons have arrived at mature age, and have their full degree of natural strength; a very low, and, indeed, obscure motion

may be detected in them, and I shall have abundant opportunities of showing, that there exists in them a susceptibility for motion, which, till I succeeded in demonstrating its reality, was not thought possible. The joints of which the astragalus, the tibia, and the fibula, form parts, are more complex in their nature, and capable of much greater derangements in their natural combinations, than the bones of the foot only with respect to each other, and have often been, with me, at least, more difficult of reduction to their natural positions, and of restoration to their natural powers, than any others whose deformities I have observed.

The knee-joint is formed by the condyles of the femur, and of the head of the tibia, which roll upon each other; the bones of the leg and thigh have no direct hold upon each other, but are united by very strong ligaments: this joint has but one natural motion; that is, directly forwards or backwards, as when we bend or straighten the leg. As the uses for which this joint is employed require the greatest exertions to be continually made, for a great length of time; and as its strength depends entirely upon the strength of those ligaments which connect the two bones together, they are liable to be deranged in their relative positions, as well as in their actions, as I shall have opportunities of showing hereafter.

The hip-joint is formed by the circular head of the femur which rolls in the acetabulum; it is one of the strongest joints of the human body, and it needs to be so, on account of the numerous and important functions that it has to perform; in fact, it is capable of allowing the leg to be moved in every direction.

Having said thus much of the bones, I shall proceed to consider the ligaments, which, when properly united, enable them to perform their natural functions. It is generally believed that the ligaments are inelastic, and incapable of extension: but some persons have stated that they may, under some circumstances, be extended; from these variations of opinion much confusion has arisen, and may, perhaps, be abated, by thus stating the fact: that ligament is, when in its perfect state, nearly inelastic, and incapable of extension, without being injured: when suddenly acted upon with great violence, it is torn or lacerated; when acted upon with less violence it is luxated or strained, and much pain, with inflammation, is produced: when that inflammation has been dissipated, ligaments are very slow to recover their natural powers, and, in very many cases, they never recover them at all.

The use of the capsular ligaments of

joints is to retain the bones in their natural position, and yet admit of motion to the full extent that the best use of the limb will allow, *and no more*. The strongest and most useful position being, in any case, ascertained, the greatest care should be taken, never to let the joint be strained beyond that point, for it cannot be done without injury. The people, who teach what are called gymnastic exercises, pique themselves upon what they likewise call making the joints move free and loose, with ease and activity, and by this very act they destroy the strength of those joints upon which they exert their influence. The real object of all exercise should be to stimulate the parts to that degree of action, which can be exerted with the greatest effect, and, at the same time, with the least fatigue to the acting member.

Having said so much of the bones and ligaments, it only remains to consider the uses and effects of the muscles, which constitute the moving powers of the animal machine.

The muscles, all the muscles, for example, which move the foot, are attached by tendinous portions of their substance to different bones of the foot, and, at the other end, they are attached to the bones of the leg and thigh, or to other muscles or tendons which are connected with those bones. The muscles which move the leg are attached to the bones of the leg at one end, and to the bones of the thigh and pelvis at the other: those muscles which move the thigh are, in like manner, attached to it at one end, and to the pelvis and spine at the other. The tendons are formed of a substance which greatly resembles that of the capsular ligaments, like which it has very little elasticity, or power of extension and contraction, upon ordinary occasions. The principal uses of the tendons seem to be, to afford great strength in a small space, to unite intimately with the fibres of the muscles, and to join in the same intimate manner with the bones; thus they secure a firm hold of the two points between which the muscles must contract; for, by the muscles only, can those powers which constitute all the actions of living animals, be performed. The tendons are without feeling, while they are in a healthy state, but often when attacked by disease, they become acutely sensitive and painful.

Voluntary muscular movements are said to be performed by the alternate action of the extending and contracting power of the muscles, as directed by the will of the mover; but this cannot be all the directing power, because it does not account for all the phenomena, and, indeed, but for a very small part of them.

If I endeavour to raise, and bring towards

me any body that is within my reach, I form some opinion as to its weight, that I may justly proportion the power that I intend to employ in moving it; if the power is properly proportioned to the weight that is to be moved, the act will be performed without inconvenience or difficulty; if I miscalculate, and do not exert power enough, the weight cannot be moved until I increase the quantity of power to the extent that is necessary; when that is done, the act that was intended will be performed effectually, and not before. If I miscalculate in another manner, and apply much more power than is necessary to perform the act that is intended, I feel an uneasy sensation on finding that more exertion than was necessary has been used; and if the act is to be repeated, I vary the quantity of power, till the power and the effect are equal to each other, and no more.

If a man pass down the stairs of a house that he is accustomed to, he brings all the muscles of his legs and feet into such a state, that they exert alternately the exact degree of power that is necessary to pass from one step to another, till he arrives on the flat ground; he then alters the motions of his feet that he may move directly forwards on the level ground. If, in doing this, his attention is diverted to another object, so that he arrives at the bottom before he thinks he has done so, he moves the foot that should stir next, in the same manner that he had done before, it strikes against the ground, he stumbles, and, if he is not very active in recovering himself, he falls to the ground; if, on the contrary, he imagines that he has arrived on the level ground when he has not done so, he, without looking to ascertain the fact, changes his feet into the state that would be proper to walk straight forward; in attempting to do so his foot unexpectedly sinks under him, and he either stumbles or falls.

These simple accidents, (which, at times, have happened to every person,) besides many others that might be mentioned, prove that, between the performance of every two acts of muscular exertion, there intervenes that state I have called regulated muscular tension, in which the muscles are kept ready to act on the next occasion that their exertion is required. This intermediate state, between two actions, may sometimes exist for so short a time as to pass unnoticed, but, at others, it exists so long between two acts as to be, itself, mistaken for action.

The most perfect material representation of this state of suspended muscular tension that exists is the beautiful antique statue, commonly called the fighting Gladiator. Whoever understands the structure and uses

of the various parts of the human body will perceive, that the action which has thrown him into the position in which he stands is past, and he stands with his powers suspended as the former action left them, and ready to exert them with increased effect the instant they are directed by their owner to do so. If we could see a powerful man placed in the same attitude, and performing the action which that attitude indicates he intends to perform, the effect that he would produce must be tremendous. One of the Monte Cavallo figures that was sculptured by Phidias, and a copy of which exists in Hyde Park, with the name of Achilles attached to it, is another very fine specimen of this kind of action.

As the artists who executed these statues qualified themselves to do so by studying the persons and actions of men who were the finest, in point of form, of the human species, and had brought them to the highest degree of perfection, both in personal form and muscular action, by practising those exercises which they afterwards performed in real life, as our soldiers practise in the field those actions which they had learned on the parade, we are entitled to consider those statues as authentic representations of the men whose exercises we are desirous to imitate, so far as the difference of circumstances will admit, as models or examples of the effect we are desirous to produce upon young persons of our own time, so far as the different circumstances under which we exist makes it desirable for us to follow them.

As I have passed thus unintentionally into the presence of authentic representations of the most perfect human beings that have existed, and whose examples in improving the beauty of the species we are desirous to imitate, I shall be excused for noticing some other specimens that we are desirous to imitate, or at least to understand, so far as to regulate our attempts at improvement by observing them.

The statues of Illissus and of Theseus, which were executed by Phidias, and are now in the British Museum, are, in all probability, the most perfect representations of the human form that ever were executed by man; they certainly are the most perfect that remain to us, and, injured as they have been, no doubt can remain in the mind of any who understand the forms and actions of human beings, that if those statues could start into life, they would, instantly, perform any or all the actions of human beings in the most perfect manner; they represent superior beings in the forms of men who are resting at their ease, but not in consequence of fatigue, of which they give no indications.

The Torso of Michael Angelo, as it is usually called, a mutilated statue of the highest order, in point of merit, is believed to represent Hercules, resting after his labours; as, besides the great perfection of its forms, it shows peculiarities which indicate a body reposing after fatigue. All these statues, and all the others of merit that approach to them, were executed by artists who acquired the power of making them by observing the forms of those persons among whom they lived. The Grecians were, naturally, in point of form, the most beautiful specimens of the human race, and their natural beauties were improved to the highest degree of perfection by their constant and assiduous practice of those exercises which were necessary to qualify them for the occupations in which they were to pass their future lives. We know this, by contemplating the statues that have come down to us, with as much certainty as if the people themselves were present; we know what the exercises were that they practised; we know that the habits, customs, and practices of modern times are so entirely different from those of the ancient Greeks, that it will be impossible to practise their exercises in the same manner, and to the same extent, as they did; yet we are entitled to conclude, by fair induction, that if we adopt exercises upon the Grecian principles, and apply them carefully, so far as modern manners will allow, we shall improve the persons and the health of our children as much by that adoption as we can desire.

I have now shown that the application of that principle, which I have called regulated or suspended muscular tension, constitutes one of the ingredients, if it is not itself the sole cause of muscular strength: I shall proceed to show that it forms the essence of several modern exercises, which, therefore, deserve to be cultivated as exercises, although the change that has taken place in modern manners has rendered them of less importance than they formerly were.

The principal of these was the art of fencing, or to call it by its proper title, the art of fighting with the small sword. I believe it originated in Italy or Spain, and from thence passed into the rest of Europe. The surprise that was excited by its effects in the minds of those who did not understand the manner in which they were produced was very great. In this country the use of it became general in the time of Elizabeth and James, but never was universal as it was in France, where even common soldiers terminated those affairs of honour with the rapier, which persons of the same order in this country concluded by a boxing match.

Among gentlemen, however, this manner of fighting long continued so general, that the sword was an article of dress which no man was without; and as every one was liable, at any moment, to draw and defend, or to lose his life, every one carefully learned to use the weapon to the full extent of his ability. Those who bestow censure upon what they do not understand charged the attitudes, which they who practised this art placed themselves in, with affectation; a charge that was void of foundation. Every attitude that is used is necessary for preparation, for offence or for defence.

When the fencer begins to fight, he places himself upright, and firmly, upon his legs, looks steadfastly upon his opponent; places his left hand upon his sheathed sword, which is nearly perpendicular at his side: he then grasps the hilt with his right hand, draws the sword by raising it, and, when it is extricated from the scabbard, makes a circular movement with his arm outward, at the same time that he generally moves his sword forwards, till he presents its point to his enemy; at the same time that he extends his left arm backwards as a counterpoise to his right arm, and places his legs in such positions as will enable him to support him most effectually in the first attitude that he takes, with sufficient firmness, but at the same time with so much freedom that he can change it with great velocity to any other that the combat he is going to engage in may require.

Whoever will take the trouble to practise the actions I have endeavoured to describe, whether he really engages in a fencing match or not, will find that he cannot do so without throwing every muscle in his body and limbs into that state which I have called regulated or suspended muscular tension; they all possess a great degree of firmness, with activity enough to change it to any other that may be required, till an opportunity offers to make the last deadly lunge, that is to bear his adversary to the ground; to do this, every muscle is thrown into its strongest action, and the whole weight of the body added with such force that it is quite irresistible by any thing that it is not physically impossible to penetrate, or to overthrow.

When the habits and practices of society were such that no gentleman could be thought dressed unless he had his sword by his side, and might at any moment be called upon to draw and defend his life, it was a matter of necessity that every man should learn to use the sword; those who were disposed to be peaceable, as a matter that was necessary to their personal safety, and those who were prone to act offensively,

that they might do so with impunity: while this state of things continued, fencing with the small sword was learned, most sedulously learned, and practised by all who claimed to be thought respectable members of society; those who used it in real action obtained safety by the practice, and those who escaped the necessity of doing so, obtained advantages of another sort, and that were to them at least of equal value.

The practice of fencing with the small sword, or the science of self-defence, as it was called, required that those who practised it should have much muscular strength, and great activity; they could not acquire excellence, or keep it when it had been acquired, without much and constant practice; the necessary consequence of this practice was, a great fund of health, and, likewise, much elegance of manner, for although it may be dangerous to attempt general definitions of personal grace, it will scarcely be doubted, that graceful action consists in the movement of well-formed persons, who execute every motion with ease and firmness, as well in the most direct manner, without any thing circuitous or unnecessary, and the power of doing this was necessarily acquired to a great extent by the practice of using the small sword; though the disuse of it as a dangerous weapon has been advantageous to society in many respects, the disuse of it as an amusement has diminished the personal advantages of many. The game of billiards is likewise advantageous to the health of those who practise it, though nothing can be said in favour of its moral tendency, because it is most commonly practised in public rooms, where incautious young men are frequently led into unpleasant situations.

Tennis, rackets, cricket, and other games of similar tendency, are equally advantageous to the health of those who practise them, and as they are in very general use among men of various ranks, they need no recommendation from me.

Dancing is the only practice that deserves the name of accomplishment, that can be generally adopted as a means of improving the health of the weaker sex; but as I have treated of that in a separate Lecture, it will not be necessary to say more of it here. As I trust that I have shown the principle that I have called regulated or suspended muscular action, is materially concerned in all the exercises that have been mentioned, I shall next endeavour to trace it through more of its ramifications.

DR. HARRISON TO JEMMY JOHNSTONE.

To the Editor of THE LANCET.

So, Mr. Editor, we have Dr. James Johnson again at his dirty work.* This contemptible reviewer can never be at peace in himself, so long as his envious heart sickens at the prosperity of others.

The Mahometans would persuade us that the founder of their faith was a saint from the fourth year of his age; the angel Gabriel then separated him from his fellows, and cutting out his heart, wrung from it that black drop of blood in which they imagine was contained the *fomes peccati*, so that he had none of it ever afterwards.

It is much to be wished that either an angel of light or of darkness would wring out of Dr. James Johnson the *fomes peccati*, the black drop, which, rankling in his heart, produces such a conspicuous display in all his writings. I shall now proceed, without further comment, to notice a refuted charge of this bustling defamer, which, for want of better materials, he has again revived in the last Fasciculus of his worthless journal. In order to rebut the accusation, it will be enough to reprint my own letter, and the Doctor's apology, as they were published in his *Medico-Chirurgical Review* for December, 1823.

"To Dr. James Johnson (such was my address.)

Holles Street, Cavendish Square,
Nov. 20, 1823.

Dear Sir,—Having accidentally read, in your Review for September, some animadversions upon my picture, lately exhibited in Somerset House, I request the favour of you to publish the following statement, that your readers may be enabled to form a clear opinion upon the subject.

I had an opportunity to confer an act of civility upon Mr. Shee, which he desired to return, by presenting me with my portrait. Under these circumstances, and placing the greatest confidence in his professional skill and elegant accomplishments, I did not presume, first or last, to give an opinion, much less to interfere with any of the arrangements. The design, the execution, and even the idea of showing the picture in Somerset House, were all Mr. Shee's; he is therefore the gentleman to be referred to, for any supposed defect in the plan, taste, or composition of the piece.

I have sent this letter for insertion in the next number of your journal, anticipating

* See the Fasciculus for Nov. 1823.

your readiness to give it a place there, in order to maintain the impartiality of your journal, and to perform an act of justice towards,

Dear Sir,
Your obedient humble servant,
EDWARD HARRISON."

"We consider the above explanation as perfectly satisfactory, and are happy to find that Dr. Harrison has exonerated himself completely from the charge of bad taste, which was brought against the picture alluded to."—EDITORS.

Was it to have been expected, after this ample apology and full explanation, that even Dr. James Johnson could have had the effrontery to go out of his way a second time, to detract from Mr. Shee's acknowledged taste and abilities in the line of his profession; but so it is, as the reader will perceive, in the following extract. He observes "the Doctor (Dr. Harrison) got his picture perched up in the exhibition with a long *crooked spine* on one side, and his intended big book of *Charlatannerie* on the other! This we satirised as an advertisement, and the *crooked spine* has proved to be sufficiently emblematical of the Doctor's subsequent crooked policy."—ED.

Would it be believed that, in this short extract, the veracious Doctor, this pattern of all perfection, has committed not less than two palpable falsehoods! The spine is not *crooked*, as may be seen on examining the picture in my drawing-room, nor has the book *any title* to designate the author. It might, for ought that appears to the contrary, be intended by the accomplished artist, to represent the Fascicular Reviewer's *imperishable Treatise on Morbid Sensibility of the Stomach and Bowels*.

Dr. James Johnson is here charged with two positive and deliberate falsities. Positive in as much as they are evident to the sight. Deliberate, because they have been ranking in his envious bosom more than five years. How can we confide in this reviewer's reports, who draws so continually upon a *distempered* imagination, that in writing a couple of sentences, he seldom omits to grace them with some *hallucination* of his own? Of such persons, Locke says, "men will give their own experience the lie, rather than admit of any thing disagreeing with their tastes."

I have to observe further on the above extract, 1st., with regard to the portrait, that in the Literary Gazette of the same period, (a work which has proved too caustic for this hardened sinner,*) the de-

sign, the execution, and the ornaments of my picture were highly commended. Mr. Shee, to whose refined taste the whole merit is of course due, was said to have introduced, by these embellishments, a new and brilliant era into this department of the fine arts.

2dly. In respect to my Essay on Spinal Diseases, which Dr. James Johnson has designated *charlatannerie*, I may remark, that a dignified clergyman, of high and well deserved literary reputation, desired to know a few days since, who attended, a certain invalid; the brother said, Dr. Harrison; the inquirer replied, I have carefully read Dr. Harrison's work on spinal diseases, and I am also well acquainted with the brilliant discoveries of Dr. Jenner. Highly as I estimate the merit of the latter, I really think we are quite as much indebted to Dr. Harrison, as to him. Here is the unbiassed testimony in favor of my doctrines and practice, of a scientific gentleman, of whom I have not the smallest personal knowledge. A testimony certainly outweighing an hundred maledictions of the envious and prejudiced defamer. Should he remain sceptical, and desire further proofs, I will furnish him with the clergyman's name, and apply to him myself for permission to disclose it, if the doctor will promise to publish my statement.

Before I conclude this tedious narrative, I have to observe, that my academical education, (an advantage which Dr. James Johnson never enjoyed, notwithstanding his having by some strange juggle obtained the *sur reptitious* titles of M. D., and licentiate of the London College of Physicians,) bids me tell him that it is necessary to establish the truth of every proposition, before he presumes to draw inferences from it; and that it is still more nefarious to draw inferences from premises, which the writer *knows to be obviously and notoriously false*.

In regard to his officious, repeated, and unfounded attacks upon my character, I now call upon him to prove, 1st, that the spine is *crooked*, (i. e. deformed,) otherwise, to recal the rash and wicked conclusion. 2ndly, That the book in the back ground was intended by Mr. Shee, to refer to my *then* unpublished work on spinal diseases. 3rdly, That it is a great (or little) book of *charlatannerie*. 4thly, That it really contains any *charlatannerie*, and to point it out.

Having disposed of these four propositions in the best manner he can, let him go on successively to the rest, not only in this, but also in my former letter. I now tell Dr. James Johnson, without the smallest reser-

James Johnson, to expose the proceedings of a person of the name of Long, of whom the Literary Gazette had spoken favourably.

* Fasciculus for Nov. 1823.

* See the repeated promises made by Dr.

vation, that his honesty, his veracity, and respectability are all at stake. He must either redeem his character, from the grave charges contained in *both my letters*, or be prepared not only to see the finger of scorn pointed, but to hear the most vilifying execrations directed towards the worst of assassins.

With these *defensive* remarks, I most willingly take my leave of Dr. James Johnson.

I am Sir, &c.

EDWARD HARRISON.

Holles Street, Nov. 18, 1828.

ROYAL UNIVERSAL INFIRMARY FOR CHILDREN, WATERLOO-BRIDGE ROAD.

To the Editor of THE LANCET.

SIR,—I beg permission, through the medium of your widely-circulating Journal, to lay before the public, a statement of some of the abuses which have crept into the above most excellent institution, with the hope that such publicity may remove them. The founder, in the benevolence of his heart, conceived, that an institution, grounded upon the principle of administering *prompt* medical aid to the children of the poor, would be productive of great benefit. He appealed to the public, in furtherance of his ideas, and his appeal was quickly answered by a liberal subscription, to enable him to carry into effect his philanthropic views. An excellent code of rules and regulations was drawn up for the government of the institution, and was carried into effect by the founder's zeal and application. Death has deprived the public of the services of this benevolent man; since which time, the attendance of the medical gentlemen has been less constant. The rules, which were intended to regulate the attendance of the medical officers of the institution, are as follow:—"A physician shall attend at the Infirmary every day, Sunday excepted, to give advice, and prescribe for such patients as shall be brought to him;" and "a surgeon shall attend every day, Sunday excepted, to administer to such cases, in his department, as shall be brought to him." The house surgeon, also, is to "reside at the Infirmary, and be in readiness, *at all times*, to render assistance, as well during the attendance of the physician and surgeon, as after they have transacted business." He is likewise required, "from four to six o'clock in the evening, to dispense to such patients as may require a repetition of their medicines," and to "see that the Infirmary be opened for business every day at *nine* o'clock in the morning,

Sunday excepted, and at every hour afterwards, for the admission of cases of emergency, for the first time, without recommendation."

Thus far for the *rules*; now, Mr. Editor, as to the *practice*. I will give you one case, as a sample:—A poor woman, with four children, applied, for the first time, on Tuesday, October 21, for advice for her infant, eight months old. The doors were opened between *eleven* and *twelve*, and the parties, between 20 and 30, admitted into a cold damp dirty ward, with three small forms, as seats, but no fire. The hour for the physician and surgeon to attend is from twelve to one; and, as the house surgeon did not think well to commence his examination until it was quite certain his superiors would not be there, he employed that time in getting a lunch. Neither physician nor surgeon attended, but the examination commenced at one, and the medicines were all dispensed shortly after four. The child's gums were lanced, and the mother obtained the necessary medicines for her infant, with an order to attend again on Saturday. In consequence of the incessant bleeding, however, which took place from the gums, she became alarmed, and applied again on Friday. No physician, no surgeon; the house surgeon, as before, began at one. The bleeding continued, and she applied again on Saturday; one medical gentleman in attendance. The bleeding still continuing, upon her return home, she became miserable, and determined to seek further aid in the neighbourhood in which she lives, when the surgeon to whom she applied, found it necessary to pass a needle through the part, to stop the further loss of blood. The child died on the following Tuesday!

Let me ask, Sir, is this the *prompt* and *efficient* aid that the poor have a right to expect? that the subscribers have been led to expect? Are men to write after their names, "Physician to the Royal Universal Infirmary for Children," "Surgeon to the Royal Universal Infirmary for Children," and thus neglect their duty? Is this "the preservation of the infant families of his Majesty's indigent subjects," held out in the address? If the extensive practice, and exalted stations, of these gentlemen render their duties to the institution impracticable, let them resign; but "the esteem in which it is held by the indigent classes," must not be sacrificed by neglect. Dr. Davies seems to have foreseen that neglect might, at some time, creep in, and therefore house visitors were appointed, to see "that the various regulations are carried into effect."

Will you believe, Mr. Editor, that, because some one or two of these house visitors had the honesty to write in the book,

"No medical gentleman in attendance," the leaves were torn from the book, with great indignation, by one of these exalted professional gentlemen? It did occur, I assure you, and at once put an end to the impertinent remarks of the visiting committee. The house surgeon, on one occasion, was applied to for information as to the general attendance of the medical gentlemen, but he stated, that, as he formed a part of the medical establishment of the institution, and had kept no register of their attendance, he could not answer such questions.

It was suggested, that a book might be kept, for the purpose of inserting the day of the month, the number of patients admitted, and the name of the medical gentleman, admitting such patients, signed to it. But one of the professional gentlemen said, that he would not disgrace his professional character by signing such a book! If the applicants are numerous, and no medical gentleman in attendance but the house surgeon, which is generally the case, "the necessitous poor" are kept sometimes till five o'clock, before they obtain their medicines. Is a woman, with a family of children at home, and with all her domestic affairs neglected, to be thus detained for such a pittance? It cannot, it must not be.

Let me beg of you, Mr. Editor, to assist in removing these crying abuses. Allow not the sickly and restless infant to be detained for *four or five hours* in a cold, dirty, and damp room, in the arms of its agonized mother, waiting for the *non-attendance* of these exalted professional gentlemen. Tell these gentlemen of great eminence and extensive practice, that their neglect will infallibly bring down a curse upon their heads; for He, who could not err, has said, "Inasmuch as ye did it not to one of the least of these, ye did it not to me."

I am, Sir,

Your obedient servant,

ONE OF THE MONTHLY COMMITTEE.

Nov. 17, 1828.

CASE OF ACUTE IRITIS, SUCCESSFULLY
TREATED.

By W. TEEVAN, Esq., Watford.

A. THOMPSON, a coachmaker, came under my care on Wednesday, the 23d April, 1828. It appeared, from the patient's statement, that some boiling grease fell into his right eye, about ten days ago, which produced considerable pain and suffering; notwithstanding which he continued to follow his occupation till the present period, without having had recourse to any remedies, except

the application of four leeches to the temple, and a dose or two of Epsom salts. These means did not appear to afford him any relief, and the pain and inflammation of the eye continued to increase to such a degree, as to have nearly destroyed the functions of the organ. On examination, the eye appeared exceedingly vascular, and there were two distinct sets of blood vessels to be seen, viz., those of the conjunctiva and those of the sclerotica; the former running in a serpentine direction, while the latter pursued a direct course along the ball of the eye, to within a line of the circumference of the cornea, where, uniting, they formed a distinct zone. The cornea presented a dull appearance, and the lachrymal secretion was very hot and abundant; the pupil is somewhat smaller than natural; the iris altered in colour, sluggish in its movements, and depositions of coagulable lymph have, in one or two places, approximated its pupillary margin to the capsule of the crystalline lens; there is great pain in the eyeball, supra orbital region, and forehead, especially during the night. Twelve ounces of blood to be taken from the temporal artery.

℞ Hydr. sulmuratis, ℥j.; pulv. opii, gr. iij.
conj. rosæ, q. s.—Fiat pil. iv. quantum
sumat. i., quartis horis.

Illinatur regio supra orbitalis c. extr. belladonnæ, omni nocte.

The eye to be fomented with warm water for a quarter of an hour, every four hours.

24. The bleeding afforded considerable relief, and the inflammation has very much subsided; the pupil is not so contracted, and the pupillary margin of the iris is much less fringed; vision improved, and he suffered very little pain during the night.

Pergat in usu medicament.

25. The inflammation has very much subsided, and the pupil is now fully dilated, except where the iris is confined by adhesions to the capsule of the crystalline lens; mouth tender. He was ordered to take two of the pills every night at bed time, and to continue the use of the belladonna.

27. Vision nearly perfect; no pain in the eye or supra-orbital region; pupil more circular; iris still attached to the capsule of the crystalline lens; gums very tender.

℞ Pil. hydrarg. gr. x.—Ft. pil. ii. hor. s.

℞ Infus. sennæ, ℥iij.
magnes. sulph., ℥i.

Aquæ menthæ. ℥iv. M.—Ft. misturn;
sumat. 4tm part. omni mane.

30. Vision quite perfect; no pain in the eye; pupil nearly circular, and the cornea is clear; the zone of blood vessels, which sur-

rounded the circumference of the cornea, is no longer visible, and the conjunctiva and sclerotic coats of the eye have resumed their natural appearance; the pupillary margin of the iris remains attached, at one point, to the capsule of the crystalline lens by a mere thread of coagulable lymph, which does not, in the slightest degree, interfere with vision.

CASE OF HEMIPLEGIA, IN WHICH THE STRYCH-
NINE WAS GIVEN WITH ADVANTAGE.

HAVING observed, in the last volume of your very excellent Journal, under the head of Foreign Department, you have given a case of hemiplegia, treated by the alcoholic extract of *nux vomica*; and, in the same volume, you have reported from St. Thomas's Hospital, a case of paraplegia, successfully treated in a similar manner, I am induced to send you the particulars of the following case of hemiplegia, in which the strychnine was administered with considerable benefit:—

A. Robinson, ætatis 35, placed herself under my care on the 30th of May, 1828. A year ago she had an apoplectic fit, which lasted twenty-four hours, during which time she was quite insensible, and lay in a motionless state. On recovering her senses, she found that she had lost the use of her left eye, and was almost entirely deprived of all power over the superior and inferior extremity of the left side of the body. At this period she was attended at her home, by a medical gentleman, attached to one of the London Infirmarys, for a fortnight, at the expiration of which time she was received as an in-door patient of the Infirmary, where she remained for upwards of eight months. She states, that she was once bled, and had eleven blisters applied, at intervals, to the nape of the neck, and along the course of the spine. Not having derived any apparent advantage from the plan of treatment she was placed under, she left the Institution about the period before mentioned, and has continued ever since much in the same state. Her left fore-arm is at a right angle with the arm, and cannot be extended or lifted from the side; the fingers are semiflexed, and immovable; the sensation of feeling in the paralytic side is much the same as in other parts of the body, but she complains bitterly of a pricking pain in the paralytic parts when she approaches the fire. The temperature of the paralytic side is not quite so high as that of the opposite, which I believe is generally the case, but not always so. She is unable to walk, or stand, without the aid of crutches, and she drags the paralytic limb along the ground; bowels very torpid, and seldom moved without

having recourse to very powerful medicine; tongue clean; appetite diminished; memory very much affected, and her mind is so much enervated, that she will sit down and cry for hours, without knowing any cause for her doing so; and, at other times, she will be seized with fits of laughing, which will continue for upwards of half an hour, and over which she appears to have no controul.

℞ *Hydr. submur.*, gr. ii.
Pulv. *jalapæ*, gr. x.—Ft. pulv. *tertia*
quaque nocte sumendus.

℞ *Solut. strychnin.** *Min. x. ter in die.*

June 8. No better; complains of pain in the arm and leg; bowels open; tongue clean; pulse 72, in both wrists; pain in the head, with which she was much troubled previous to her commencing the medicine.

16. She can lift the paralytic limb nearly two feet from the ground, which she was previously incapable of doing; she can also lift the arm more from the side, but is incapable of extending it; she has thrown away her crutches to-day, for the first time, and can walk about with the aid of a walking stick; complains of darting pains in the paralytic parts, which extend, sometimes, as far as the joint of the toes; head free from pain. The operation of the medicine was carefully watched, and the dose was gradually increased till the fourth of July, when she was taking twenty minims of the solution three times a day. The good effects of the medicine were now very apparent; she could walk about pretty firmly, and extend the arm in a slight degree, and her memory is very much strengthened; tetanic motions, which are as yet confined to the paralytic parts, occur frequently in the course of the day and night, and the patient says, that when she finds them coming on she is compelled to sit down immediately, otherwise she would be in danger of falling on the ground from their violence. She complains of an exceedingly-bitter taste in the half of the tongue which corresponds with the paralytic side.

I regret that at this period I was obliged to leave London, in consequence of which she left off taking the medicine.

ON THE CURE OF DEFECTS IN THE PALATE
AND UVULA.

By JOHN PALMER DE LA FONS, Esq.

HAVING so recently given publicity to a case that was similar in its results, though differently treated, all introductory observations have here been omitted, as being

* Magendie's Formulary.

superfluous. At the age of fourteen, Miss N., to whom this communication refers, was, during her residence in the West Indies, attacked with ulcerated sore throat, which terminated in the destruction of nearly the whole of the soft palate and uvula, only a small portion of it remaining on the right side of the mouth. The injured parts were perfectly healthy, but so far divested of feeling as to admit of the vacancy being covered by a metallic substitute. The palatal bones having sustained no injury, the frame-work to which it was affixed was made, with a trifling deviation, similar in form to the one before described,* but varying in the means of supporting it. The methods usually adopted were inapplicable, the molar teeth being so nearly in contact with each other as not to leave room for a clasp of the ordinary form to pass between them, of sufficient strength to hold it securely. This difficulty was surmounted by substituting an elastic ring, B.C., on each side, which rings being infinitely stronger than the open ones, are calculated to hold more securely, while they do not interfere with the facility of removal for the purpose of cleanliness.

On referring to the former communication, the circumstances, to a casual observer, may probably appear precisely similar; but, on comparison, they will be found to differ materially; the parts around the orifice, in the one case, being so sensitive, as to require extreme caution in introducing

the most pliable substance that could be used to cover the aperture, while, in the other they were so callous as to admit of a hard, inflexible substance being applied for the same purpose, without occasioning the slightest degree of excitement. Another difference consists in the loss of substance being so considerable on the left side, as to require the gold to be made of a bulb-like form towards the extremity, for the purpose of not only covering the aperture, but to fill up the cavity to a level with the surface on the opposite side. Although three years had elapsed since the patient had acquired the habit of speaking indistinctly, an improvement in the tone of the voice was immediately perceptible; since which time an interval, not exceeding three months, has elapsed, and the speech has altered materially for the better, particularly on being made to articulate deliberately. Until the party becomes familiarized to the change, the utmost attention will be requisite in speaking; or, such is the force of custom, that the utterance would still continue defective, which would be the case, even if Nature had as suddenly resumed her functions.

Any one may be convinced of the correctness of this remark, by attempting to imitate persons who speak in that way, which they will accomplish with the utmost facility.

14, George Street, Hanover Square.

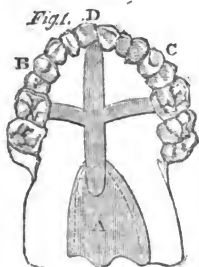


Fig. 1, represents the whole, as it appears when fixed in the mouth, the extent of the cavity being distinguished by the dotted line at A.

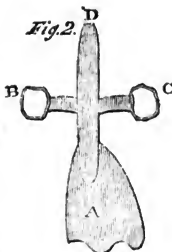


Fig. 2, a front view of the contrivance; A, the part that covers the aperture; B, C, the elastic rings that hold it in its place; D, an arm that, by bearing against the roof, secures it from dropping down at the back.



Fig. 3, a side view.

* No. 270 of THE LANCET, p. 143.

CASES ILLUSTRATIVE OF THE SPEEDY EFFECT
OF THE SECALE CORNUTUM IN LINGERING
LABOURS.

By ROBERT MERRY, Esq., Surgeon-Accou-
cheur, Lewes, Sussex.

"Lorsqu'on écrit avec un désir sincère d'être utile, on doit avoir le courage de s'exposer à la critique."

BEFORE entering upon the effects of a medicine, it is usual to give some slight description of its properties. The names that this vegetable substance has been known by, are either from its form, origin, or the properties which it has been found to possess.

In France it is called *ergot*, *bled cornu*, *secalis mater*, *bled avorte*, *bled farouche*, *seigle cornu*, *seigle a eperon*, or *ergotise*, *seigle ivre*, and *seigle noir*; it also has been named, by Gaspard Bauchin, *secale luxurians*; and in Germany, is known by the name of *mutter korn*, or *mother corn*.

Spurred rye, in its mature state, is of a brown or violet colour; some of the grains are less than the healthy rye, while others are from an inch to an inch and a half in length, and of a proportionate thickness; its form is nearly cylindrical, having its ends somewhat obtuse, at times a little pointed and bent, in the shape of a crescent; on being broken transversely, it internally displays a greyish white substance, covered closely by the coloured cortical substance, which does not separate on ebullition; when pulverised, it is of an ashen grey colour; when the grain is quite dry, it has scarcely any taste, but the powder has a nauseous, bitter, and acrid taste.

Its chemical properties, as stated by Vauquelin, are—

1. A yellowish fawn coloured matter, soluble in alcohol, exhaling a smell like that of fish oil.
2. A white oily matter, of a bland taste.
3. A violet-coloured matter, insoluble in alcohol.
4. A free acid, which appears to be of the nature of phosphoric acid.
5. A vegeto-animal matter, in considerable quantity, much disposed to putrefaction, and which, on distillation, furnishes a considerable quantity of thick ammoniacal oil.
6. A minute quantity of free ammonia, exhaling at the temperature of boiling water.

Lastly, it results from this analysis, that rye, in the spurred state, no longer contains any starch; that its gluten has become altered, and that it abounds with a thick ammoniacal oil, which is never to be met with in rye when in its sound state.

Most of the cases that have occurred to me have been those where the patient suffers annoying and unprofitable pains for days before the uterus makes any efforts to expel its contents, reducing the strength of the patient, and often brings on febrile symptoms. In country practice, in particular, the ergot must be found an invaluable medicine, when the distance prevents the accoucheur leaving the patient, and at the same time not being able to render her any assistance, where a few strong pains would accomplish the delivery.

CASE 1.—Aug. 30, 1828, was sent for to Mrs. Walker, of Bormer, whom I remained with for twenty-four hours, the os uteri being dilated then to the size only of a sixpence, and the pains strong but ineffectual, and, ascertaining it to be a face presentation, I gave her a scruple of the ergot in powder; in ten minutes the pains became most violent and unceasing, until the child and placenta were expelled, which was in twenty minutes from the time she took the ergot.

CASE 2.—Sept. 14. Was with Mrs. H., of Lewes, eight hours. The os uteri was dilated to the size of a shilling, and very little pain being present, I gave her half a drachm of the ergot (knowing her to be of a delicate constitution, and to have had lingering labours with all her children); in about a quarter of an hour the pains became very severe, and in twenty minutes the child was born.

CASE 3.—Was with Mrs. Lutman, of Barcombe, on the 17th of September, for twenty hours; the os uteri not much dilated; the pains strong, but ineffectual. I gave her a scruple of the pulv. secal. cornut., and in half an hour the child was expelled.

CASE 4.—October 20. Remained with Mrs. Simmons, of Falmer, nine hours; the os uteri dilated to about the size of a shilling, but no pains; gave her a scruple of the ergot, which I repeated in ten minutes, and in an hour the child was expelled.

CASE 5.—Mrs. Morris, of this place, sent for me on the 26th October, at three o'clock, P.M.; the waters had come away about an hour; the os uteri being partially dilated, and no pain, I left her. In twenty-four hours afterwards, being called to another labour in the same street, I revisited her, and still finding no pains, gave her a scruple of the ergot; the pains came on in a quarter of an hour, and in an hour and a half the child was born dead, being the sixth dead child she has had in succession.

This is the first still-born child that I have met with in the numerous cases where I have used the secale cornutum.

RICHMOND SCHOOL, DUBLIN.

To the Editor of THE LANCET.

SIR,—The insertion of my last letter in THE LANCET of the 1st of November, excited the liveliest emotions within the walls of the several establishments connected with the Richmond Hospital; the murmurs of discontent that had long prevailed amongst the students, upon the temporary resignation of a surgeon's duty by Mr. Carmichael, and the temporary assumption of it by Mr. Belton, were stilled, and when the astonishment at my daring had somewhat subsided, in attacking, as it has been termed, "the Hero of the Richmond," hopes began to be whispered, that my warning might take effect, and that "Richard might be himself again." True, there were a few who mingled their idolatry to the object of my censure with childish wonder, that THE LANCET should presume to cast a reflection upon his honoured name, because, forsooth, it had hitherto been the herald of his worth. God help the silly ones! They know not that the press is "Un miroir qui nous représente naïvement les secrets les plus arcanes de nos individus;" and that THE LANCET, in its own language, is ever ready to protect students against the negligence and injustice of their privileged teachers, who, as filling public situations, are, "in their characters and conduct, fair objects of animadversion."

My next mark is Dr. Ephraim M'Dowel, the junior surgeon of the Richmond Surgical Hospital. If hard work, great attention, and perpetual fidgetiness recommend a man to public applause, the little Doctor will soon become sick of approbation; but to my tale: the first act of this gentleman's amusement commences in the Hospital at eight in the morning, where he is engaged until half past nine, in examining his patients and scolding his apprentices. The second act consists of half an hour's clinical lecture, and he then runs over the way, and commences his demonstration, of an hour, or an hour and a half in length, concluding, in another theatre, the third act of the play, while the farce is postponed until three o'clock in the afternoon, when it is performed in the shape of a surgical lecture. This is the bill of the play for three days in every week, and, on intermediate days, he affords his audience a relief from the clinical and surgical lectures. The Doctor is certainly an excellent demonstrator, and, in that capacity is a little treasure to the school, but let no man go beyond his last; however, as fair play is a jewel, I will give my reasons why I think the dissecting scal-

pel a better instrument in his grasp than the operation knife, and the demonstrator's table a more becoming situation for him than the lecturer's desk; but, as telling a man of his faults is not an agreeable task, I will resort to the method of mentioning what a surgeon ought not to do, and perhaps he may discover his portrait in that of the sinner, who did "those things he ought not to have done, and left undone those things he ought to have done." In the first place, a surgeon should not, in a case of necrosis, cut down upon the bone in search of a sequestrum, without being tolerably sure of its existence, especially in the absence of acute symptoms, rendering an operation necessary. Upon arriving at the bone, and finding its surface sound, he should not proceed to cut and delve away with the trephine and elevator, mallet and gouge, hammer and chisel, upon the tibia of an unfortunate devil, who, after sustaining a most painful and unprofitable operation, left the Hospital ten times worse than he entered it. He should not, for a small varicose ulcer, excise two inches of the saphena vein, and let his patient die in all the horrors of venous inflammation and typhoid exhaustion. He should not, by way of experiment, dip his lancet into an erysipelatous vesicle, and drive it through the neck (seton-like) of a wretched girl, labouring under conjunctival inflammation; but he should pay a little attention to the medical treatment of his patients, and hardly be content with the exhibition of *5ij.* of the *pulvis jalapæ compositus*, or the use of the *hydrargyri submuriæ*, followed by a dose of nurse's comfort, *post horas quatuor!* I have drawn a picture, and I think some likeness will be discovered.

Of Dr. Ephraim, as a clinical lecturer, I have but little to say; that he does not understand the task is very clear, as every clinical lecture I have ever heard from him, (and I have attended him for two winters,) has been an attempt at a surgical lecture, consisting of the general history of the disease, rather than a particular account of the symptoms of the patient, and having, in fact, no reference to him, further than the mention of his name, and the date of his admission into the hospital.

With respect to surgical lectures. I believe it will be generally admitted, that these lectures are of little service to the student, unless containing practical points of information, and giving the results of the lecturer's personal experience; if the lecture be, as in Dr. M'Dowel's case, a mere compilation, the student may read the authors he has consulted with far more advantage in the solitude of his study, than lend his ears to the copied materials of the lecturer. In Dublin there are a few ex-

cellent surgical lecturers, and the difference between them and my little friend is too great to escape observation.

I have now finished my list of grievances occasioned the student by this gentleman, and I think it will be admitted, that although demonstration may be his forte, surgery, and surgical and clinical lectures, do not come within the compass of his ability; fain would I wish that he might see the error of his ways, and if he would be so kind as to resign the surgical lectures to his colleagues, (always excepting Mr. Carmichael,) so obliging as to keep to his text in clinical lectures, and describe symptoms as he finds them, instead of discovering every symptom that could by possibility occur, and act the part of an experienced rather than an experimental surgeon, he would be entitled to the thanks of the Richmond class, and what is more, be sure of the approbation of his own heart; if, in addition to all this, he would put up a clock in the theatre, that would just strike one at the expiration of each hour, he would personally oblige the pupils, (who think an hour's demonstration quite long enough,) and save them the trouble of giving a hint by sundry *hems* and *has* that he was intruding on their time. I flatter myself that Dr. McDowel cannot quarrel with me for the manner in which I have noticed his commissions and omissions; and if he will but attend to my suggestions, the day may arrive when he will be a distinguished demonstrator, and, as fortune has made him a hospital surgeon,—a tolerable practitioner.

There are a number of spalpeens in the Richmond, who, ranking as special friends of the Doctor's, are perpetually feeding him with the oil of their praise, and absolutely commending his very faults.—Alas! their friend needs sedatives, and yet they administer stimulants. In this class must be the writer of a letter signed "*Filius Patlandici*," in No. 242 of *THE LANCET*, and who, if report tells the truth, was once the clinical clerk of the object of his panegyric. No wonder, then, at the clinical's wrath, when his quondam master was introduced so informally to the public by *Filius Æsculapii*, who, in truth, did not deserve the very gentlemanly tirade my countryman (faugh! I blush for him) honoured him with. *Apropos*: it was whispered at the time this letter appeared, that so warm an emotion could scarcely be excited by the friendship between the master and the clinical, and a hint was taken from the latter's effusion, wherein he doubts the legitimacy of *Filius Æsculapii*, and (as scandal is ever busy) it was absolutely whispered that the term *notus* might rather be applied to poor *Filius Patlandici*, which would, at once, account for

his indignation at the attack on his Papa; but, indeed, this was scandal. The appearance of the Doctor contradicts the calumny; besides, if he had sinned in his early days, as he is a religious character, he certainly would have given his offspring a scripture name.

Of Messrs. Adams and Read, and Drs. M'Donnell and Flood, in my next.

I have the honour to be, Sir,

Your obedient servant,

LENNOX.

Dublin, Nov. 10, 1828.

WESTMINSTER MEDICAL SOCIETY.

November 29, 1828.

Professor THOMSON in the Chair.

DELIRIUM TREMENS.—MR. PEEL'S COMMUNICATION UPON THE SUBJECT OF DISSECTION.

THE Minutes of the last meeting having been gone over,

Mr. SMITH read a paper upon delirium tremens. He did not think there was a genuine case on record, that was not traceable to an excess of indulgence in the use of spirituous or malt liquors. He believed the attack always occurred after the excitement was over. The symptoms very much resembled those of *mania*, excepting that, in maniacal subjects, it was generally found that they were insensible to everything passing around them, and had their mind generally running upon one particular topic; whereas, in delirium tremens, the patient was perfectly sensible of all that was passing around him, and his morbid state of mind was not confined to any one particular point. With respect to the *treatment* of this disease, he did not think bleeding ever called for, or to be relied upon, as a cure; but might, in some instances, be a useful preparatory for other means. Purgatives were not to be omitted. Blisters almost always did harm. Brandy, ammonia, and wine, were sometimes used with advantage; but, of all the remedies, *opium* was the one greatly to be preferred. By the exhibition of this drug, in his opinion, ten out of twelve patients would recover, believing it to be nearly certain, that if sound sleep were procured, the patient was safe. He wished to know the opinion of the Society upon bleeding, upon suppositories, and the exhibition of opium.

Mr. CHINNOCK, in three cases that had come under his care, had found it necessary to take blood, and then to give opium; one

of the patients he had attended during two subsequent attacks, when bleeding was unnecessary. The procuration of sleep he agreed to be a most essential object. In one case he had given four grains of opium combined with calomel, following that up with two grains every two hours, until sleep was obtained, and with the best advantage. Dr. Contes had mentioned a case, in which he had given six grains every hour. Dr. Ayre also recommended it strongly. *THE LANCET* had likewise reported a case lately, as occurring in one of the Borough hospitals, where, after two drops of Prussic acid had been given, eight grains of opium were administered.

Mr. HUNT believed, that when the subject was under discussion last year, the propriety of taking away blood was much doubted. In cases where blood was to be abstracted, certainly it never was to be depended upon as a cure. Nor was it to be taken for granted, that patients had always an amelioration of the attack after the procuration of sleep by opium; on the contrary, it was not unfrequent, that when sleep had been obtained in this way, patients awoke worse than before the administration of the opium. Opium, however, was the sheet anchor. Ammonia was much better than brandy or spirituous liquor, if stimulants were to be given. There were conditions in which bloodletting was undoubtedly called for, but he had seen fatal effects from large bleedings, and he looked upon depletion as requiring the greatest precaution. He had found benefit from having the head shaved, and bladders, half filled with ground ice, applied to it.

Dr. JOHNSTONE concurred with the precaution necessary, where bleeding was thought of. Death had been much more frequent, according to his experience, where bleeding had been resorted to, than where opium had been depended upon. Death, however, would be the result of the majority of cases of delirium tremens, and, therefore, instancing death after the exhibition of opium, was not to be raised as a valid argument against its use. He believed delirium tremens, as it usually occurred, not to be a state of inflammation of the brain; it bore the features, in a great measure, of phrenitis, but would not bear its treatment, nor be cured by the same means. In answer to a question put by Dr. Sheil, he could not state the proximate cause of the disease; but certainly the exciting cause, most generally, was the abuse of ardent spirits, and he approved of the exhibition of those medicines which were calculated to allay irritation, or inordinate excitement of the nervous system. There was no disease, except that of hydrophobia, where the nervous system was so much excited. He had found

opium to be much more effectual in affording relief, when given in the shape of a suppository, than when taken by the mouth.

Dr. COPLAND had never seen a case of genuine delirium tremens, calling for the use of the lancet. In two cases, he had recommended the application of leeches about the head, and which eventually afforded relief. When opium failed to produce a beneficial result, and also stimulants, he believed it to be owing to the neglect of the practitioner in removing sufficiently the contents of the rectum. He had never administered brandy, except in the shape of punch; and he considered stimulants, according to the nature of the stimuli the patient had been in the habit of using, ought to be exhibited in combination with opium. He objected to the practice of applying cold lotions to the head.

The PRESIDENT was of opinion, that if opium were to be given, the liquor opii sedativus was the best form in which to administer it.

The discussion did not excite much interest, nor was it kept up with spirit.

The PRESIDENT was instructed to give notice, that four of the Committee having waited on the Right Honourable Robert Peel, upon the subject of anatomy, which was before Parliament last session, and having received a communication from that Gentleman, a meeting of the Society would be held on Friday evening, the 12th of December, at seven o'clock, for the purpose of hearing Mr. Peel's communication conveyed to the Society, and for its members to consider what future means ought to be adopted.

PARTIAL ECTROPIUM AND TARSORAPHIA.

In this case the patient was affected with ectropium of the external angle, in consequence of a wound in the temporal region, attended with loss of substance. The commissure of the eyelids was distended, and had lost its angular form; the conjunctiva was much exposed, and constantly inflamed, and the skin of the cheeks excoriated by the continual discharge of tears. Dr. Walther, of Bonn, performed the following operation: after having carefully extracted all the lashes on the external side of the eyelid, he pared off the margins of both tarsi as far as they were everted, and united them by two sutures. Perfect coalition having taken place, the inflammation of the conjunctiva gradually disappeared, and the patient, with the exception of a very slight deformity, was perfectly cured.—*Graefe u. Walther's Journal*,

IGNORANCE OF THE APOTHECARIES' COMPANY.

To the Editor of THE LANCET.

SIR,—I have to complain of the withering influence of this body of old women, or, as you more appropriately style them, "hags" in a case in which the progress of medical science has been checked by their deleterious interference.

A friend of mine at Demerara, wishing to have my opinion on the efficacy of a terbinthinous exudation, sent me a small quantity to make experiments with, observing, that the natives consider it to be a panacea, giving it indiscriminately, and with astonishing success, in almost every complaint, both internally and externally, but more particularly in pulmonic affections, in which it is said to remove cough, and promote expectoration, by simply inhaling it several times a day. This singular medicine has actually arrived at the West India docks; and the Custom-House, in its ignorance of the quality of the article, posted it off to the Apothecaries' Company for information; whereupon the said company, in their ignorance, returned it with a label, pronouncing it *cajuput oil*! bearing a heavy duty of one shilling an ounce. As this is far beyond the fiscal value, I am deprived of the satisfaction of testing this interesting fluid, or obliged to pay an exorbitant duty upon a large quantity, through the official incompetency of this sect.

This learned society took no less than a week to make the luminous discovery; and in order that I may not be charged with exaggerating the case against the Company, in my accusation, I will briefly enumerate the opposite characteristics of the two productions.

The one (*Cajuput*) is the growth of the East India Archipelago, and is procured by distillation from the leaves of the malalosier cajupute, a shrub resembling our osier, or sally; the leaves are put in the instant they are gathered, and the oil comes over in the usual manner, of a bright green colour.

The fluid in question comes from the American continent, and is obtained from a tree of considerable magnitude, found in the vast forests about the Orinoco; the process by which it is procured is simple, and consists in striking with an axe the bark, and holding a small gourd, or calabash, under it, to receive the exudation, which is called, for want of a better name, "native laurel oil:" it is colourless, and has the peculiarity of being the lightest fluid hitherto known.*

I am, Sir, yours, &c.

P—.

* Our Correspondent has favoured us with specimens of both articles, which are left at THE LANCET Office for inspection.

WESTMINSTER MEDICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—Having remarked in your report of the discussions which took place at the Westminster Medical Society, on the 8th of November, upon the subject of scarlatina and measles, an erroneous statement of my observations, I beg you will permit me to correct it, as my silence, it appears, has been misconstrued into a tacit acquiescence in its accuracy. In the treatment of scarlatina I am made to say, that I "bled freely, and, in this way, had almost invariably prevented the progress of the contagion." Whereas my observation referred solely to the inflammatory affection of the throat, (and which was perfectly understood by every member of the Society with whom I have since conversed,) and I mentioned the practice I had recently adopted, namely, "as soon as the disease could be recognised, to apply leeches to the throat, by which means I had generally succeeded in mitigating the inflammatory symptoms of the throat, if not in preventing them altogether." I should scarcely deem it necessary to trouble you upon the present occasion, but for the reason above stated, as the fidelity of the reports generally in THE LANCET, has often excited my surprise and admiration.

I have the honour to remain, Sir,

Your obedient servant,

Geo. JEWELL.

24, Sackville Street, Nov. 31st.

BLISTERS IN MEASLES.

To the Editor of THE LANCET.

SIR,—I beg to add my testimony to the communication of A. Matthews, Esq., Surgeon of Chelsea, in favour of early blistering in measles, in Vol. II. No. 265. p. 814, of THE LANCET, having adopted the means recommended by that gentleman, and with the success which he mentions. I could relate the names and residences of the individuals who have been treated after that gentleman's plan, but it would be taking up too much space in your valuable Publication. Suffice it to say, I have blistered five before the eruption appeared, and the symptoms have been scarcely worth mentioning. I therefore think it is likely to be of essential benefit to our fellow-creatures.

By inserting this, you will much oblige your constant subscriber,

GEORGE WADE, M.D.

Birmingham, Nov. 13, 1828.

THE LANCET.

London, Saturday, December 6, 1828.

OUR exposure of the fraud committed at Glasgow, at the very moment when it was supposed to have been not only successful, but undetected, has, of course, covered its perpetrators with disgrace and confusion; and our adversaries must perceive, by this time, the vantage ground which they have lost by their most extraordinary admissions. It is, as far as we know, unparalleled in the annals of literary controversy, that one party should exult in the success of an acknowledged fraud, and claim credit for a fabrication "well conceived and cleverly executed." The only text-book, as we have already hinted, wherein a man's dexterity in fraud is taken as a gauge of his intellectual superiority, is that in which *Mr. Peachum* pronounces, that there are some dull rogues who would never be hanged with credit to themselves, if they were to live to the longest term assignable to men of soaring propensities. "A poor, petty larceny rogue," exclaims that respectable character, "without the least genius—that fellow, though he were to live these six months, would never come to the gallows with any credit." It is in *Peachum's* school that our adversaries have learned to take credit to themselves for the cleverness with which they have conceived and executed a fraud; but it is a little singular, that, while they pique themselves upon this species of intellectual proficiency, they should, in viewing the matter under another aspect, affect a tone somewhat more in unison with recognised principles of morality. If, say they, we had any reason to doubt the genuineness of the communication, why insert it? We have already stated, that although there were parts of the case, that afterwards turned out to be fabricated, which we view-

ed with suspicion, yet there were other parts of the letter containing it which, upon the whole, removed that suspicion, and we admit, therefore, that we were, to that extent, deceived. But although, in publishing the case in question, we believed that we were publishing a case not less genuine, and certainly not more strongly illustrative of the ignorance of the Glasgow surgeons, than those of which the accuracy had been fully substantiated, we were not insensible to the advantage which we should derive from the fraud and folly of our adversaries, in the event of our first suspicions being confirmed. Would it have been possible, by any course different from that which we adopted, to place the fabricators in so disgraceful a position as that in which they are now placed, by an acknowledgment of their own infamy, made simultaneously with our exposure of the fraud? They are caught in their own trap, and a more humiliating, and, at the same time, ludicrous spectacle was, perhaps, never yet made by men who, in the commencement of their career, attempted, like the pious, but pilfering valet in *Gil Blas*, to palm themselves upon the credulous as persons of superior sanctity and decorum.

Had our suspicions, as to the genuineness of the case, been stronger than they really were—nay, had we even felt satisfied that the case was fabricated,—we should have been perfectly justified in publishing it, provided that, by so doing, we took the most effectual means of demonstrating the infamy of the fabricators, and the total absence of the malicious motives falsely and absurdly imputed to us by our calumniators. Such a case would have been analogous to that of suffering a party, known to have been guilty of the crime of forgery, to complete a meditated fraud, and thereby furnish against himself the evidence which may lead to his conviction. We repeat, however, that we shall not be deterred, by this solitary instance of fraud on the part of the Scotch

miscreant, who has endeavoured to poison the sources of public intelligence, from availing ourselves, freely, and without suspicion, of such communications as may be transmitted to us from provincial surgeons. To this source the profession is indebted for some of the most valuable papers which have appeared in this Journal; and it is no slight testimony in favour of the value of such communications, that the SINGLE INSTANCE in which a case entitled to no credit has appeared in our pages, is one wherein our adversaries admit and boast that they procured its insertion by fraud and forgery. We have no wish to keep this fact out of sight; on the contrary, we are now studiously travelling over the same ground which we trod last week; and we shall take care to invite attention to the acknowledged forgery of our opponents, whenever we may be called upon to answer the stale and ridiculous allegation, that the freedom of discussion, which we claim on grounds of public expediency, is sought by us for the purpose of gratifying private malice.

For some time previous to the 4th of October last, scarcely a week passed in which we were not assailed as literary pirates, for having published the Lectures of different Professors without their consent, and in defiance of their remonstrances. These charges had been made against us, at intervals, for years past; and, for years past, we treated them with silent disdain. But, on the 4th of October last, as our readers are, for the most part, aware, we published a statement, demonstrating that, in every case save *one*, wherein lectures have appeared in this Journal, they have been published with the express permission, and, in most instances, under the immediate superintendence, of the lecturers themselves. The excepted case was that in which we maintained against Mr. ABERNETHY, and maintained successfully, in a court of equity, our right to publish the lectures. The fol-

lowing is the statement to which we allude:—

“ It can scarcely be necessary to remind our readers of the distinction which we have always recognised between the situation of a public teacher and that of a private one, or of the principle upon which we claimed the right of publishing the Lectures of Mr. ABERNETHY. The lectures of private teachers, which we acknowledge to be private property, we have never published, as we shall presently show, without the consent of the lecturers; but the lectures of public medical teachers, delivered within the walls of public hospitals, stand, as we have uniformly contended, upon a totally different footing. We maintained this point fearlessly and manfully against Mr. ABERNETHY, in a Court of Equity, and the issue of the contest was, that the injunction which that gentleman obtained against the publication of his lectures was finally dissolved by the Lord Chancellor. So much for Mr. ABERNETHY's lectures. Sir ASTLEY COOPER's lectures came within the principle on which we relied in our contest with Mr. ABERNETHY; but Sir ASTLEY COOPER cannot, at any rate, be one of those who has been plundered of his literary property, for Sir ASTLEY COOPER gave his express consent to the publication of his lectures. The lectures of Dr. BLUNDELL on Midwifery, though delivered within the walls of Guy's Hospital, we did not consider as public lectures three years ago, because, at that time, no certificates of attendance on courses of midwifery were required by the colleges or the universities. We applied, therefore, for permission to publish them, which was not at that time conceded. Subsequently certificates of attendance on courses of midwifery have been required, and Dr. BLUNDELL has not only not withheld his consent from the publication of his lectures in this Journal, but, as they were to go before the public, has added to their value by a revision of the proof sheets. Dr. ARMSTRONG's lectures on the Theory and Practice of Medicine, were published in consequence of the intimation of one of his pupils, that the lecturer would not offer any objection. Dr. ARMSTRONG did, however, after the appearance of the first lecture, object to the principle of publishing private lectures, in which objection we acquiesced; but having expressed his opinion, he added, that he should leave the matter entirely to ourselves. We urged the ground of public utility—and as he found that the pupils were desirous of possessing his lectures, he afterwards consented to their publication, and acknowledged their accuracy. Mr. ARCOCK's lectures on some Practical points of

Surgery were published with his consent, and the proof-sheets were revised by him. Mr. LAWRENCE's Lectures on the Anatomy, Physiology, and Diseases of the Eye, were published with his consent, and the proof-sheets were revised by him. Dr. CLUTTERBUCK's Lectures on the Theory and Practice of Physic were published with his consent, and the proof-sheets were also revised by him. Dr. SPURZHEIM's Lectures on Phrenology, in like manner, appeared with the consent, and underwent the revision of the lecturer. The Lectures of Mr. BRANDE on Chemistry, and those of Dr. HASLAM on the Intellectual Composition of Man, were also published with the express consent of the lecturers. All these facts we have had the permission and authority of the several lecturers to state, from the periods at which their respective courses were completed, as distinctly as we now state them; but we have hitherto disdained to give this conclusive answer to the calumnies of our enemies, and we have now, once for all, adopted this course, in order that such calumnies, if they be again repeated, may be as much contemned in all other quarters, as they have been uniformly condemned by ourselves. We may further state, that so far have we been from the imputed necessity of seeking to obtain lectures by indirect or dishonourable means, that our difficulty, on the contrary, has been to deal with the numerous applications which have been made to us for the publication of lectures, and to appease teachers, to whose urgent solicitations we have not deemed it expedient to yield."

Since this statement was published, what has been the course pursued by our adversaries? Have they ventured to repeat the charge? No. Have they had the honesty and the manliness to acknowledge its falsehood? No. But they have changed the mode of their attack. The calumny which was formerly levelled at us as publishers of Lectures, they now direct against us as publishers of Hospital Reports, and, in the absence of materials for a true charge, they have committed forgery to give colour to a false one. They can make, if they do not find, a basis for unfounded accusation. A forgery costs them as little as a new heaven of crystal cost the inventor of the Ptolemaic system; and they can produce a fabrication with as much facility as the Abbé SIEYES used to draw a constitution from his pigeon-

holes. Verily we have most respectable and ingenious adversaries to deal withal; we apprehend, however, that they are too witty to live, for the "cleverness" upon which they pique themselves as a title to admiration, is of a species seldom accompanied with length of days.

IN discussing the affairs of the medical profession, we have invariably assumed in this Journal, that the majority of that body were liberal in politics, and tolerant in religion. Though we never antecedently considered the consequences of this opinion, as they might affect our interest, we find, on a retrospect of our success, that this presumption was correct. We cannot now, indeed, on reflection, imagine how the men to whom we have addressed ourselves, could have thought differently on these subjects from us; most of them having received a similar education, and having as few motives to decline obedience to the dictates of reason and rectitude. Of all the courses of discipline to which the human mind is subjected, the study of medicine is, perhaps, the best calculated to improve the judgment and liberalize the heart:—

"Emollit mores, nec sinit esse feros."

Unlike the other learned professions, it leaves its votaries free from the influence of prejudice, and preserves them from the sophistry of refining on truth. Untrammelled by the dogmas of the theologian, and uncorrupted by the subtleties of the civilian, truth is the quarry which the student of medicine, with the eagle-wing of freedom, pursues through Nature's vast domain. Neither the necessity of implicit belief confines the energies of his mind within an impassable circle of investigation, nor a temptation to err through the allurements of gain vitiates his understanding by a constant endeavour to array truth in the garb of falsehood, until the distinction between both is sometimes obli-

terated by habit from his breast. The objects of his attention, and the manner in which they should be observed, conspire to raise him above the narrow prejudices of the multitude. However the storm of jarring interests which desolate the moral world, may rage, in his researches, at least, there is repose; in his pursuits, peace. The statesman may engage nations in contention; the hero wade to victory through blood; the divine hurl his denunciations, and light the fires of persecution against a guilty world; his is a more humble, though not less honourable duty, to triumph over error, and lead home truth captive in the car of discovery. Necessarily admitted to a closer view, (by virtue of his avocations), of the constitution of the physical world, than any other order of men, he learns to look down with contempt on the malicious littleness of man in his attempts to oppress his species. In the earth, he beholds but one great common, destined, apparently, for the subsistence of all its various productions. In the organisation of man, "supreme lord of all," he can discover no traces of superior construction, which entitle one race to be elevated above the remainder. There, at least, he finds them all the same, one neither above nor below the rest, by an additional muscle, or a supplemental sense; the whole, in this respect, being cast in the one great matrix of EQUALITY. That his education has a strong tendency to produce the effects which we have ascribed to it, we appeal to the records of literature and of philanthropy for proofs. We shall find in this mirror of the best works of man, that no body of equal number has contributed a larger quota to the learning and science of their country, or performed more disinterested feats of benevolence, than the medical profession. It is, therefore, with feelings of astonishment and humiliation, that we ever witness a departure in any member of that profession from these illustrious examples, or an instance where the discipline which we have de-

scribed, has failed of producing its natural influence on the human mind. Such an instance, we regret to say, has been lately furnished by the Dublin College of Physicians, in the person of their President, Dr. Lendrick, at a "Brunswick" meeting of the Graduates of Trinity College, held at Morrison's Tavern, in Dawson Street. In a reported speech of that gentleman, attributed to him on this occasion, he is made to say—"That his opinion has ever been, that the repeal of the Acts for excluding Catholics from both Houses of Parliament, would be a measure either unnecessary or dangerous: unnecessary, if it went no farther than to confer eligibility; and dangerous, if it should be of greater extent:" adding, at the conclusion of a long oration to prove this uncharitable position, that—"He might safely say, that the great majority of the members of that body over whose interests he had the honour at present to preside, entertained opinions similar to those which had on that day been expressed." In contempt of the obscurity of the individual, and of the illiberality of the doctrine involved in this quotation, we should, in all probability, have passed both over in silence, if the sentiments which we have quoted did not throw light on a transaction which we recently discussed, and corroborate opinions which we then offered as probable conjectures. We as much as said, that Dr. Tuomy had fallen a victim to the bigotry of the Irish College of Physicians on that occasion. Who will now doubt the truth of our assertion, when we state, that the gentleman whose tolerant principles we have quoted above, was one of the electors by whom Dr. Tuomy was removed from his professorship, and Dr. Grattan returned in his place? The enlightened President of the Irish College of Physicians would not allow Catholics to sit in either House of Parliament!—Dare he allow a Catholic to retain his place in the school of physic, when that body, over

whose interests he has the honour to pre-
side, and by whom he was appointed an
elector in Dr. Tuomy's case, are all of the
same liberal way of thinking as himself.
To draw the knot of circumstantial evidence,
in which this felon against the dictates of
humanity has bound himself, by a confession
of his political principles, more closely,
would be perfectly superfluous. Having
turned his own executioner, our services be-
come unnecessary; we shall leave him to
his fate, for we are sick of the disgraceful
proceedings of Corporations, and of their
contemptible minions. If medical men turn
from their proper pursuits to mingle in the
din of politics—and we should regret seeing
them forget the duties of citizens in their
professional avocations—let them bring
along with them those lofty and humane
sentiments which the study and practice of
their profession are so well calculated to
inspire. To heal, and not inflame, they
should ever recollect, is their peculiar office.
Let them, if they at all appear on the
stage of political strife, range themselves on
the side of reason and humanity, and not
endeavour, by adding fresh fuel to the flame,
to perpetuate that political conflagration of
the passions in which their distracted coun-
try has been so long involved. There are
surely ways enough in Ireland for the am-
bitious spirits of the medical profession of
that country to distinguish themselves, be-
sides seeking notoriety through the means
of petty party politics, so unworthy of the
man of science and the philosopher. If we
mistake not, there are quite enough of poli-
ticians to write and spout in that country
without the assistance of its physicians. In
the dearth of medical literature in that coun-
try, we suspect a practitioner would have a
much better chance of making himself
known by a scientific discovery, than by a
dozen of political harangues. It often hap-
pens, however, that those who are least
capable of serving mankind by scientific
pursuits, are the most willing to disturb

their peace by a perverse exercise of shallow
sophistry; a fact, the truth of which is not
diminished by the example of Dr. Lendrick,
whose first literary essay has been of this
baneful description.

COURT OF KING'S BENCH.

Westminster, Saturday, November 29, 1828.

COOPER v. WAKLEY.

MR. BROUGHAM, as Counsel for the De-
fendant, applied to Lord TENTERDEN to
name a particular day on which his Lordship
would take this cause. The Learned Coun-
sel stated, that it would be necessary to call
a great many medical gentlemen; and that,
as his client did not wish to inconvenience
any member of his profession, it would be
highly desirable that a day *certain* should
be named for this trial, as several of the
witnesses were in extensive practice, in dis-
tant parts of the country.

Sir JAMES SCARLETT, for the Plaintiff,
said, they were agreed on the propriety of
the application in question, and that he had
no objection whatever, but fully concurred.

Lord TENTERDEN assented to the appli-
cation, and intimated, that he would take
the cause on any day which the Counsel
might themselves agree upon.—Accordingly,
FRIDAY NEXT, the 12th December inst.,
was appointed. The trial to take place at
the COURT OF KING'S BENCH, *Westminster*,
and to commence at HALF-PAST NINE o'clock.

We may take this opportunity of stating,
that we shall redeem the pledge which we
gave in THE LANCET of the 5th of April
last, and conduct our defence in person.
We have communicated to Mr. BROUGHAM
the reasons which have induced us to wave,
upon this occasion, the benefit of his un-
rivalled talents in addressing the jury.

This trial will be one of great importance
to the profession and to the public; and the

evidence of Mr. BENJAMIN HARRISON, the Treasurer of Guy's Hospital, will merit, in a peculiar manner, the attention of the Governors of that institution; for the effect of that person's influence over the affairs of the Hospital is made one of the issuable facts in our plea.

LONDON MEDICAL SOCIETY.

November 17, 1828,

Dr. HASLAM, President, in the Chair.

RUPTURE OF THE UTERUS—OPERATION OF GASTROTOMY.

Mr. LORD related a case, in which the operation of gastrotomy had been resorted to by Dr. Hopkins, within the last ten days. This was the case which, on the last evening, he considered so important, as to have been anxious then to have had an opportunity of relating. The woman was pregnant with her fifth child; he, Mr. Lord, was sent for, to attend her; she had gone her full time. When he arrived, he found very considerable pain in the abdomen; the liquor amnii discharged, the vagina dilated, and well lubricated, but uterine action very much abated. He remained with her for about three hours; he then gave her three ordinary doses of the *secale cornutum*. Uterine action was induced to a small degree. By a vaginal examination, he felt the scalp tense and puffy. The action of the uterus having continued for about an hour and a half, he endeavoured to bring away the head with the vectis, but failed; at length, he was induced to consider the head was hydrocephalic. Dr. Stephenson was sent for to the case, in conjunction with Mr. Jacob; and, at one time, they thought the best mode of proceeding would be to lay open the head; but, from its sudden retrocession, with the entire cessation of the uterine pains, and the sinking state into which the woman appeared to be getting, induced them to suspect a rupture of the uterus, and to send for Dr. Hopkins. Dr. Hopkins, on his arrival, agreed that the uterus had been ruptured, and that the child had escaped into the abdomen. The Doctor introduced his hand into the vagina, but, finding the uterus completely contracted, and that he was unable to reach the fetus, he therefore proposed the operation of gastrotomy, as a *dérnier ressort*. The child was removed through an opening made in the abdomen, of seven inches and a half in length, and the whole operation performed admirably, with-

out the loss of a teaspoonful of blood. Four ligatures were applied, straps of adhesive plaster, compress, and bandage; and leeches, to prevent peritonitis. A small quantity of nourishing diet was given; the patient expressed herself greatly relieved, and passed a good night,—but died on the following afternoon.

On examination, after death, there was coagulable lymph on the edges of the wound; very little peritonitis had taken place; and there was a rupture of the uterus, abundantly large to admit of the escape of the child. The head of the fetus was immensely large, and an excellent drawing of it was submitted to the inspection of the Society. The diameter, from chin to occiput, measured nine inches and three quarters; circumference, from chin to occiput, nineteen inches; from the upper part of the ear to the anterior fontanelle, eight inches.

Mr. WALLER wished to know how soon, after the rupture had taken place, Dr. Hopkins had seen the patient? whether any attempt to turn had been made immediately on the escape of the child into the abdomen? and whether the suggestion of Dr. Blundell had been attended to,—that of removing the womb entirely?

Dr. HOPKINS stated, in answer to the above queries, that he understood those dangerous symptoms had not manifested themselves long before his arrival. The circulation he found to be exceedingly increased, the pulse 155, with great depression of the vital powers. The Doctor made an accurate examination, by the introduction of his hand into the vagina, when he found the uterus *permanently contracted*; so much so, as to prevent the admission of more than *two fingers*; but he could feel the lacerated surface as far as its contracted state would enable the fingers to reach. This contraction elicited some practical remarks from the Doctor, respecting the difference between this *permanent rigidity*, and the *spasmodic action* exhibited, in some cases, during parturition. The hand was carefully withdrawn from the vagina, and, on passing it over the abdomen, the fetus could be distinctly felt. It was ascertained that the entire fetus had escaped from the uterus, and, consequently, there could not be a doubt as to the propriety of the *Cæsarian operation* being resorted to; although, from the exhausted and dangerous state of the patient, few hopes could be entertained of her ultimate recovery. Finding it impracticable to deliver by the natural canal, an enema was administered, and the catheter introduced. The woman being placed on her back, in the centre of the bed, with the head slightly elevated, the Doctor commenced the operation, by making an incision, half an inch to the right side of, and on a line with, the *linea alba*,

exposing the fetus as he carried down the scalp. The fetus and placenta were removed, and the operation completed in about 30 seconds.

In answer to Mr. Waller's proposition of removing the uterus, the idea was so *outré*, as scarcely to require a thought. There was no man more deserving the gratitude of the profession than Dr. Blundell, for the great perfection to which he had brought the science, and more particularly abdominal surgery; but he (Dr. Hopkins) could not imagine this to be a case in which the excision of the uterus was in any way called for; indeed, he had no hesitation in believing that, had the operation been attempted, the patient would, in all probability, have expired before its completion.

Mr. Waller considered there could be no difficulty whatever in removing the uterus wholly, and that it would have been much better to have done that than to have left it in an unsound state. He regretted that no answer had been given to his questions, whether any attempt to turn, immediately after the accident, had been made, and what the exact time was at which Dr. Hopkins saw her.

Mr. Shirley, looking at the immense size of the head, considered that it must have created an uncommon mechanical difficulty in the parturition; and the question with him was, whether the ergot which the practitioner gave, had not been the immediate and entire cause of the accident.

Mr. Lord objected to the notion of the ergot producing the accident; he did not think the pains produced by the exhibition of it, strong enough to have ruptured the uterus; he thought it more reasonable to ascribe the accident to the largeness of the head, combined with, in all probability, a vitiated state of the posterior part of the uterus.

Dr. Hopkins objected to the notion of the ergot, alone, producing the accident, though absent when this remedy was had recourse to. On examining the uterus after death, which, together with the fetus, he has now in his possession, he found it *healthy, excepting near the laceration*, through which the child passed; but on that part, namely, the posterior surface, the organ appeared completely altered, and softened in its texture. Judging from the morbid appearance of this part, he could not reconcile his feelings to the idea that the *secale cornutum* had been the sole means of causing the mischief; but that the parturient efforts, *unaided*, would have been sufficient to produce the rupture. Indeed, he made a point of inquiring from the patient, and ascertained that she had felt a dull and continued pain in one particular part of the abdomen, the situation of

that part of the uterus found subsequently lacerated; the pain had continued for three months without intermission. He conceived, therefore, from the *post-mortem* appearances, there could not be a question but that it originated from *chronic inflammation*. The fetal head, again, being partially decomposed, the integuments must have given way, before the accident could have occurred, had the entire uterus been in a healthy condition.

November 24.

THE REGISTRAR'S INCORRECT MINUTES.—
CONTINUATION OF MR. LORD'S CASE OF
RUPTURED UTERUS, AND DR. HOPKINS'S
OPERATION OF GASTROTOMY.

AFTER the Registrar had read the minutes of the last meeting,

Mr. Amesbury took an objection to them. He declared they were not correct; or, if they were, the discussion of the former night, upon his fracture case, was not such as he then understood it to have been. He could not understand the discussion at all, by what appeared from the minutes.

Mr. Shirley said, that, as the discussion on Mr. Lord's case, when the Society last met, had not been at all satisfactory to his mind, he wished distinctly to propound the question, whether, in the opinion of the Society, the administration of the ergot of rye was not the proximate or immediate cause of the rupture of the uterus? He thought it highly important that this should be distinctly known.

Dr. Hopkins stated that, as far as he was capable of judging of the condition of the uterus, the whole of it appeared to be in a healthy state, excepting the part at which the rupture had taken place. Here the texture was considerably altered; the substance was much softened, and though he was not present when the ergot was administered, yet he thought that, had it not been exhibited, the head of the fetus would eventually have caused the rupture. The coverings of the head were so thin that, if the uterus had been in a healthy state throughout, he thought they must have given way before it would have ruptured.

A Member wished to know whether, after the exhibition of the ergot, there was powerful and long-continued uterine action?

Mr. Lord observed, that the action was remarkably moderate, and by no means so great as that which usually took place in the expulsion of an ordinary fetus.

The President inquired of what the bulk of the head was composed?

Dr. Hopkins had not punctured the head, which was in his possession, as well as the whole of the fetus and the ute-

rus. Some part of the contents of the head, however, had lately escaped, and which was fluid. He thought there must have been a gallon of fluid contained within the head.

Dr. WILLIAMS considered the case of great importance, as well with respect to the practice of exhibiting the ergot, as with regard to Mr. Lord's conduct in the management of the case. He was inclined to consult the feelings of this young practitioner, and to state, that the impression on his mind was, that the exhibition of the ergot did no harm. He abstained from saying any thing upon the question, whether, in the present instance, the ergot was called for or not, only feeling inclined to think that it had done no harm.

Mr. WALLER observed that, if truth were to be suppressed, and the feelings of individuals only to be consulted by the Society; such a Society would not be worth attending. Mr. Lord should know, that any questions that were put, or observations that were made, could not be intended to implicate him personally, but only with a view to the advancement of science. Mr. Lord had stated that the head was hydrocephalic, and that it had not proceeded beyond the brim. If he had made up his mind that the head was in this state, would it not have been infinitely better to have punctured it with a sharp instrument? It had been said, that the ergot had nothing to do with the rupture of the uterus: this might be, but if any part of the womb was in a morbid state, and inclined to burst, the administration of the ergot was unquestionably calculated to increase that disposition. At the former discussion he had inquired, but to which he had not been able to get answers, and therefore he put his questions again, whether, immediately after the rupture of the uterus was detected, any attempt was made to turn, and how long subsequently it was before Dr. Hopkins saw the case?

Mr. LORD viewed the case candidly and impartially, and, if any error had been committed, he should willingly have confessed it; but, upon his honour, he believed there had been none. He had waited three hours, from first seeing the patient, before he began to administer the ergot, during which time no uterine action had taken place. The os uteri was dilated, and the vagina well lubricated. In passing the finger, he felt the scalp corrugated; the finger passed readily and easily over the parietal bone, and nothing more could he discriminate. This he considered favourable for the use of the ergot. He gave it, and it was not till three or four hours after the exhibition, that uterine action came on, propulsive and continued, but not violent.

Mr. WALLER certainly did understand Mr. Lord to say, that he had ascertained the head to be hydrocephalic; but even upon this latter statement, of Mr. Lord, he was unable to understand why he should have resorted to the ergot. It seemed to him that he had used it in that case in which he (Mr. Waller) had ever been anxious to impress on the minds of his pupils the absolute necessity of not having recourse to it.

The PRESIDENT observed that, in this Society, there was a great disposition to doubt; and, as that was the ground of all sound philosophy, he hoped Mr. Lord would excuse it, and answer, as distinctly as possible, the questions the different members were pleased to put.

Mr. LORD was anxious to do so, and courted inquiry. At the same time he complained bitterly of being pelted on all sides, before and behind, with so many questions.

Mr. LAMBERT inquired whether the pains were totally absent when the ergot was administered? As far as he had learned, it was necessary that some parturient action should be present when the ergot was given, as it had not the power of *creating* pain.

Dr. HOPKINS, before this question was answered, desired to be informed whether, if Mr. Waller had been attending a patient who had had several favourable parturitions, and found the os uteri dilated, the vagina lubricated,—supposing the head was of the ordinary dimensions, feeling the head, but finding it could not descend,—he would not have had recourse to the ergot?

Mr. WALLER would never think of giving it till the os uteri had so far dilated, and labour had so far advanced, as that he could not only make out the presentation, but the situation. He should consider himself acting highly culpably, if he were to act upon any other rule; inasmuch as the head might be lying transversely, and his conduct might be attended with the most serious mischief. In the case which Dr. HOPKINS had put, he should wait, and do nothing.

Dr. BLICK doubted altogether the effect of the ergot; indeed, he could lay his hand on his heart, and say it had no effect whatever. A few days ago he had been called to attend a lady, under very peculiar circumstances. She had had five children in the course of eight years. Symptoms of pregnancy had again proceeded, from the beginning of the present year, and, on the 4th or 5th of August, she had violent labour pains. She was sick and vomited, and lost a considerable quantity of blood. On the 19th of the same month, the membranes broke; she then began to decrease in size, and had ever since continued to do so. She had removed from the vagina a small piece

of bone, having previously felt a pricking. (Laughter.) She had subsequently discharged coagula and livid substances, something like pieces of liver. He believed he should astonish the Society by saying what had passed and travelled through the uterus, and that the child had entirely escaped into the abdomen. He could detect no rupture whatever of the vagina. There was now a tumour on the right side of her abdomen, which, when touched, produced a *tickling* sensation. The bowels had been *remarkably good*; she had never had cause to *complain of them*; and this brought him to the question, how far the Cæsarian operation should, on any occasion whatever, be performed? Except the tumour he had alluded to, this lady had no bad symptoms whatever; and he thought abscesses would ultimately take place, either in the abdomen or some other part, and through which the foetus would be expelled.

Dr. RYAN considered the best mode of exhibiting the ergot to be in the nature of a *decoction*. He wished to know from Mr. Lord, how long the woman, in his case, had been in absolute labour, before the rupture of the uterus took place, and how long the uterus was ruptured before the gastrotomy was resorted to?

Mr. LANBERT ridiculed Dr. Blick's notion of the inefficacy of the ergot, which stood singly opposed to a host of the most respectable testimony. At first he was induced to think Mr. Lord had not made out a proper case for the administration of the ergot, but his opinion had somewhat changed. He, however, wished to know how long parturient action had been going on, when the mechanical impediment to delivery was ascertained, and how long before the exhibition of the cornutum? It was his decided opinion that, when the physical obstruction was discovered, the hydrocephalic head should have been perforated without delay.

Mr. LORD—Are we to suppose that a country practitioner is like *Dr. Stop*, always going about with his green bag under his arm, filled with instruments? (Laughter.) I live at Hampstead; I was called to the case a mile distant from my house; I cannot determine when the uterus was really ruptured; the symptoms came on gradually; I had no sharp instrument with me to puncture the head; it was in the middle of the night, and it ought to be recollected, that it is exceedingly difficult at this time, in a country place, on all occasions, immediately to procure instruments, and the assistance of friends, whenever they are wanted. An instance was detailed in *The Lancet*, a short time ago, of a case happening at Worcester, where the practitioner was not at all aware of the rupture of the

uterus that had taken place. Another case occurred in Stamford Street, only the other day, of a rupture of the uterus, where it was not detected until an examination was made after death.

Dr. WALSHMAN had had great experience in midwifery. He agreed with the observations made, that the presenting part, and the condition of that part, ought, in this case, to have been distinctly ascertained, before the ergot was resorted to. If the hydrocephalic state of the head had been ascertained, he apprehended only one course ought to have been pursued, that of perforating; and that if perforation had been resorted to, the life of the patient would have stood a much better chance. He should have been averse to the performance of the Cæsarian operation, under the circumstances of this case.

Mr. ASHWELL regretted to have observed anything like a supposition, that personalities could be intended by anything that was said. He deprecated certain modes of expression, as, "I assure you *upon my honour*," and considered them much more applicable for a *stage* than a scientific society. After giving every possible attention to all that had been stated, he had heard nothing to remove him from his first opinion, that it would have been better in this case *not* to have used the ergot. He thought sufficient weight had not been given by the Society to Mr. Waller's observation, that before the *situation* of the head was ascertained, it might be lying unfavourable to the use of the ergot. Here the head still remained above the brim; there were long-continued pains, and, probably, such as the woman had always formerly had, therefore, he should not have considered it a case for the ergot. At the same time, he was not prepared to say the uterus would not have ruptured, had the ergot not been had recourse to. He hoped the detail of the circumstances of this case would lead to a more careful administration of this medicine, and if so, that detail would be proved to have been usefully made. In his opinion, the ergot was a most invaluable remedy; it had often greatly quickened labour, and restrained hæmorrhage. He thought if a foetus escaped into the abdomen, the accoucheur would not do his duty, if he allowed it to remain there. The child might escape into it alive, and might be extracted alive, which was a powerful argument in favour of gastrotomy.

Dr. HOPKINS again observed, that the uterus had perfectly contracted by the time he saw the case, and the woman was in a very exhausted state; the pulse 150.

Dr. RYAN thought there were many well-authenticated cases to justify the accoucheur in following the child, and extracting it

when escaped into the abdomen; but he decidedly objected to the operation being performed when the woman was in so exhausted a state as that detailed by Dr. Hopkins.

December 1.

INCORRECT MINUTES. — CONTINUATION OF MR. LORD'S CASE. — POINT OF ORDER. — STOMACH OF AN EXTRAORDINARY SIZE.

THE minutes of the last meeting were read.

DR. WALSHMAN, after taking an objection to the correctness of the Registrar's minutes of the last meeting, resumed the discussion of the subject that occupied the attention of the Society on the former night. He had met with many cases, in which a hydrocephalic state of the head presented, where the life of the patient could not have been saved without perforation; many where it was saved; and he had likewise met with cases where it turned out afterwards that, if the operation had been resorted to, the mother would not have perished. In Mr. Lord's case, — considering the well-formed pelvis; the enlarged condition of the *os tincae*, so as to have allowed the introduction of the vectis; the nature of the presentation, — it would have been better practice to have perforated than to have given the ergot.

MR. DOUBLEDAY related several cases, in which perforation was performed with safety to the mother, where, otherwise, she could not have been delivered; as appeared from the sequel of further pregnancies. When it was once fairly ascertained that the *os uteri* was fully dilated, and that, owing to the condition of the head and sacrum, the head could not pass, no doubt could be entertained that the sooner perforation was resorted to, the greater chance of safety there existed for the mother. A case of this sort was very analogous to a case of strangulated hernia. In the latter case, when it was clearly found that the hernia could not be returned, the less delay that took place before the operation was performed, the better. He produced to the Society one specimen of ruptured uterus, in consequence of perforation not having been resorted to in time.

MR. WALLER regretted to have been under the necessity of having had to inquire, for about the sixth time, without having obtained any answer, whether any attempt was immediately made, when the rupture took place, to bring away the child through the natural passage; and, if not, within what time afterwards, the operation to turn, or the Cæsarian section, was performed?

MR. LAMBERT considered rupture of the uterus of extremely rare occurrence. It

had been estimated by Burns, as occurring in the ratio of 1 to 1000; but he believed that the proportion was far less. In a note of Dr. Willan, on the Diseases of London, it was stated that, out of 2982 labours which occurred in the practice of an eminent accoucheur, there was only one instance of lacerated uterus. Reverting to Mr. Lord's case, and passing over the treatment which, in his (Mr. Lambert's) opinion, should have been adopted, — namely, perforation of the head, and which would, in all probability, have prevented the rupture of the uterus, — he was desirous, at once, of coming to the question, as to what were the most advisable means to be pursued when such an untoward event had taken place? The practice which had been adopted by Dr. Hopkins, in the operation of gastrotomy, he considered to be the only proper measure. Three modes of treatment present themselves for consideration, as Burns justly observes, when the uterus is ruptured during gestation, and prior to delivery: — To leave the case to Nature, to deliver *per vias naturales*, or to perform gastrotomy. With respect to the first measure, he would simply remark, that there was no well-authenticated case of recovery, where the fœtus was allowed to remain in the cavity of the abdomen, the woman being at the full period of gestation. As regards the second means, delivery *per vias naturales*, he would only repeat the language of an eminent writer: — "To dilate the *os uteri* forcibly, and thus extract the child, is a proposition so *rash and hazardous*, that I know no one who would adopt it." The operation of gastrotomy, then, was the most preferable measure, and although the experience on this subject was but limited, yet, looking to the results of the few cases in which the operation had been performed, we are fully borne out in its adoption. Since the last meeting, he had referred to the authorities on this subject, and he found that the first case recorded, is in the 3rd volume of the *Journal de Medicine* for 1768: the woman here survived. In the *Memoirs* of the French Academy was an account of a case, in which the operation was twice performed by Lambron, on the same female, yet she did well; and, lastly, in the 2nd volume of the *Quarterly Journal of Foreign Medicine*, a successful case was related, on the authority of Bernard and Latouche. With respect to Dr. Ryan's observations on Dr. Hopkins having operated at a time when there was much depression of vital power, he (Mr. Lambert) would say, that the prostration is a leading characteristic throughout of rupture of any viscous; that patients die in this condition, without any apparent effort at re-action; and, consequently, that any delay in opening the abdomen, and

removing an oppressive cause, in his opinion, would have been culpable.

Mr. WALLER, in explanation, considered that Mr. Lambert had altogether mistaken the nature of his interrogatories, notwithstanding the numerous times they had been repeated. Every person knew that, after the uterus had expelled its contents, and contracted, no hand could be introduced into it; but there were many cases on record,—Dr. Blundell had often met with them, Mr. Doubleday had met with them, others had met with them,—where, immediately on the rupture of the uterus taking place, the hand was introduced, and the child brought away by turning.

Mr. LORD conceived that no person could have expected the rupture to have taken place, from the mild pains the woman was suffering, and which had been upon her for an hour and a half, *more or less*, before the rupture took place. The necessity of perforation, before the rupture took place, was not called for. There was no fair analogy to be made between a case of this sort and a man labouring under hernia. Had the large state of the head been foreseen, he should not have given the ergot, but would have punctured the head with a penknife, rather than have left it until the rupture took place. The morbid condition of the uterus had not been sufficiently adverted to by the Society. He had seen a case on that very day, in which the uterus was ruptured at the period of quickening, either by some pain of the uterus itself, or a motion of the fœtus, as the woman was descending from a stage-coach. The os uteri was soft and dilatable, but the operation of turning was not attempted. After the excessive large state of the head was thought of, he considered that, even if delivery was accomplished, the child could not be saved, and the mother's condition but very little ameliorated.

Mr. KINGDON was of opinion, that, considering the able and candid manner in which the author had brought forward this case, and the excellent abilities he had proved himself to possess, no further questions ought to be put, which could be personal, or painful to his feelings; the gratitude of the Society must be due to him.

Mr. LORD should not have wished the discussion to have proceeded so far, had it not been that, on the former night, a gentleman observed that, in this case, the woman *had been lost*.

Mr. LAMBERT—Having been the individual who made the observation, considered it due to Mr. LORD to assure him, that he certainly did not mean the remark to apply personally to him. He might, if the case had fallen to him (Mr. Lambert's) lot, have conducted himself as Mr. LORD had done.

Still he was justified in making the observation; and he repeated, that the woman had been lost; inasmuch as, in all probability, if perforation had been resorted to, her life would have been saved.

Dr. BLICK requested that certain parts of the Laws of the Society might be read from the Chair, which he considered would bear out his argument, that, on the former evening, at the breaking up of the Society, the President had no right to interrupt Dr. Hopkiss in the statement he was making.

The PRESIDENT (interrupting)—Dr. BLICK, allow me to request that you will sit down, Sir, and to assure you that I shall not hear another word on the subject. (Hear, hear.)

Mr. WALLER exhibited to the Society, as a curiosity, a female stomach of extraordinary size. When *in situ*, it extended from the natural situation down along the left side, terminating in the pelvis, a considerable portion of which it filled up.

GUY'S HOSPITAL.

CONTINUATION OF THE "NO HERNIA" CASE.

Nothing has transpired worthy of notice in this case since our last report. The discharge, which was pronounced feculent by the surgeon, has not been observed since the 21st.

Dec. 1. On visiting him, with Mr. KEY, we found the wound had nearly healed. He has been taking a generous diet, and, in fact, is not much worse from the operation.

ST. BARTHOLOMEW'S HOSPITAL.

EXTRAVASATION OF URINE.

STEPHEN NORRIS, æt. 31, a muscular baker, and a hard drinker, was admitted into Colston's Ward, Sept. 12, with considerable inflammation and distension of the perineum and scrotum. Was in great agony when brought in. States that he has had a difficulty in voiding his urine for the last two years, on account of a chancre that he had about that time close upon the orifice of the urethra, which, in healing, has considerably contracted the orifice of the aperture, so that the stream of water has never since been larger than a small crow's quill. Upon passing a small-sized catheter, every other part of the urethra appears free from contraction. The urine has always seemed to him to pass freely along the urethra until it arrived at the orifice, where it has

been suddenly arrested in its progress, and often most painfully distended in the urethra. Felt a little pain in the perineum, on making water one evening, after drinking and dancing at Bartholomew Fair; and, on examining the part, discovered a small swelling, which has gradually increased in size, and extended to the scrotum. This has been distended and painful for the last two days. Mr. Stanley, who attended for Mr. Vincent, saw the man about an hour after he was brought in, and entertaining no doubt about the nature of the case, made an incision, of about two inches long, in the perineum. A quantity of offensive pus and urine immediately gushed out. The catheter was withdrawn, hot and moist fannels ordered to be constantly applied, and calomel and jalap taken, with a dose of house physic.

13. Has passed a restless night, and is very feverish this morning. Skin hot; tongue dry; pulse quick. Is much relieved by the operation. The bowels have been freely moved. The principal part of the urine flows through the wound. A small portion has escaped by the urethra.

16. Now passes the greater part of his urine by the urethra, though a little still comes through the wound, to which a poultice has been kept. During the last day or two, granulations have sprung up. The scrotum is diminished to its natural size; tongue moist, pulse natural, and he is, in all respects, doing well.

22. The urine flows entirely through the urethra. The wound is nearly closed. In consequence of some inflammatory symptoms about the chest, the dresser has bled him to-day to ʒxvj . In a fortnight after, he was quite well.

In the latter part of our report from this Hospital, last week, it should have been stated, that the bone was diseased for a considerable distance above the fracture, and that the fracture did not extend up the bone.

HOSPICE DE PERFECTIONNEMENT.

ERYSIPELAS PHLEGMONODES.

SEVERAL new methods of treating erysipelas have recently been proposed by the French surgeons. M. Dupuytren has often seen an extraordinary effect from blisters; and M. Larrey, knows, in this disease also, as in many others, no remedy superior to the application of moxa. M. Velpeau, of the Hospice de Perfectionnement, has frequently effected a speedy cure by continual pressure, especially in such individuals where general and local blood-letting is inadmissible.

A female, 65 years old, and of a very unhealthy constitution, was, on the 25th of August, admitted into the Hospice; the left leg was swelled, hot, very painful, and of a brown-red colour; on pressure, some subcutaneous fluctuation was perceptible, the knee was slightly enlarged, and the synovial capsule somewhat distended by fluid. The disease of the leg extended rapidly to the thigh, which, within a short time, was affected in its whole length, and in such a manner as to threaten gangrene. The constitution of the patient not admitting of bleeding, M. Velpeau ordered compression of the whole limb; the bandage was made very tight, and re-applied as soon as it began to loosen. At first the pain was considerably increased, but it soon abated, and at last entirely ceased; so that, within a few days, the patient was discharged, cured.

About the same time an old man was admitted at the Hospice, with erysipelas phlegmonodes of both legs, which were much swelled, very painful, and discoloured. The patient, being of a very plethoric habit, was twice bled, but the bleeding, having no influence on the local disease, pressure was resorted to, which proved so effectual, that the cure was completed within six days.—*La Clinique*.

HOTEL-DIEU.

PENETRATING WOUND OF THE SKULL.

A YOUNG man, who had been stabbed in the right orbit, immediately below its upper margin, was brought into the Hospital in the most complete stupor, vision, hearing, and general sensibility, being quite extinct; the wounded eye protruded from its orbit, its vessels, and those of the eye-lids, being gorged with blood. He was freely bled from the foot, but, in the following night, had an attack of the most furious delirium. The next day the stupor and paralysis still continued; the pulse was very small. The patient was again bled twice, but without any alteration in the symptoms. On the third day, the respiratory muscles began to be paralysed; his breathing became stertorous and very difficult, each inspiration being accompanied by a trembling of the whole body. M. Dupuytren accounted for this symptom, by supposing that an extravasation had taken place at the base of the skull, which suspended the function of the respiratory nerves. The patient was bled a fourth time, but the difficulty of breathing increased, and he died on the same day.

The bones of the skull having been removed, it was found that the instrument

had penetrated through the orbit into the substance of the brain, and that a piece of bone had been thrust into the anterior lobe, a great portion of which was found dissolved, and mixed with a considerable quantity of coagulated blood from the arteria corpora callosi.—*Journ. Génér. des Hôpit.*

LITHOTOMY.

THE surgeons of the Hôtel-Dieu, MM. Dupuytren, Breschet, and Sanson, have recently endeavoured to determine the comparative merits of three different methods of lithotomy. The first adopted the transverse; the second the lateral; and the third the recto-vesical section. The four patients operated on by MM. Dupuytren and Breschet were perfectly cured; but in one of the two cases in which M. Sanson performed the recto-vesical operation, there remained a fistulous opening between the rectum and the bladder. In one of M. Dupuytren's patients there occurred, soon after the operation, a violent internal hæmorrhage, which was soon discovered by the great tension of the hypogastrium; the distinct, soft tumescence of the bladder; the frequent and fruitless desire of making water; and by the sudden paleness, with intercurrent attacks of syncope; it was checked by a dossil of lint introduced into the bottom of the wound. The number of cases in which the three methods of lithotomy were performed, are not sufficient to determine the respective value of each; but the frequency of a fistulous opening between the rectum and the bladder, after the recto-vesical operation, and the danger of wounding the seminal vesicles, appear to be sufficient reasons for abandoning it altogether. The *Annali di Medicina* contain the history of a case, in which there remained, after the operation, an incurable fistulous passage between the bladder and rectum, and where the seminal vesicles were divided in such a manner, that, during coitus, the seminal fluid was discharged through the rectum. It seems, however, that the recto-vesical operation, which, at first, found so many partisans in Italy, is now generally relinquished there for the median section, a method also proposed by Vaccà, in his last Memoir on Lithotomy,* and which, indeed, seems to have considerable advantages over it. This operation is performed in the following manner: an incision being made in the raphe, extending from the external sphincter ani to the bulbus urethrae, a probe-

pointed bistoury is inserted into the groove of the staff, the handle of which is pressed towards the pubis, so that the neck of the bladder and the prostate gland present themselves, and are easily divided by passing the knife along the groove of the staff. The principal advantages of this method seem to be the following:—

1. The bladder is opened in the shortest way, and the wound admits of the greatest dilatation, being in the centre of the outlet of the pelvis, and surrounded by soft parts only.
2. No large vessels, and only the minute ramifications of the pudenda are divided, and thus an occurrence is avoided, which not unfrequently led to a fatal termination.
3. The knife is almost mechanically carried into the bladder, and the parts, in question, are very easily divided, being kept in a state of tension.
4. The finger being introduced into the bladder, the stone is very easily felt, being, by its own weight, carried towards the wound, which is at the lowest part of the bladder.
5. The situation of the wound best promotes the discharge of calculous fragments after the operation, and prevents sanguineous or urinous extravasation, which so often takes place after the lateral operation.

HOSPICE DE LA SALPETRIERE.

OSSIFIED EXTRA-UTERINE FÆTUS.

A FEMALE, who had been for several years at the Salpêtrière, on account of mental derangement, died in her 77th year. On examining the abdomen, a small tumour was found in the pelvis, slightly adhering by some layers of cellular tissue to the mesentery, and a loop of the small intestines; the uterus and its appendages, as well as the other abdominal viscera, were perfectly healthy. On a closer inspection of this tumour, it was discovered to be the skeleton of a fœtus, surrounded by a thin, and nearly transparent, membrane; it had an oval form, was two inches in its largest diameter, and was, by a sort of indenture, divided into two unequal halves, the largest of which contained the head, the smaller the trunk. The skull was very well formed, completely ossified, $1\frac{1}{2}$ inch in its antero-posterior, $1\frac{1}{4}$ inch in its transverse, and one inch in its vertical diameter. The bones were regularly developed; not the slightest trace of a fontanelle could be found, and all the sutures were perfectly united. The frontal bone was much arched; the parietal bones were also very prominent, especially that of the

* Della Litotomia nei due sessi; quarta memoria del Prof. Vaccà Berlin gheri. Pisa, 1825.

right side; the temporal bones were placed almost horizontally, and exhibited the rudiments of a glenoidal cavity; that of the right side presented a sort of zygomatic arch, united to a small os malare, which terminated in a rough articular surface; the upper and lower jaw-bones were entirely wanting; the orbits were well formed; the occipital bone was a little elongated towards its upper part; its lower portion consisted of several separate pieces. The skull was united to the trunk by fibro-cartilaginous ligaments, at least an articular surface could not be found, on external examination. The trunk being somewhat curved anteriorly, showed the rudiments of a vertebral column; the place of the sternum was occupied by a very thick fibro-cartilaginous mass; the ribs, as well as the bones of the shoulder and the clavicles, were completely ossified; the vertebral column terminated below in the sacral bone, and the rudiments of the pelvis. The extremities were wanting, with the exception of some traces of the upper-arm. On internal inspection of this skeleton, the cavity of the skull was found of a regular form, its parietes being one-twenty-fourth of an inch in thickness; they were lined with the dura mater, the folds of which were well developed, and contained a gelatinous fluid, of a yellow colour, without any distinct organisation. The cervical vertebrae consisted of several pieces, of an irregular form, so that the single vertebrae could not be distinguished; the dorsal vertebrae were more developed, and distinctly annular; the lumbar vertebrae, as well as the sacral bone, consisted of irregular pieces. The abdomen and thorax formed one cavity, at the upper portion of which the pleura was distinctly seen lining the ribs; its lower half contained a greyish-yellow adipocirous mass, with apparent traces of folds, representing, no doubt, the intestines. In the centre of this mass a brown nucleus was discovered, with a small cavity, which was continued, in a thin filament of the same colour, along the vertebral column, and which were very probably the remains of the heart and aorta. On the external surface of the skull, particularly on the right side, several vessels were seen running towards the median line; some intercostal vessels could also be distinguished.—*Archiv. Génér. de Médecine.*

SURGICAL CLINIC AT BERLIN.

EXTENSIVE FRACTURE OF THE SKULL.

A LITTLE boy, about nine years of age, was brought into the institution in a state of complete insensibility, with the blood flow-

ing profusely from the mouth, nostrils, ears, and eyes. A large piece of timber had fallen from a considerable height, on his head, and caused an extensive fracture of the skull. On examining the wound, the skin above the right ear was found lacerated, and a probe introduced into this aperture, could be easily passed to the temporal region of the other side. The parietal bones were considerably depressed, and a crucial incision having been made, a large fracture was found extending over them, from the right temporal bone to the left side of the head. The anterior part of the skull was also considerably depressed, and in it a second fracture was discovered, extending from the transverse fissure anteriorly over the frontal bone towards the right eye; the margins of this longitudinal fracture were distant from each other about the tenth part of an inch, and the pulsations of the brain could be distinctly seen between them. At each pulsation, the blood rushed with great violence from the fracture. Bleeding, cold fomentations over the head, and some injections of diluted vinegar, having been employed, the little patient recovered his senses, and, the depressed portion of the skull having spontaneously risen, the use of the trephine was very properly dispensed with. The wounds were simply dressed with lint dipped in tepid water. After some time several portions of the fractured bones were discharged, and the dura mater began to be covered with granulations, which were gradually formed into a solid membranous substance. At the end of three months the child was perfectly cured.—*Graefe's Bericht des Chirur. Augenaerz. Inst.*

INTUS SUSCEPTION SUCCESSFULLY TREATED WITH QUICKSILVER.

A LADY, 80 years of age, was suddenly seized with excruciating pain in the intestines, accompanied with vomiting of stercoraceous matter. M. Bellucci, who saw the patient on the fourth day of her illness, considering it a case of intus-susception, ordered general and local bleeding, the warm bath, fomentations, and oleaginous aperients, but without any effect whatever. On the seventh day, a dose of three ounces of quicksilver was given, which, after 24 hours, produced copious stools; in consequence of which, a remission of all the symptoms took place, so that, within a short time, the patient completely recovered.—*Esculapio.*

DR. TUOMY.

To the Editor of THE LANCET.

SIR,—I shall beg leave to call your attention to the following circumstances connected with the appointment of Dr. Tuomy to the professorship of the practice of medicine in the School of physic.

Dr. Tuomy was, in the year 1812, a fellow of the College of Physicians, when the College refused to continue Dr. Whitley Stokes, S.F.T.C.D., in that professorship; it was admitted that the duty had been performed in the most exemplary manner, but that it was expedient to hold an election, in order to ascertain his relative merits, in comparison with those of other persons who might be candidates. At the election Dr. Stokes was disposed, and Dr. Tuomy appointed to his professorship by a casting voice. I cannot, therefore, see that Dr. Tuomy has any just ground for complaint, because a system is continued, without the adoption of which, he could not have been elected. For Dr. Stokes is still alive and resident in Dublin, although he was not amongst the candidates at the late election.

ARISTIDES DUBLINIENSIS.

Nov. 20, 1828.

INFLAMMATION OF VEINS.

To the Editor of THE LANCET.

SIR,—Perceiving in your LANCET of last week, (No. 273,) a case of “inflammation supervening upon venesection, and followed by death,” I was led to notice Mr. Lawrence’s remark, at the end of the article, that he had never known an instance where the patient recovered in such a case. As you passed the expression without comment, I naturally conclude you coincide in the remark.* Allow me to offer you the following case for consideration: In the month of December, 1823, I was on the coast of Africa, in the ship ———, and had occasion to abstract about sixteen ounces of blood from the master. Next morning he complained of a sense of tightness in the arm, with lancinating pains extending as far as the axilla. On removing the bandage, I perceived the orifice in a state of suppuration, with inflammation to a considerable extent. In the course of the day, erysipelas extended over the whole of the forearm. On the third day I discovered a sinus to have formed from the orifice along the median basilic, to the extent of, at least, an inch and a half. As the above case is from memory, I cannot give particulars of method of cure; except that, by the appli-

cation of poultices, with saturine solutions, and paying particular attention to the bowels, the patient recovered. He was, at the same time, under the influence of mercury, which had been exhibited for an affection of the liver.

Your obedient servant,

J. W. MILLER.

Limehouse, Nov. 27, 1828.

SURGEONS AND “PURES.”

SIR,—Permit me to inquire from some of your numerous, and often excellent correspondents, answers to the following enquiries.

1st. When a consultation is desired by a patient, and, as is frequently the case, the choice is left to the general practitioner, why does he select a “pure” to one of his own class?

2d. Why does the “pure,” when so consulted, make such repeated and often successful attempts to appropriate the patient, in order to introduce a friend of his own; or, order the prescription to be sent to some druggist named by himself?

3d. Why does the “pure” seek to lessen the general practitioner, in the estimation of the patient and his friends, by an arrogant or supercilious demeanour, by a want of punctuality in keeping his appointments by desiring that he may be again sent for, if it should be necessary; by complaining of being consulted too late? &c.

4th. Are the “pures” so greatly superior to the general practitioners, as to make it a merit on the part of the latter to endure the treatment above described?

5th. Is it just, to be accessory to the robbery of poor patients, who are frequently obliged to pawn their apparel in order to satisfy the rapacity of the “pure?”

6th. Is it politic to advocate or recommend this misapplication of the money of the patient, who, in consequence of the sacrifices made to obtain the better advice (!) of the pure, is incapacitated from satisfying the juster claims of the general practitioner?

7th. Were not the most conspicuous and clamorous demandants of surgical reform, Messrs. Lawrence, Tyrrel, and Key?

8th. Is not this triunity composed of two “newbies” of the “worthy baronet,” and an integral portion of the corrupt body, in the person of Mr. Lawrence?

9th. Are the general practitioners justified in expecting any zealous endeavours from these gentlemen, for ameliorating the oppressed condition of the “largest and most useful class?”

I remain yours, &c.

A.

* We have seen patients who have recovered from these complaints.—ED. L.

ULCERATION OF THE DUODENUM.

L. LAURIN, seventeen years old, had, for a long time, been subject to vague pains of the epigastrium, to which, in the last six weeks, diarrhœa, loss of appetite, sickness, and a great depression of spirits, had succeeded. On the 10th of December, 1827, three hours after a plentiful dinner, he was suddenly attacked with a very violent pain, beginning at the region of the stomach, and extending over the whole abdomen, with vomiting first, of what he had eaten; then of mucus, tinged with bile. He passed the ensuing night in a very restless state, and suffered excruciating pain; on the following morning he was brought into the hospital; his countenance was very pale, and indicative of great distress; the extremities were cold; the skin covered with a cold sweat; the pulse was small, and very frequent; the abdomen tense, and extremely painful; the tongue bloodless and moist; there was frequent vomiting of bilious matter. Forty leeches, and emollient fomentations, were applied to the abdomen, but the patient expired in the afternoon of the same day. The abdominal cavity was found to be filled with air, and a serous, reddish, very fetid liquid; the peritoneum was injected and thickened; the intestinal circinvolutions slightly adherent to each other, and to the peritoneum. The mucous membrane of the stomach was healthy; at the beginning of the duodenum, very close to the pylorus, the intestinal canal was perforated by an ulcer about the third of an inch in diameter, of an oval form, and with its edges adhering to the peritoneum, which, in this part, was of a greyish colour, and ulcerated. Near to this perforation another ulcer of the duodenum was discovered, of nearly the same size, but having no communication with the peritoneal cavity.—*Journ. Univers.*

LITERARY NOTICE.

ORIGIN AND CURE OF EPIDEMIC DISORDERS.

DR. FORSTER, of Chelmsford, has sent to press, and will publish, in a few weeks, an "Essay on the Origin of that Large Class of Disorders which are called Epidemics." The Essay proposes to treat them as having a two-fold cause, viz., 1st, The exciting cause, which resides in the peculiar constitution of the atmosphere at the time, in the production of which, electrical causes have a great share. This constitutes the mysterious *to Deion* of the Greeks, and is the atmospheric or epidemic poison of the moderns: its varieties produced by malaria, and their corresponding actions, as specific stimulants, are numerous. 2d, The predisponent causes, which consist in

varieties of constitution, temperament, and habits of life. The work will be interspersed with numerous cases, illustrating the variety, the symptoms, and the corresponding treatment of epidemics, the result of many years' research; and the Essay on the mode of preserving health in pestilential seasons, will be appended, in which will be shown, the remarkable coincidence between the opinions of Hippocrates and Galen, and those of certain modern practitioners, celebrated for the simplicity of their practice, and the adoption of the antiplagistic treatment in fever.

CONTENTS.

Mr. Sheldrake on Muscular Action, and the Cure of Deformities	289
Dr. Harrison and Jemmy Johnstone ..	294
Abuses at the Royal Infirmary for Children, Waterloo-Bridge Road ..	296
Case of Acute Iritis, successfully treated	297
Case of Hemiplegia	298
On the cure of Palatal Defects	298
Cases illustrative of the speedy Effect of the Ergot in lingering Labours ..	300
The Richmond School, Dublin	302
Meeting of the Westminster Medical Society—Delirium Tremens—Mr. Peel's communication on Dissections	302
Partial Ectropium and Tarsoraphia....	303
Ignorance of the Apothecaries' Company	304
Westminster Medical Society.—Treatment of Scarlatina	304
Blisters in Measles	304
The Glasgow Forgers	305
Dublin Medical Brunswickers	307
Court of King's Bench.—Cooper v. Wakley	309
Meeting of the London Medical Society.—Nov. 17.....	310
Nov. 24	311
Dec. 1.	314
Guy's Hospital.—Continuation of the "No Hernia" Case	315
St. Bartholomew's Hospital.—Extravasation of Urine.....	315
Hospice de Perfectionnement.—Erysipelas Pilegmonodes	316
Hotel-Dieu.—Penetrating Wound of the Skull	316
Lithotomy	317
Hospice de la Salpêtrière.—Ossified Extra-Uterine Fœtus.....	317
Surgical Clinic at Berlin.—Extensive Fracture of the Skull	318
Intus-Susception successfully treated with Quicksilver	318
Dr. Tuomy	319
Inflammation of Veins	319
Surgeons and "Pures"	319
Ulceration of the Duodenum	320
Literary Notice.....	320

THE LANCET.

Vol. I.]

LONDON, SATURDAY, DECEMBER 13.

[1328-9.

LECTURES

ON THE

GRAVID UTERUS, AND ON THE DISEASES
OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

LECTURE VII.

In general, I have said, animals are sexual, and vegetables hermaphrodite; but this is not constant. Animal hermaphrodites usually unite, and there is double impregnation; snails and worms are examples of this.

The perpetuation of the species, and the preservation of the individual, being, apparently, with the great Designer, objects of first interest, all living beings appear to be formed mentally and bodily, (if I may be allowed the expressions,) in relation to these great ends; and bearing these two principles in mind, we may comprehend much of the wherefore of a great deal which strikes the attention in the make, the instinct, the dispositions, and other qualities of living beings. The conspicuous changes which the system undergoes, in both sexes, at the age of puberty, is a subject of common observation; and the illustrious Harvey has described the metamorphosis, which changes the girlish form into the perfection of womanly grace and beauty, with a delicacy and a classic elegance, which may well deter his successors from the attempt. When vegetables propagate, they form their blossoms, and appear like animals, in all their dignity and glory. When insects prepare for the formation of the new structures, their previous changes are truly astonishing; the unsightly and unwieldy grub becomes decorated with all the colours and the splendours of insect elegance, and the butterfly, rising on new-formed pinions, so light and airy, that the poet and the

artist have winged the soul with such—with its little heart full of gaiety and gladness, frolics forth in search of its companion, to perform its last office in the economy of nature, being often destined, like other victims of passion, to perish at the shrine. I believe it is agreed, on all hands, that the transformations of the larva into the winged insect, are, throughout the whole of this class, designed merely to adorn and fit them for the formation of the new structures; and nature, with something more than a quakerly attention to sobriety and decency, seems to have taken a pleasure in lavishly adorning the bridegroom and the bride.

Though one highly respects the worthy character of Dr. Denman, one cannot forbear smiling, when he speaks of the perpetual capability of producing, during the flourishing period of life, as a providential comfort, the peculiar blessing of our species—on which he seems to dwell with honest feelings of gratitude and complacency. In this remark of Denman, however, there is a great deal of truth. Human generation seems to know no annual variation; but animals and vegetables, almost all of them, after puberty, propagate at certain seasons only; in spring, summer, autumn, or winter, once or twice in the year, or oftener, and the genitals undergo a periodical development for the purpose. Although, however, that the human female has periodical aptitude may certainly be denied, yet I have sometimes thought that there is something genial in the spring-season, and we all know, that of the vernal months, May, perhaps, is the one which may put in the fairest claim to be the emblem of the blooming virgin.

When the genital system is once prepared, by numerous expedients, Nature, never at a loss, accomplishes the mixture of the two substances. She entices—she impels—she forces; in the instance of vegetables, she employs the ministry of intermediate agents; and a shower—or a breeze—or the busy flight of insects—accommodated perhaps, without being conscious of it, with some pretty contrivance, generated for this express purpose; these, and other accidents,

are, one way or other, furnishing our wise parent with the means by which she accomplishes an object all dear to her heart—the perpetuation of her living beings. Bees and butterflies are sad go-betweens.

When animals are divided into sexes, and perhaps under hermaphroditism too, nature brings the two parts of the genital apparatus together by means of impulses to which the human mind is no stranger, and the study of which in ourselves may, I think, serve to give us the best idea of the nature of those strange impulses in animals called instincts—impulses which drive an animal, by pain or pleasure, upon a course of action, without any regard to its end. Adam, according to our great poet, ruined the whole human race, his children, for the love of our first mother: this was pretty well. A frog, says Blumenbach, will continue to impregnate the ova, even after removal of its head: this is better still. The strength of the sexual necessity is, in some parts of animal nature, truly astonishing; nor is it weak in our own race. The emanation of love, a feeling so refined and delicate, from instincts so coarse and vehement, might remind the imaginative of the transformation of the evil spirit into the semblance of a beautiful angel; while the more sober and useful naturalist may probably bethink him of the metamorphosis of the caterpillar into the volatile and airy being to which it is indebted for its existence. It is by the touch, ear, and eyes, in part, that these feelings become excited among men, but principally, perhaps, by the eyes, (hence the advantage of being short-sighted,) for the graces do not find love blind; but when they bind, they bandage him. In animals, too, the ear and eye have their influence—*urique videndo femina*; but in them the sexual instinct is brought into operation frequently by the action of a very different sense, in the males especially, and this sense is the smell.

In the agreeable fictions of mythology, Cupid, like Bacchus, is sometimes mounted on the tiger. Different beings are differently armed, and the bull has his horn, and the pole-cat his scent, and the viper his tooth, and the scribbler his slander. The fairer part of our species is, too, defended, but by a different weapon; and some two thousand years before the birth of Moore, Anacreon, in softened numbers, told to the world the irresistible influences of female beauty. The Indians, I am informed, can fascinate the most poisonous serpents; and rat-catchers, in our own country, it is well known, can wheedle these animals on to their destruction. The more knowing of these fellows will, I am told, lie at length on the floor, and, with some preliminary measures or other, bring all the vermin from their haunts about them. I have been told by

Mr. Hallum, of a drummer, who, when he knew the haunt of a wild animal, (as the otter, for example,) he had a certain secret, by which he could, on lying near, bring the creature forth about his person, disarmed of much of its ferocity, and suffering itself to be hauled and handled with impunity. Like Daniel in the den, he seemed to possess a protection against brute violence: now, seducing as these fellows are to animals, so seducing our own females, if we are youthful and unguarded, may become to ourselves; and it was this reflection which first led me to think, what I feel persuaded will not be, hereafter, found erroneous—I mean, that the whole of this power depends upon sexual instincts. These influences, I conceive, contain within them the principle which fascinates the serpent—which seduces the rat—which tames, for a time, and equally, the otter or the tiger, and which, among our own species, has made both old and young play the fool in all ages—*nam fuit ante Helenam mulier teterrima belli causa*. Dinah first, and Helen afterwards. In the well known Chanson, “We all love,” &c., a very great physiological truth is contained. Accordingly I have learnt, respecting the man above mentioned, that he was accustomed to get and keep by him, in some mode of preparation or other, the genitals and bladders of the females of different animals, during heat, and mixing this into a sort of pulp, he formed out of this mess the delicious sop by which Cerberus was tamed. “*Chacun à ses gouts*.” A putrid carcass is, to a blue-bottle fly, a bed of roses. House-breakers, probably, silence dogs on these principles.

Rats are fond of oil of rhodium, and cats are delighted with the smell of valerian. I suspect when oils, &c., are used as irresistible baits to animals, it is because their smell resembles that of the sexes. In all this we may see a new and powerful system of means for getting a control over brutes, and, in a temporary way at least, of bending them to our will. Of all baits, I think, there can be no doubt that during the heat, and for male animals especially, none would prove so alluring and intoxicating as the sexual scents, and they might be artificially compounded. Galen and Rabelais knew something of this secret. But time forbids me to enlarge.

Signs of Pregnancy, and means of ascertaining the period when Gestation will close.

The most certain mode, gentlemen, of knowing whether a woman be in a state of gestation or not, is by waiting till the term of nine months is completed, when, unless the pregnancy be extra-uterine, or unless there occur some of those extraordinary and

rare prolongations which have sometimes been made the subject of physiological or forensic litigation, the uterus contain an ovum, it will be expelled. It not unfrequently happens, however, and I have met with such instances myself, that women, from various causes, are exceedingly anxious, in the earlier, or middle, or latter months, to know whether they are or not pregnant; and hence the accoucheur has been led to bring together a variety of signs, by which the decision of this question may be effected.

The indications of pregnancy, in number not a few, may be commodiously divided into three classes; of those, I mean, which are of ordinary occurrence; of those, again, which are rare, or anomalous; and of those, lastly, common indeed to all women, but which may be ascertained solely by means of a careful manual examination; and, first, we will consider those signs of more frequent occurrence, to be ascertained, in a great measure, from mere verbal inquiry. If a patient apply to me, anxious to know whether she is in a state of gestation or not, one of the first questions I propose is—have you any feeling of bearing, together with a sort of irritation about the bladder or the rectum, but more especially about the bladder? For, in consequence of the enlargement of the uterus, and of its descent into the pelvis, and of that increased action approaching to the inflammatory occurring in the womb and the parts contiguous, it not unfrequently happens, in the earlier months, that micturition, and some little obstruction of the bladder, together with bearings, are produced.

From a variety of causes, an enlargement of the lower limbs of the dropsical kind occurs; in some women especially, this enlargement, whether of the one or both limbs, is apt to be produced in the earlier or subsequent months of gestation. If, therefore, a patient suppose herself to be in the earlier months of pregnancy, you ought always to ascertain whether the lower limbs are oedematous or not; and if your patient, previously in good health, has this oedema of the lower limbs unexpectedly, and in considerable degree together, with the other signs of gestation, you may then consider this, too, as a sign indicative of pregnancy, and, indeed, as one of no small value.

It is obvious that you must not hastily conclude that a woman is pregnant, merely because she is attacked with vomitings and retchings in the mornings, inasmuch as these retchings and vomitings in women, as in ourselves, may be produced by a variety of other causes. Pregnancy occurring, however, women, perfectly well before, are sometimes seized with morning sickness, attended with retchings and vomitings;

so that, during the greater part of the day, they are well enough, but when they rise, or even sit, in the morning, erect in the bed, if I may confide in reports, both retching and nausea are produced. In cases like these, a little mucus and gastric juice only are expelled from the stomach, and not an ill-digested chyme, this proving, apparently, that the disease is not to be ascribed to *dyspepsia*, but rather to gastric irritability. If, therefore, a woman, previously exposed to the cause of gestation, nor wanting the other signs, is seized suddenly with retchings, nausea, and vomitings, seizing her morning after morning when she quits her bed, or even when she takes the sedentary posture, there can be little doubt that all this is the result of gestation, and the sign becomes of no small value.

In the earlier months of gestation, say in the first two or three, when the embryo is small, as in some of the glasses on the table, the movements of the fœtus, of course, cannot be felt, but in the middle and latter months, when the fœtus becomes large and strong, its movements are readily perceived by the mother. Now, where the motions of a child are, as they frequently are throughout the whole of the pregnancy, obscure and infrequent, they become of small value, as an indication of pregnancy, even though the woman have had a large family, and though, judging from this symptom, she persuades herself that she is pregnant. I know an instance of a lady, possessing more than average intelligence, the mother of twelve children, who was led, by these abdominal movements, into an erroneous persuasion that she was pregnant again; for spasms of the abdominal muscles, and flutters of the bowels, may now and then be mistaken for the movements of a child. You ought, moreover, not to be ignorant that some women possess the power of stimulating the fœtal movements, by the action of the abdominal muscles, as I am informed, so exactly, that even an experienced accoucheur might be deceived. By women of intrigue, this piece of slight may be abused. A woman, who possessed considerable skill of this kind, formerly exhibited her talents in this town for hire; she was visited by Lowder, Mackenzie, and some other celebrated accoucheurs of the day, and, after satisfying themselves that the womb was not enlarged, they made the usual examination of the abdomen, when they all agreed, that the movement was so exactly analogous to that of a fœtus, that no distinction could be clearly made out; adding, that if no internal examination had been made, they should, judging from this only, have satisfied themselves that the woman was with child. Should it be your duty, then, to examine a woman, who not only has her rea-

sons for supposing that she is pregnant, but who finds her interest in this supposition, be on your guard against this simulation. These cases, however, are not frequent, and, in general, it is sufficient to recollect, that when the motions of the child are somewhat obscure, but little reliance is to be placed on them as a sign of pregnancy, even where women are perfectly honest; but where the child is very turbulent, and its motions are of consequence both frequent and violent, the sign becomes so strongly marked, and so decisive, that without looking any further, you may venture to infer that gestation is undoubtedly begun.

When women are pregnant, there is always, in the middle and latter months, an enlargement of the abdomen, greater where the hollow in the back is deep, less conspicuous when it is shallower—observed, however, in all when pregnant, more especially in the end of gestation. You are all aware, no doubt, that from a great variety of other causes than pregnancy, abdominal enlargement may be produced, so as to render this enlargement, to the inexperienced, a very uncertain sign; from air, from fat, from water, from a diseased growth of the viscera, an intumescence may arise, and the appearance of pregnancy may be deceptively produced. From the enlargement of the abdomen, however, the more expert accoucheur may often form a very just opinion as to whether the woman be pregnant or not, provided he proceed with due caution.

The form of the tumour, as observed by the eye, is of no small importance, and I would advise you to acquire, from observation, a correct idea of it; nor must we forget its situation, lying in front of the abdominal cavity, and occupying the lower and middle parts. Swellings from air, being very elastic, always yield under the continued pressure of the hand, and may be urged from one part of the abdomen to the other, and allow the fingers to sink deep upon the spine; but the intumescence of pregnancy is firm and unyielding. The intestines, too, frequently gurgle when the enlargement is from gas, and, though sometimes lasting for weeks together, tympanitis is frequently fugacious, appearing and vanishing in the compass of a few hours. Swellings from water undulate more or less distinctly when struck with the hand; but, unless there be a distended bladder, or a dropsical womb, in pregnancy, no fluctuation can be felt. An enlargement from fat is not topical, but diffuses itself over the whole body; in the limbs, face, and haunches, it may more especially be detected. The diseased and solid growth of the viscera is a work of much time, but the enlargement of pregnancy is rapid; so that we may often

distinguish between the swellings which arise from these two causes, by ascertaining the time that they have been observed to subsist. In a word, mere abdominal intumescence is but an equivocal indication of pregnancy; but, by ascertaining its age, its firmness, its want of fluctuation, its seat in the abdominal cavity, and the form which it assumes, we may, in general, distinguish such swelling from those various morbid enlargements which arise from air, water, fat, or the diseased growth of the viscera, or from the operation of these causes combined.

After women have suckled, you cannot, in general, judge a subsequent pregnancy by the breast, but where they are pregnant for the first time, and, in general, it is then that they are most anxious for information—from the increase of the size of the breast, from a certain fullness and tenderness, and an approach to inflammation, and, now and then, from a secretion, of a fluid, serous, milky, or mixed character, you may form a notion whether gestation be or not begun. There are some women in whom, before pregnancy, the breasts are remarkably small, and whose breasts become twice or three times as large, or even larger, after gestation begins. Now, when these sudden enlargements, and other changes, supervene in first pregnancy, and this after the patient has been exposed to the cause of gestation, there can be little doubt that pregnancy is begun. You must not, however, hastily conclude that a woman is pregnant, merely because she has an enlargement of the breasts; she may be getting very corpulent after her marriage, and the breasts may be enlarging in common with the other parts of the body. Enlargement of this kind, however, is known easily enough, by the concomitant increase of the hips, face, and limbs. Again, you must not hastily infer that a woman is pregnant, merely because she has a good deal of uneasiness about the breasts; for, if she suspect pregnancy, and is often handling the mamme, she may, in this manner, cause them to become irritable and tender, as, in young females, they frequently are prone to be; nay, secretion itself may thus be produced. Again, you should not infer there is pregnancy, merely because there is a secretion of milk. I remember a woman, in this hospital, who had milk in her breasts, and who had not had a child for three years, nor had she been suckling for a length of time before; yet in this woman, whom I examined, at the request of the officers of the hospital, the milk formed so copiously, that when the breast was pressed, the milk oozed freely forth; and yet I satisfied myself, most unequivocally, that she was not with child. In the Ethiopian variety of mankind, the genitals are very active; and my friend, Dr. Chapman,

gave me the case of a negress of Demerara, who, after her pregnancy, formed milk for twenty years together.

Again, about the age of five-and-forty, sterility supervenes, the catamenia ceasing to flow, and frequently, at this period, fullness, pain, and some enlargement of the breasts, take place; and therefore it is obviously necessary that the accoucheur should guard against delusion in these cases, and the rather, because it has repeatedly occurred. A woman, perhaps, marries at two-and-forty, and is anxious to have children; and the catamenia cease, and the abdomen becomes tympanitic, and the bosom is swelled and uneasy, and she supposes herself to be pregnant; and she engages her nurse, and she cozens her accoucheur, and she receives the gratulations of her friends; and she consults about caps and long petticoats; and she hopes it will be a boy; and she gets laughed at for her pains;—though I must add here, that I think the ridicule is a little unfeeling.

To bring my observations to a point here, if a woman have had no child before, if she have been exposed to impregnation—if she have also the other signs of gestation—if the breasts double their size—if the enlargement be knobular, and not from fat—if there be secretion, tenderness, pains, then the enlargement of the breasts is to be looked upon as a very valuable indication of pregnancy; but where the enlargement is obscure, when the patient is very corpulent; when the woman has suckled a large family, and the breasts have been brought under a great deal of action; when, again, the patient is about 45, the catamenia being likely to cease, and the breasts likely to sympathise with the cessation, the indications of the breast cannot be safely relied on. Some ladies remain at five-and-thirty for half a score of years or so. Time and tide wait for no man; but, with women, *c'est une autre affaire*.

If you examine the nipple in either sex, you will frequently find round it a discolouration of the skin, and this circular discolouration of the skin, sometimes distinguished by a rosy tint, and sometimes by its being of the same colour with the contiguous skin, but lighter, constitutes what is called the *areola*, a part which, in consequence of pregnancy, is liable to become changed, even from the first; for when a woman becomes pregnant, the areola may become broader and darker than it was before, and may, too, undergo, a complete change of colour, the rosy or cutaneous tint becoming converted into a coppery red, or a dark mahogany brown. The change of the areola I should recommend you to study with attention; and the best mode of studying this, is not by reading or hearing, but by inspecting for yourselves. When

you are attending cases in town, for instance, I would recommend you to take every proper opportunity of examining the areola; this you may do, on many occasions, without much exposure of the bosom, and, moreover, you will have occasion often to notice the areola, when the child is applied to the breast. The changes of the areola I have studied with a good deal of attention, both for your advantage and my own, and I find that they may be distinguished into three varieties, numerically discriminated according to their degree. Now, when the alteration of the areola rises to the highest point; when this part becomes broad and dark, and embrowned in fullest measure, more especially when pale, before, perhaps, it changes to a deep brown, so dark, that it reminds one of the skin of the negro, the indication of the areola ought to have great weight, at least, in a first pregnancy. By this indication alone, pregnancy has been not infrequently detected. More than once I have thus discovered it myself; but, on the other hand, when the areola is changed in the first or second degree only, its indications are of little value. And when a woman has had a large family before, even though the areola be changed in fullest manner, no certain reliance can be placed upon the sign; for experience shows that the smaller changes are indecisive, and when there has been pregnancy before, it is difficult to decide whether changes in the highest degree are to be attributed to the operation of a fresh pregnancy, or the remaining effect of those which have preceded. To be short, the areola may, now and then, deceive, when you think that there is most cause to rely on it; but (allowance made for anomalies) if the change be in full degree—if there have been no pregnancy before—if the eye of the observer be experienced—if the other signs of gestation attend—the indications of the areola are deserving of a very confident reliance; not to add, that in many cases pregnancy may be detected by the areolar changes alone, and they have the advantage of manifesting themselves very early in gestation.

A girl, some years ago, I was requested to interrogate, and, upon examining the areola, I declared her to be pregnant; this she at first avowed was impossible, but soon satisfied that I knew a little more about it than she was at first aware, she altered her tone, and three or four months afterwards, delivery occurred. In St. Thomas's Hospital, I was also requested to interrogate a woman; she resolutely denied her pregnancy, but the indications of the areola put the matter beyond doubt; and when I made an internal investigation, I could distinctly feel the head of the child through the uterus. The woman was delivered

within one or two months afterwards. I was once requested to interrogate a young lady of much talent and accomplishment, and great force of feeling. On examining the areola, I was at once convinced of her gestation, but as she denied the possibility, and would really have attested the throne of heaven and him that sits upon it, had I not entreated her to be silent; an internal examination was made, when I found the os uteri was opening, and the head of the child was distinctly observable; parturition afterwards taking place in the course of three or four days. I really once saw a woman actually in labour, who persisted, nevertheless, that she could not be pregnant; and it may not be amiss to remark here, once for all, that in points of this kind, the asseverations of the ladies ought to have no weight whatever; nor, indeed, when a denial is given, ought these asseverations to be called for, especially in the presence of a third person. Women seem to have a sort of instinctive feeling, that interrogations of this kind no man has a right to propose to them, and of consequence, that in answering such impertinence they may say, and with solemnity too, what they please. Are the ladies the only persons who tell grave falsehoods?

The seat of the areola is the rete mucosum, so that in removing the rete you remove the areola too. In one of these two breasts, the areola is conspicuous; but it is wanting in the other, for the rete mucosum has been abstracted.

Pregnancy occurring, the catamenia, or that periodical flow from the uterus which is observed every three or four weeks, is arrested; and I believe it is commonly from this sign that women judge for themselves whether they are in a state of gestation or not. The catamenia appearing month after month, on a certain day of the week, for commonly they appear every four weeks, the patient is exposed, at length, to the causes of gestation, when the catamenia cease to flow, and they infer that pregnancy is begun, nor is it often that they find themselves deceived. Recollect, however, that in judging of pregnancy from the retention or suppression of the catamenia, you must bear in mind the following considerations. In dubious cases, you must distinguish between the suppression of disease, and the suppression which is to be ascribed to gestation; the absence or the presence of the other signs will, in general, enable you to make your diagnosis here. It is to be remembered, too, that about the forty-fifth year the catamenia cease, independently of disease; earlier, however, in some women, and later in others. Now, at this time, as before intimated, there may be abdominal tympanitis, together with some enlarge-

ment and tenderness of the mamma; so that in cases of this kind, where there is an enlargement of the abdomen, irritation of the breast, and suppression of the catamenia, the patient may deceive both herself and you. In dubious cases, manual examination alone may decide; but when this is improper, it is better to state frankly that the case is obscure—that a decisive opinion cannot be given—and that it is proper that the patient should not, in her hopes and confidence, too rashly commit herself with her friends, lest she become the subject of one of those ludicrous, yet painful disappointments, on which I before took occasion to remark.

Further. When a woman is pregnant, the cessation of the catamenia does not invariably occur, for amenorrhœa, though general in pregnancy, is not constant. A woman, supposing herself to be pregnant, asks whether gestation is possible, for it is added, the system is still regular. To such a query the answer is, that it is not only possible, but probable; for, notwithstanding what Denman has said to the contrary, I have myself known women in whom, during the first three or four months, the catamenia have continued to flow, though not in so large a quantity, nor so long, as if they were not pregnant; and, in rare cases, I am told, but I have not seen any such case myself, the catamenia may continue to flow up to the very last month. A gentleman, formerly associated with this class, related to me the case of a lady of considerable intelligence, who had had several children, and, in three or four of her pregnancies, the catamenia continued till the last month; in return—in kind—in every point, excepting the continuance and quantity, the flow was of the catamenial character. I need scarcely add that women, when pregnant, are liable to red appearances, which are not of the nature of the catamenia. So that, to bring our observations to a point here, amenorrhœa is, in general, a very valuable indication of pregnancy; but without pregnancy, amenorrhœa may occur; and although gestation is certain, the catamenia may still continue to flow during the first months more frequently, and, in some rare cases, perhaps, during the latter months too.

And thus much, then, respecting the first class of indications, those, I mean, of more frequent and general occurrence in pregnancy, and to be ascertained, in good measure, by mere verbal inquiry; the central irritation—the swelling of the legs—the morning irritability of the stomach—the movements of the fetus—the abdominal intumescence—the mammary enlargement and secretions—the changes of the areola—and the cessation of the catamenia.

LECTURES

ON

MUSCULAR ACTION, AND ON THE CURE
OF DEFORMITIES.

By MR. SHELDRAKE.

On what are now called Gymnastic Exercises.

It is a peculiarity, and indeed a misfortune, to this country, that there frequently arise among us persons who produce something that they say is new, and which they likewise say is important, because they hope to make money by it. To realize this important subject, they adopt some high-sounding names, which, in ancient times, have, in the Latin or Greek languages, been applied to some important matters that were known and practised in those countries; the terms which have been thus adopted they apply to their own contrivances, and say that these contrivances are the same as those of the ancient Greeks or Romans, which they pretend have been revived by themselves.

One of the most remarkable of these revivals, or re-discoveries, which has lately been pressed into notice, is what has been called gymnastic exercises. If they are to be believed who have endeavoured to get them universally adopted, they are not only a revival of the gymnastics of the ancient Greeks and Romans, but have, in themselves, the power of giving to the human figure every perfection of which Nature is susceptible, and to the mind many perfections which cannot be so easily obtained in any other way, besides many other good qualities, that it will require more time than ought to be so employed to enumerate. All this is absurd, and would be ridiculous, if it did not tend to produce, and had not really been productive, of much serious mischief. The avowed object of those who have set these practices in motion is, to induce persons of every rank in society, and of each sex, to form clubs, or societies, in which the practice of these exercises shall be the general pursuit. Some such clubs have been formed among the lower orders of men; some gentlemen, I have been told, amuse themselves in similar pursuits, in places that are better suited to their rank in society than those gymnasia can be. To all this no objection can fairly be made, because, although the practices that are followed in such places are really productive of much injury, every one has an undoubted right to amuse himself in any way that he thinks proper; if, in the practice of these exercises, he gets a

hernia, a broken leg, rib, or violent contusion, or luxation of any kind, he will have the satisfaction to reflect, that he procured it for himself, by practising what would be of no real use to him, and in which he had no occasion to employ himself at all.

But this encouragement has not been sufficient for the professors of gymnastics; they have attempted to establish schools for the instruction of young ladies, females of the superior classes of society, in the practice of these exercises; if they succeed in this, they will reduce their scholars, in point of personal accomplishments, to a level with the tumblers at Sadler's Wells, and other places of public amusement; this, I believe, no parent would willingly do; but, in their anxious wish to give their children what they intend to be accomplishments, they become the dupes of speculators, who, in all probability, not knowing what mischief they actually must produce, promise to do what they, in reality, cannot perform.—Many young ladies, I know, have been seriously injured by accidents that have happened in these schools; none of them have acquired the accomplishments which they sought to obtain, and some will, at a future period of their lives, be subjected to evils of great magnitude, in consequence of their engaging in these practices, which those who recommended them did not foresee.

I shall endeavour to point out these evils, and the causes that will produce them. In doing this I shall confine myself to an explanation of the facts which these professors of gymnastics say, in a triumphant manner, they intend to produce. As they take merit to themselves for these practices, which they believe to be meritorious, it will, of course, be understood that they actually do what they describe; and, in what I shall say upon this part of the subject, I shall confine myself to a true explanation of what I find written in one of their own tracts.

In one place, the writer, from whose tract I quote, has written:—"In such cases, the gymnast, from the acute perception of his eye, the flexibility of his joints, and superior strength of his muscles, it is easy to perceive, would have greatly the advantage."

Again:—"By the exercise we recommend, the joints are rendered *exceedingly flexible*, and the whole body active and agile. The want of agility is a common defect among almost all classes of people in England!"

The impudence, as well as falsehood, of this declaration, cannot easily be exceeded, and will be answered, most effectually, by referring to the opinion of Belidor, an eminent French engineer, in the service of Louis XIV. Belidor was employed in most, if not all, the great military works

of his sovereign, and has published an account of them; in that account, he regularly states, that the work of four English labourers is equal, in effect, to the work of six Frenchmen of the same class.

Again: this gymnastic writer says,—“The preliminary exercise, which may be termed the initiatory exercise, is for the purpose of *strengthening* and rendering *flexible* all the different joints of the body. This is what persons, unaccustomed to gymnastics, stand most in need of. We frequently meet with persons of great muscular strength, but who, from their habits of life, are so sluggish and unwieldy, that they know not how to exert it. To many, the positions of the joints required for leaping, darting, climbing, &c., are entirely new, or at least, by long disuse, have become extremely difficult. To effect the desirable object, therefore, of removing such defect, an object regarded as a preliminary so necessary in gymnastic exercises, the pupils are ranged in a line, at such distances that they can barely touch each other's finger with his extended arm. They then practice, after the example of their leader, every different flexure that the joints are capable of, viz., bending down on the toes till the knees nearly touch the ground, and rising therefrom slowly, without any assistance from the hands, holding the arm at full length, and rapidly whirling it in a circle, darting the fists forwards, and suddenly withdrawing them to the shoulder; and various other motions which the teacher may deem necessary to effectuate the desired object.

“Leaping ranks among the most excellent of the gymnastic exercises; it strengthens and gives elasticity to the feet, legs, knees, thighs, and indeed the whole frame; it braces every muscle, invigorates the courage, incredibly improves the faculty of measuring distances by the eye,” &c. &c.

The passages that are now quoted prove, very effectually, that those who wrote them relied very much upon the credulity and want of knowledge in their readers, when they supposed that they could believe all that was told them about the wonderful effects that would be produced by their gymnastic exercises.

The truth, as it relates to these exercises, which are now called gymnastic, is, that they do not, in principle, or in any essential point of practice, differ from those practices by which the tumblers, those who dance, as it has been called, upon the slack rope, as well as those who, in less enlightened times, were called posture-masters, were taught the arts which they practised. These arts consisted in distorting such parts of their own persons, as they chose to subject to these practices, into such positions as it was quite impossible to give to the bodies

of those who were not specially educated for such occupations. It is true that these persons obtained applause and money by their pursuits; it is true that, for the short time they were under public observation, they showed both strength and activity which could not be displayed by those who had not had the same education; but it is likewise true, that by constantly repeating these practices, the parties who indulge in them soon become debilitated, and irrevocably sink into decrepit old age.

This termination of the existence of rope-dancers, tumblers, and gymnasts, has been but little, if at all, known to the public, because the public neither know nor care any thing about what is offered to notice as a matter of amusement, after it is removed from observation; the persons who have been objects of attention for their powers in these occupations, pass into obscurity, but it is well known that, so long as they continue to live, they exist in a state of great debility. This is the necessary consequence of the practices by which they acquired the power of performing those feats which made them so remarkable, and upon this subject I shall mention such facts as have passed within my own knowledge.

I have seen a tumbling boy place his hands upon the ground, suddenly throw his heels into the air, and place them against a wall that was behind him, so that he might be said to stand upon his hands, with his head downwards, and his feet raised up in the air; while in this situation, he brought his feet lower and lower upon the wall, and, at the same time, carried his face nearer to the earth, till his spine resembled an arch, and, with his mouth, he took a piece of money from the ground, which was placed there for that purpose.

I saw another boy stand erect, and then gradually bend his head backwards till he passed it between his legs, and looked the spectator full in the face, while he was in that situation; he then gradually returned himself into his erect position.

To enable themselves to perform these feats, those boys must have repeatedly, and for a great length of time, strained themselves in the manner that I saw one of them do, by which they increased the contractible action of all the muscles of the back to such an extent, that they produced much extension of all the very strong ligaments which connect the different bones of the spine together. These ligaments are so strong, that while the body is in its natural state, they bear all the most violent actions to which men subject themselves without any inconvenience. All these alterations must be produced before the spine could be drawn into the circular form, which in one case I saw, and in the other I saw in pro-

gress towards the same state, which I believe the boy would, in the end, arrive at, if he continued to use the means which I saw him employ; but whether he did so I have no means of knowing.

Besides producing these alterations, they must have produced so much extension of the very strong ligaments, which connect the bodies of the vertebræ together, that while the spinal processes were, by this most unnatural practice, made to describe a circle, the bodies of the vertebræ were made to describe a circle that was larger than the other, by as much as the thickness of the whole vertebræ, bodies and all. This necessarily implies an extension of all the ligaments of the spine, to an extent that, as we have no opportunity of seeing, one is really unwilling to calculate. Moreover, there must have been extraordinary extension of all the abdominal muscles, in proportion as the contractile action of the muscles of the back was increased; and, as the performers were able to place themselves in, and remove themselves from, the extraordinary and unnatural attitudes in which they had chosen to place themselves, by the action of their own muscles, without any extraneous assistance, and entirely by their own personal exertions, it is certain that they had acquired great strength, flexibility, and activity. These are the qualities which the people who teach these gymnastic exercises pique themselves upon communicating to their pupils; and it is also to be observed, that they teach them by the very same means, viz., by bending themselves "slowly and forcibly down, till their knees nearly touch the ground, and rising therefrom slowly without any assistance from the hands, and by these means giving every different flexion of which the joints are capable."

As the exercises of these gymnasts, and the means by which they are taught to practise their feats of activity, are now identified with the exercises and means in which the tumblers, and other persons of a similar description, use to instruct their pupils, it remains to show what effects are ultimately produced, and must be produced, upon those who practise them. To do this effectually, it will be necessary to inquire into the structure and uses of different parts of the body. Those who are acquainted with the subject know that the bones are the solid basis upon which the whole depends. The ligaments connect the bones with each other, and are so proportioned to the bones which they unite, that they allow to each joint so much motion as is necessary to what may, properly, be called its *natural action*, AND NO MORE. The ligaments are, in their own nature, said to be inelastic, but have, in reality, a limited

degree of elasticity, which adapts them to their natural functions; so that, while they are in their natural, healthy state, and duly proportioned to the bones which they connect, they preserve those joints in what may be called their natural condition, and they are capable of performing all the functions for which Nature intended them. These ligaments, when they are forcibly strained beyond the point to which Nature has limited their action, pass into a state of high inflammation, and then always become painful, often dangerous, as they know, by experience, who meet with violent sprains, and other accidents of a similar nature.

When these ligaments are acted upon by very gentle means, they extend very slowly, and without pain; but, having little elasticity, they do not again retract, but remain in the state to which they have been unnaturally extended. This peculiar property of the capsular ligaments has been discovered by the people who practise or teach tumbling, and similar exercises, as well as by those who teach these gymnastic exercises, though none of them know the cause or the consequence of what they do; and pique themselves upon the great *flexibility* which they give to the joints of their scholars, which, before they became scholars, were stiff and rigid. The muscles are the powers by which all the actions of the body are performed: their powers may be increased by exercise, and injured by it when carried to excess. In the muscles, as well as in other parts, there are certain proportions between the size and strength of the muscles, and the uses to which they should naturally be applied. This strength may, by proper exercise, be increased to a certain extent, but, if carried beyond that, becomes debility, and injures the party that uses it. When a man, whose members, and all their parts, are in a healthy, natural state, takes so much exercise as produces fatigue, he lays down to rest, and recovers himself, because the cessation of action allows all the parts to recover their *natural tone*.

This may be called the natural state of man; it continues so long as he remains in youth and in health, diminishes gradually as age and decay approach, when he finally sinks into his grave. This is the state of man when his life has been active, his body healthy, and his exertions natural; but the case is very different with all tumblers, posture-masters, or people who practise what are called gymnastic exercises: by their preparatory exercises, as they call them, they acquire a certain portion of muscular strength; they overstretch the capsular ligaments; and thus produce that *great degree of flexibility in the joints*, which the writer, from whom I have quoted, piques himself upon producing; although it is evi-

dently without knowing that great flexibility becomes mischievous debility, which will entail lasting misery upon his scholars, at a future period of their lives.

Those who are competent to understand the subject, will perceive that, so long as the muscles retain their full strength, they are able to support the scholar under the exercises he is engaged in, but, when the muscles become weak, the joints are deprived of the extraneous support they had derived from the muscles; they have lost the support they naturally and originally had from their own natural structure and strength, and are no longer able to support themselves under their natural exercise; their debility increases, and goes on increasing, till positive lameness ensues, and permanent ill health presses the patients, in their latter days, into a very miserable existence. Of this, many examples have happened within my own knowledge, particularly among those who were connected with a certain class of theatrical performances. The changes that take place in these amusements, remove some performances out of sight, at some times, which, at others, are very much followed. This is the case with tumbling, rope-dancing, and analogous pursuits. Several years ago these were favourite amusements, though now but seldom seen.

The most remarkable person of that class, in his day, was Delphini; he was a native of Venice, and had been a gondolier there. Those people, during the Carnival, and on other occasions, employ themselves in practising feats of strength and activity, to amuse themselves and their countrymen. Delphini became so eminent in these pursuits, that he relinquished his gondola, and betook himself to the stage: he came to England about sixty years ago, and was employed for several years, both at the Opera House and at Drury Lane, as a buffo performer, and was, in every respect, the most eminent performer of that kind in his day. He was the strongest man that I have known, and, in his business, exhibited many feats which no other actor could then perform. After he had been long upon the stage, a nobleman, to whom he rendered himself serviceable, gave him something which enabled him to live without continuing his occupation, and he returned into private life. The last time I saw him was about 40 years ago; he was walking in the streets; he was so much debilitated, that he could scarcely place one foot before the other, and had every appearance of being in the last stage of existence. I believed he was dead, and always thought of him as one who had been destroyed by his professional exertions, till I was surprised, by reading in the newspapers, during the present year,

that Delphini died a few days before, at his lodgings in Lancaster Court, in the Strand, in the *ninety-ninth year of his age!*

That he should have lived so long, is to be taken as a proof that his stamina was good, and that his occupation, though it diminished his health and strength, had no direct tendency to shorten his life; the last forty or fifty years of which he must have lived in a state that rendered life itself a wearisome burden to him.

The next person I shall mention is Grimaldi, who must be remembered by most of those who hear me; he acted the clown, and other pantomimical characters, at Drury Lane, and other theatres. He had a frame that was like the body of Hercules, and strength that was equal to it, besides more activity than any other performer of the same description that existed in his time. Four years ago he quitted the stage, in consequence of being rendered incapable of following his occupation, by the total failure of his personal powers; and on June 30, in the present year, he had a benefit at Drury Lane Theatre, in which he performed for the last time. The entertainment consisted of a selection of popular scenes from the most approved comic pantomimes, in only one of which scenes he performed,—the scene a barber's shop,—from the pantomime called *The Magic Fire*, in which he played the clown. To the performance of that part he was led on by Mr. Harley, and was received with shouts of applause. He was much affected; but, though evidently labouring under great bodily infirmity, he bore up stiffly against it, and went through the scene with so much humour, that the audience laughed as heartily as of old, and were so delighted with his song, that there was a very general call for its repetition. He was too much exhausted to obey this call immediately, and was, eventually, allowed to retire without repeating it. The other performances then went on, and, at their close, he came forward, and addressed the audience in the following speech:—

"Ladies and Gentlemen,—I appear before you for the last time. I need not assure you of the sad regret with which I say it; but sickness and infirmity have come upon me, and I can no longer wear the motley. Four years ago I jumped my last jump, filched my last custard, and ate my last sausage. I cannot describe the pleasure I felt on once more assuming my cap and bells to-night; that dress in which I have so often been made happy in your applause, and as I stripped them off, I fancied that they seemed to cleave to me. I am not so rich a man as I was, when I was basking in your favour formerly; for then I had always a fowl in one pocket, and sauce for it in the other. I thank you for the benevolence that has

brought you here to assist your old and faithful servant in his premature decline. Eight-and-forty years have not yet passed over my head, and I am sinking fast. I now stand worse on my legs than I used to do on my head; but I suppose I am paying the penalty of the course I pursued all my life; my desire and anxiety to merit your favour has excited me to more exertion than my constitution would bear, and, like vaulting ambition, I have overleaped myself. Ladies and Gentlemen, I must hasten to bid you farewell; but the pain I feel in doing so is assuaged, by seeing before me a disproof of the old adage, that favourites have no friends. Ladies and Gentlemen, may you and yours ever enjoy the blessings of health, is the fervent wish of Joe Grimaldi. Farewell, farewell." *

He was then led off the stage by his son and Mr. Harley, amidst loud cheers, and other marks of applause from the audience.

The premature termination of the professional career of two men who were eminent in their department, may be justly considered as a striking proof of the injuries which *they* will sustain who devote themselves to the injurious practices which have been so improperly recommended to general notice as healthy exercises. The persons who teach these exercises, and have a strong interest in keeping up the delusion that has been created in their favour, may say, that the examples which I have produced of Delphini and Grimaldi, do not prove that *all* the persons who practise these exercises, meet with the same fate as those two unfortunate performers. God forbid that they should! The lesson that I mean to inculcate, and hope that I shall press home to the conviction of those who attend to me, is, that these exercises are, in their very nature, calculated to produce these effects; and actually will produce them in every case, in proportion to the frequency with which they use them, and the extent to which the practice is carried. Having said so much upon this part of the subject, I will add nothing more upon *that*, as persons who choose to amuse themselves in those exercises are masters of their own persons, and at liberty to use them as they please; but I have another duty to perform, which I shall now proceed to execute according to the best of my ability.

When persons undertake to educate children, even if they are not their own, it is incumbent upon them to be careful that they do not, with the intention of instructing them in what can, at best, be but an amusement, or accomplishment, inflict upon them evils which may, and very frequently

will, be injurious to them, in the course of their future lives. In mere instructors, whose only object is to obtain payment for what they communicate, it is a high moral duty to do this; but in parents, who, in addition to this motive, have the more powerful stimulus of affection, which prompts them to seek the lasting welfare of their children, it is a still more important duty. To all such I say most earnestly, that the practice of these exercises is, and always must be, highly dangerous to children of every age; if they escape from visible injury while they are receiving instructions, or shortly afterwards, in the decline of life they will pass into a premature and debilitated old age; because, giving to the joints that great flexibility which the writer of the passage I have quoted, boasts that it is the great object to give, and professes that they have been eminently successful in communicating, is the very worst thing that can be done. It destroys the natural firmness of the capsular ligaments, which should, under all circumstances, be carefully preserved, to secure the power of using the limbs to the best advantage, in every situation of life: when that power is wanting, a very trifling degree of extra exercise, acting upon the debility that already exists, will render it permanent; every additional quantity of exercise will increase the debility, and, in this manner, it will go on until positive deformity is produced to a great extent, as well as lameness, which will be constantly on the increase, till it becomes, at last, quite incurable.

Many other practices, besides the gymnastic exercises, as they are called, will produce the same kind of lameness: I will, at present, only mention one; that is, the practice of putting children to stand or to sit in stocks, which very commonly produces these very serious distortions. No man knows better than I do, the extent and quantity of mischief that has been produced in this way, because much of my time has been employed in curing such defects; and I have persuaded myself that I shall render an acceptable service, by producing, on this occasion, an authentic specimen, to show the extent to which mischief has been produced, sometimes by accident, and very frequently by the gymnastic exercises, or their consequences.

A young lady, whose friends lived at a distance from London, was sent to a day-school in the village where they resided, when she was old enough to begin her education. The school was at a considerable distance from the residence of her parents, and she walked to and from it daily, as often as it was necessary for her to do so. After she had done so for some time, she was perceived to limp in walking; this pe-

* See *The Times* newspaper.

culiarity continued to increase in one of her feet; the inner ankle sunk nearer and nearer to the ground, till, at last, she stood entirely upon it, and the sole of her foot turned outwards towards the right side, and the bones of her leg bent directly forwards at the lower part: as no time was known when this peculiarity began, as its progress was insidiously gradual, and produced no pain at any time, and no suddenly striking effect, it was suffered to go on unchecked, till the child was eight years old. At this time the foot had no power of acting in any manner in obedience to the will; but when she raised her leg from the ground, the foot dropped useless in any direction that accident permitted it to fall.

As the child's foot had never been in a state to require surgical assistance, it had been neglected till thus late in the day; it was said to be a pity that she should be suffered to go lame all her life, and I was asked to attempt to cure it: I did undertake and perfected the cure so completely, that she acquired the perfect form and complete use of her leg, so that no one could perceive it had ever been defective, but it required the constant attention of three years to effect this. It was fortunate for this young lady, that even by this great exertion she could be and was restored to enjoy a comfortable existence for the rest of her days; it is equally fortunate for others who may pass into the same situation, that they may be rescued in their turn; but it will be much more prudent, if those who superintend their education, will preserve them from falling into such misfortunes, by preventing them from practising those pretended gymnastic exercises, and several others that may be equally pernicious.*

Those who teach these exercises have employed several very shallow artifices to get them adopted in general practice. The most shallow and the most unfounded of these artifices has been, to identify them with the exercises that were practised in should be understood, I will endeavour to the gymnasia of the Greeks, and they have succeeded in giving them the same name. To the exercises of the Greeks these modern practices have not the least resemblance, either in appearance or effect. As it is of some consequence that this fact show what the Grecian gymnastic exercises actually were.

The ancient Greeks were the most extraordinary people of whom we have any actual knowledge: they pretended that they were aborigines; sprung, like plants, from the earth on which they lived; and they asserted that they, themselves, had in-

vented whatever they practised or knew; the real truth is, that they adopted whatever they saw was useful from all the people with whom they had any intercourse; they reflected upon, and altered what they adopted, till they made it their own, and so far, indeed, may be said to have invented it.

The state of civilization, when the Grecian republics were formed, was such, that wars were very frequent among them; treaties were easily made, and as easily broken, so that no people could be certain that they should be in safety for any length of time. This condition of the people made it necessary that all should be qualified, either for aggression or defence; hence arose the custom of making every male native of all the nations of Greece, acquainted with the use of arms, and every exercise that was connected with military pursuits. In order to do this in the most effectual manner, gymnasia were established in every city, or other places, in Greece, in which the people resided together; these were places in which all the exercises that could be useful were taught; and the study was followed with so much earnestness, that children were led to them as soon as they could walk; they were then taught such gentle exercises as were adapted to their tender years; as they advanced in life, their exercises were increased in power, and as they approached to manhood, raised to the full height to which the active powers of man could be carried, till they entered into active life, fully qualified to do whatever they might afterwards be called upon to perform.

As an auxiliary to stimulate all classes of people to arrive at excellence in these exercises, prizes were established for the competition of the several classes: these prizes were contended for so frequently, and with so much energy, that children of the ages of eight, ten, or twelve years, gained prizes in the olympic games. These, and similar festivals, occurred so frequently in Greece, that it was recorded of one candidate, he gained prizes twelve hundred times in the course of his life.

By these practices, which were either for use, for pleasure, or to gratify the ambition of those who acquired honour among their countrymen, by excelling in these exercises, the forms and the muscular powers of the male Grecians were carried to the highest degree of perfection. The females were prompted to acquire muscular perfection, by pursuing a different course.

The Greeks were a religious people, according to the notions which they entertained of religion. Their religion consisted in festivals in honour of their different divinities, in sacrifices to those divinities, and in processions to the temples in which they were worshipped. In these processions, all

* See THE LANCET, Vol. II. p. 718.

well-born Grecian females bore a distinguished part. To lead, or to bear a distinguished part in a religious procession, was an honour that was competed for with the greatest energy.

Dances were an essential part in all these religious ceremonies; and to acquire the power of performing these dances, the young females attended the gymnasia, where they were taught, with as much anxiety, and as much constancy, as the males who attended to acquire a knowledge of their military exercises; and the consequence was, that each sex attained perfection in its own peculiar exercises. The females practised their dances, and other exercises, constantly, with a desire to arrive at excellence, because their festivals were frequent; and on the approach of each, the necessary arrangements for it were made, by choosing those who were most eminently skilled in the exercises that were requisite to fill the different parts at that time; hence it followed, that to fill a distinguished part in a religious procession, proved the possession of superior beauty, elegance, and other accomplishments. As this right was strenuously contended for on every return of the festival, a constant stimulus was kept up by those who last enjoyed it, to keep, and by all others to get possession of it; the anxiety to acquire the highest degree of perfection in these exercises, produced an emulation, of which we cannot, at this time, form a just opinion.

The Olympic games were celebrated once in four years; the Nemean, Istrian and Pythian games, were celebrated at different times, so that the celebration of them should not interfere with each other, for a desire to attend them all was common to all the inhabitants of Greece; because there they saw these exercises practised in the highest perfection, besides every thing else that was most interesting in every art then known in Greece.

Besides these great festivals, every Grecian city had lesser festivals of its own, in which the same practices were followed with equal energy, but not in the same degree. Each city had its own gymnasium, in which the same exercises were taught and practised with the same care, and the same constancy; attention to them was an important portion of the great business of every person's life; first as a pupil to learn; next as an adept to practise; and, in the end, as a spectator, interested in the success of those who were rising into notice as he was on the decline; and as all this was connected with the feelings of their religion, it produced something more like an universal passion in favour of their gymnastic exercises than any thing that can now be seen, or even imagined. Compared with the

effects of these exercises, what can be said of those to which the same name has now been given? their best quality is that they are the tricks of tumblers, calculated to amuse the inmates of a public house; their truest description is that they must produce lasting injury to the persons of all who engage in the practice of them, and, therefore, it is hoped they will be avoided by all those who wish well to the rising generation.

I have now endeavoured only to show the bad effects that are, and must be, produced by the practices that have been described; in future discourses, I shall endeavour to show by what practices the strength and agility which, it is pretended, may be acquired by these exercises, may in reality be produced.

CROUP.

To the Editor of THE LANCET.

SIR,—I have seen so many fatal cases of croup, and have tried the same ineffectual remedies which you will see were applied in the case now sent, (with the assistance of blistering,) that I determined to trouble you with the next I should meet with. Provided you think it worthy a place in your valuable Journal, I shall be very proud of its insertion, and to know whether I could possibly have adopted a more efficacious plan.*

I am, Sir,

Your most obedient servant,

JOHN EMERSON.

Worsley, October 25th, 1828.

On Thursday morning, at ten o'clock, I was called to R. R.'s son, a fine robust child, near three years old, who was labouring under an attack of croup; he had had a cough and hoarseness some days before, which were not much noticed by the parents. I found his breathing hurried and rattling; cough shrill, but not frequent; expectoration purulent; pulse 160; skin moist; bowels open. I immediately bled him to three ounces; had six leeches applied to the breast; put him into a warm bath for a quarter of an hour, had him taken out, wiped, and wrapped in warm blankets; and gave him ten grains of pulv. ipecac. in a little warm water, and to drink freely of warm water afterwards. This not acting immediately, I got, from the house of a lady in the neighbourhood, an ounce mixture of vin. antimonal et vin. ipecac. aa. ʒss., and gave

* We shall offer a few practical remarks on Croup in an early Number.—ED. L.

him a teaspoonful every ten minutes, till it produced free vomiting; he took it all. He had an enema administered. I now sent him down a mixture of antim. tart. gr. j. aq. puræ ʒj., to take a teaspoonful every three hours; this produced a good deal of nausea, and once or twice vomiting, with profuse sweating. I saw him again in the evening; much the same as in the morning. I again took away three ounces of blood, and gave him pulv. jalap, gr. xv. in a little water; the bowels were purged the following morning twice, about six o'clock. Friday morning, ten o'clock. He appears much worse in every respect; the face is pale and ghastly; his breathing is very laborious, and he is very restless. I then determined, as a last resource, to give him calomel, gr. iij. every third hour. He took one dose, but died at half-past three o'clock in the afternoon.

QUACKERY IN NORTHUMBERLAND.

To the Editor of THE LANCET.

SIR,—I have great pleasure in learning, from a late Number of your valuable Journal, that a surgeon, in the North Riding of Yorkshire, has taken up the subject of quackery which has of late attained so great a height in the north of England.

I do not intend (at this time at least) to enter into any details of the great extent to which this unlawful system has been carried, but from the increasing evils which daily arise from it in this part of the country, I hope to be the means of prompting some older and more able practitioner to take the subject in hand. Few countries, if any, I believe, are more cursed with bone-setters, and such like, than the county of Northumberland; and I have often wondered that no one has attempted to put a stop to such a system before this time. These empty braggarts, it is well known, take all accidents under their care; and we have many proofs, many serious proofs, that the greater part which fall under their hands are discharged with such limbs, and such specimens of treatment, that any pupil who had only been six months in the profession would be ashamed to look at them.

The medical men of Blythe I would now directly call upon to support that dignity which their profession demands, and annihilate those illiterate "fungi" which have so lately sprouted up among them: it is well known in the county that one of these (lately deceased) after having served an apprenticeship to a linen-draper, commenced in that town, and that, during his

lifetime, people, out of number, crowded to his house—that since his death, a young relative, considering himself due heir to his practice, having placed the word 'Surgeon' on his door, has commenced with all the confidence of a medical man of fifty years' standing, to the great injury of the regular practitioner, and still more so to the poor suffering individuals who fall under his care: the same also may be said of several other towns and villages in the county. Hoping then that some means may soon be employed to improve the state of the medical profession in this county,

I have the honour to be, Sir,

Yours most respectfully,

A SURGEON-APOTHECARY.

Newcastle, Oct. 1, 1828.

PHRENOLOGY.

To the Editor of THE LANCET.

SIR,—I am induced to notice the article of your Birmingham correspondent, not because it contains any very new or very powerful objections to phrenology; but because some of your readers who know nothing of the subject may be prejudiced by assertions which are allowed to remain uncontradicted. Though, like a late statesman, he is not easily answered, from the difficulty of finding the strong point of his argument—"no man knows where to have him." I hope to induce your non-phrenological readers to seek the opinions of phrenologists in their own works, not in those of their opponents, to examine for themselves, taking nothing on trust; and if they do so, we are not afraid of the result.

The first paragraph of Δ 's article contains the common accusation of quackery, which, as it is merely an assertion, may be met with a denial, and calling upon him to produce his evidence. I would, however, suggest that if, as he says, and I believe, the present age is so superior to those which have preceded it in scientific and metaphysical accuracy, the time was ill chosen for founding a delusive science, and that the gradual, but steady, progress of phrenology, from its discovery to the present moment, affords a fair inference that it does not deserve to be classed with alchemy, and the other follies, which, as Δ truly says, would consign their professors to merited contempt.

If when Δ says it is impossible, from circumstances of uncontrollable force, to trace the connection between the developments of the brain and mental emotions, and intellectual operations, he means that we cannot observe any physical connexion, I admit that he is right, and no phrenologist

ever maintained the contrary; but if he will, with Dr. Brown, whose excellent work he subsequently quotes, understand the cause to signify universal antecedence, and effect universal succession, I deny the impossibility, and confidently appeal to the numerous facts clearly before the public. If "any one of the various and blended emotions by which the mind of man is liable to be agitated, may give rise to any conceivable action, or train of actions," then there is an objection, not merely fatal to phrenology, but to the science of mind altogether; but how an emotion of benevolence can give rise to murder, or one of hatred to an act of kindness, must be left for him to explain.

But the point to which I principally object is his description of the operations of the phrenologist. "Taking it for granted," says he, "that his general doctrine is correct, and that the mental affections are indicated by certain elevations of the brain," &c.

Now, Sir, your correspondent knows something of the matter, or he does not. If he does, he must be aware that a peculiar development in some of his schoolfellows, induced Gall, when a boy, to examine the skulls of persons of marked character, and that no organ was stated as ascertained till many cases concurred to prove, and none to controvert it. If he knew this, he has misrepresented, and if he did not, he ought not to have written upon a subject of which he was wholly ignorant. All which the phrenologist "finds, or pretends to find," are certain elevations which, having been found in every examined skull of persons who have been distinguished for any peculiarity of character, he believes to be indicative of similar character in the individual under examination; and he thinks it hard, when he appeals to facts, to show that a thing is to be met with arguments *a priori*, to show that it *cannot be*, and still harder to find any attention given to unsupported assertions that it *is not*. Most of your readers, I presume, have profited enough by observation (whether phrenological or not) to form a tolerably correct notion of the characters of those with whom they are in the habit of frequent intercourse; though I shall not be so rude as to contradict Δ , by affirming that to him, "after very protracted observation, even a loose conception is more than barely possible."

All phrenologist admit the influence of mixed motives, and the very nomenclature shows that it is one of the most important parts of their science. All admit the influence of education in the formation of character, and of circumstances in directing our actions. They do not pretend from an inspection of the head to say what events have brought the mind to its present state,

but merely say, "show us a head, and we will tell you how the wearer is likely to act and feel in such and such a situation." But they also say, that there are natural differences of talents and disposition which neither education nor circumstances can perfectly assimilate, and that some minds take suggestions more easily than others; that no change of situation would have made Hampden, Strafford—or Strafford, Hampden; and that Δ might have sat for his whole life in Newton's chair, and in Newton's garden, and have seen every apple fall from every tree, without having his ideas carried up to the theory of gravitation, or beyond that of a dumpling.

As far as I can understand your correspondent, he has mistaken the phrenological doctrine of firmness, which may be well given in the words of Sterne:—"That quality which would have been called firmness in a good cause, and obstinacy in a bad one." It is sufficient to say, that steadiness and unimpressibility, and their absence, in persons of otherwise similar dispositions, are so common, that nearly every one may find examples, even in his own family. If Δ has not perceived any instances, all that I can say is, that I am sorry for him, and hope he will look again. His observations on the character of Othello are correct enough; but the immediate emotion of Othello towards Cassio, would be ascribed by a phrenologist, not to firmness, but to destructiveness. Othello acts before he has time to cool. Had he pursued his revenge half a dozen years, unchanged and unmitigated, we should say that firmness must have been a leading point in his character.

What I have said, I trust, is sufficient to show that your correspondent is not entitled to conclude with the very triumphant hope, that, "*from the above observations*, all unprejudiced minds will admit the insufficiency of phrenological evidence;" and that, whether phrenology be founded on a rock or the sand, it stands just as it did a week ago, as far as regards his attack upon it. Should he resume his pen, I would submit to him, that a little more attention to politeness will not blunt the edge of his wit, or diminish the weight of his arguments. Such terms as "shallow phrenologist," "resolute quackery," and the like, do not help a good cause, and make a bad one worse. And, as to phrenology being "derided by the wise," and supported alone by "resolute quacks," I beg him to turn to page 217 of the Number in which his article appeared, and if, after having done so, he repeats his accusation of ignorance and imposture, I have no more to say of him; but the public will judge between us.

I am, Sir, your obedient servant,
Temple, Nov. 17.

B. H.

CHERRATTAH.

To the Editor of THE LANCET.

SIR,—It has long been a matter of surprise to me, that the cherrattah, which has been held from time immemorial in great estimation by the natives of Bengal, and the European residents, especially by the medical officers, as a very efficacious deobstruent and stomachic medicine, should not have been introduced into the practice of this country, especially as the variety of dyspepsia, for which it is considered a specific, (accompanied with, and probably dependent on, sluggishness, or an overloaded state of the liver,) is as prevalent in this country as in the East Indies. It is said, the effects of the cherrattah are not, like the stomachics in general use, confined to the stomach, but are extended to the other abdominal viscera, particularly the liver, which it deterges, or, as Dr. Currie observes, “emulges,” and this I believe to be the case; for I have observed the fæces, during its use, to be well charged with bile, and the complexion to become clear. Although not aperient, it evidently prevents an accumulation of fæces in the lower portion of the intestinal canal; which, as a late writer observes, is a common cause of disorders of the stomach and head, at the same time it promotes digestion. The medicinal virtues of this herb are imparted to boiling water; and the infusion, when properly made, is a very grateful bitter, but the natives prefer the decoction made by gently boiling half an ounce of the cut dried herb in a pint of water, for about fifteen or twenty minutes; of this decoction, they take a small wine-glass full two or three times a day. The extract, which also contains the virtues of the herb in great perfection, is taken in the form of pills. It is likewise given by the Indian practitioners, in cases of pulmonary consumption and scrofula; but of its effects in the former malady, I cannot speak from experience; but, in the latter malady, I have frequently witnessed its salutary operation. Dr. Fleming, late of Bengal, speaks highly of the cherrattah as a tonic medicine. The author of the work on tropical diseases, also gives it a high character; and Mr. Addison, the author of a treatise on the Malvern waters, says that, from the very beneficial effects it had on himself, it is a valuable addition to the class of stomachic medicines.

I am, Sir,
Your obedient servant,

THOMAS BAKER.

Stamford Street, Blackfriars,
Nov. 13, 1828.

LACERATION OF THE BRAIN.

To the Editor of THE LANCET.

SIR,—Presuming that the following case of laceration of the brain, without fracture of the cranium, will be deemed worthy of notice, I send it for insertion in *THE LANCET*, and am, Sir,

Yours obediently,

T. W. WANSBROUGH.

Fulham, Nov. 9th, 1828.

The late Mr. Dunn, a corpulent man, was thrown from his horse on Fulham Bridge, by an errand cart, driven furiously against him. The horse and his rider were precipitated with great violence by the force of the shock, and Mr. Dunn was taken to the nearest inn, in a state of insensibility, and continued so for six days, when he expired. The examination of the brain was performed seventeen hours after death; the following appearances were noted.

Considerable extravasation of blood beneath the scalp, posteriorly. (A complete tendinous origin of the occipito frontalis.)

A considerable effusion of serum between the dura mater and arachnoid tunic; an extravasation of blood between the dura mater and calvarium, opposite the posterior and lower part of the right hemisphere; a comparatively slight extravasation of blood between the dura mater and skull, on the left side of the posterior lobe, opposite the sutura lamdoidal additamenta.

On removing the dura mater, an universal effusion of serum, extravasation of blood on the pia mater, covering the side of the right hemisphere, but to no considerable extent; on examining the right hemisphere, the extravasation of blood is not continued into the substance of the brain. Plexus choroides empty; the third ventricle full of water; a slight extravasation of blood in the middle division of the base, in coagula. On removing the brain from the base, the extravasation of blood between the pia mater and brain was found to be universal on the outer side of the right hemisphere, but not extending into the substance of the brain, only dipping down into its sulci. *At the under surface of the right hemisphere, and opposite to the external seat of injury, a surface, to the extent of three inches in length, and one in breadth, was lacerated.* The vessels of the pia mater full of blood. It appears that the laceration took place on the opposite side of the brain to that on which the blow was received. The concussion, therefore, must have been tremendous. The only external mark of injury was a slight abrasion of the scalp on the left side of the head, near the lamdoidal suture, occasioned by the hard gravelled road on which he fell.

THE LANCET.

London, Saturday, December 13, 1828.

It is evident that, so long as human nature is constituted as it is, the limits between fair and unjustifiable comment on the blunders of physicians and surgeons can never be justly estimated, or distinctly apprehended, by the parties who have exposed themselves to animadversion. The law of all communities regulated by civil institutions declares, that no man should be a judge in his own cause; but by a law of human nature, antecedent to all civil institutions, almost every man feels disposed to judge favourably of his own capacity, and to regard any opinion, or act, tending to a different conclusion, as malicious and unjustifiable. From the earliest period at which critics began to exercise their functions, down to the latest instance in which ignorance or bad taste may have been censured and exposed, perhaps a case never yet occurred in which an author acquiesced in the justice and propriety of his flagellation. The respect which a man entertains for his own understanding, like the tenderness wherewith he regards his own flesh, may be a feeling in which no other individual can participate; but he is commonly as ready to resent any disparagement of the one, as to resist any unprovoked aggression on the other. JUPITER, says the fable, has slung one bag on a man's back, containing his own infirmities, and another bag on his chest, containing the infirmities of other men. Hence an attempt to alter the position of these bags is supposed to be naturally resented, and resisted by the party who carries them, as an outrage on the laws of the animal economy. It is an attempt to turn a man's back upon himself; an act of violence, which, though, if we may credit a celebrated authority, the body politic once mediated committing upon itself, it would

be unjust and indecorous, supposing the bags of the fable to form part and parcel of our bodies natural, for one man to perpetrate upon another. Happily, however, for the interests of the literary republic, there is not only all the difference in the world between attacks upon the person and upon the understanding of an author, but this difference has been fully recognised by our courts of justice, which have refused, in cases of offences against the laws of good writing, to interfere with the jurisdiction of the courts critical, and have left the offenders to be judged and punished at discretion by the arbiters of literary taste. If the criticism be unfair, the legitimate court of appeal is the public.

The same observations, which apply to criticism on a man's literary compositions, are equally applicable to criticism on his scientific pretensions. Whether we show, by quotations and comments, that an author has written a bad book, or demonstrate, by facts and comments, that a physician or surgeon is ignorant of his profession, criticism is, in either case, directed against the incapacity of the party, and tends, in either case, to disparage his intellectual qualifications. The comments will in both cases, of course, be regarded as unjustifiable, and the critics denounced as libellers by the persons subjected to criticism; but whether the ignorance of those who undertake the care of the public health is entitled to greater protection than that of authors, whose compositions are calculated to mislead or vitiate the taste of their readers, is a question which has not yet been decided in a court of justice. This question has not been judicially decided, because, hitherto, no case, in which the ignorance of a physician or surgeon has been made the subject of comment in THE LANCET, has ever been brought into a court of justice, and, before the establishment of THE LANCET, reports of cases occurring in our public Hospitals were never published. Our readers are

aware, that we have never commented on errors occurring in private practice, except where such errors have been made the subject of an action at law, as in the case of STANLEY, the Hospital Surgeon, who mistook a piece of flint, of nearly two inches in diameter, and at the distance of more than one inch from his patient's ENTIRE patella, for a portion of that patella; and they are aware also, of the grounds upon which we have confined our criticisms to the blunders of Hospital functionaries. Now, we ask, upon what principle the physicians and surgeons of public hospitals can be entitled to greater indulgence from medical journalists, than authors who endeavour to instruct, or entertain the public by their scientific or literary productions are allowed by law to claim from literary journalists? Are they more exempt from error? If it can be shown that blunders are never committed by these persons, then we admit that every thing in the shape of severe comment on hospital practice must be unjustifiable, because, by the supposition, such comment must necessarily be unjust. But if, on the other hand, it be matter of notoriety that cases are frequently, aye, constantly, occurring, in which the health and lives of patients are destroyed by the negligence and ignorance of hospital functionaries; if it be matter of notoriety, that the election of these functionaries is frequently an affair of family interest and intrigue, depending, not on the pre-eminent scientific attainments of the person elected, but on the *fiat* of some individual, incapable of judging of such attainments, or, if capable, biassed by considerations wholly distinct from, and inconsistent with, the interests of a charitable institution;—if such facts be notorious, and capable of proof,—in what respect does an incompetent hospital functionary deserve greater indulgence at the hands of a journalist, than an ignorant or vapid writer? or, upon what principles of law or reason is he entitled to ask for greater immunities? The law, as we have stated,

has never directly decided on the particular case of a physician, or surgeon, supposing himself to be too roughly handled by a medical critic; because, hitherto, physicians and surgeons, who have considered themselves aggrieved by the publicity given to their mishaps, have deemed it wiser to appeal to a medical than to a legal tribunal. But the analogy between criticism on cases of *mala praxis* in surgery or medicine, and criticism on despicable literary compositions, seems to us to be complete, as far as the courts of law have carried the principle of *damnum absque injuriâ*, as applied to the loss sustained by authors in the latter cases; and upon grounds of public expediency, that principle might be carried still further, in the case of incompetent surgeons and physicians. The courts of law will not protect an author, however damnified in his literary reputation, against his critic; and why? Because, if they cramped observations upon authors and their works, the public might suffer in their pockets, and in their literary taste, by the purchase of worthless books. Apply this principle to criticism on medical or surgical practice, and by how much the health and lives of the public are of more importance than their advancement in knowledge, or their literary taste, by so much will the Physician or Surgeon, whose practice is animadverted upon, be less entitled than the author to the interference of a court of law against his critic. The incompetent physician or surgeon may be damnified in his pocket by the criticism, and so may the incompetent author; the physician or surgeon may have nothing but his professional skill, however slender, to rely upon; and the literary powers, however despicable, of the author, may be his sole means of subsistence; but, where the public is a gainer by the exposure of false pretension, the loss of the individual exposed is held by the law to be *damnum absque injuriâ*,—a loss entitled to no reparation—a loss which he ought to sustain.

It is perfectly clear, that if a physician or surgeon write a book on a professional subject, he is just as liable as any other author, to be publicly taxed with ignorance ; and that however damnified by the criticism, aye, though his fee-book may have been rendered *carte blanche* by the castigation, he cannot recover damages, in a court of law, against the critic, provided the censure, or even the ridicule to which he may have been subjected, arise fairly out of the subject-matter, and cannot be taken to be directed against the private or moral character of the man. And a court of law would not, in such a case, enter into the question, whether the critic was, or was not right, in his view of the merits of the work ; but, if it appeared that he had not travelled out of the work he criticised, for the purposes of slander, it would, on a plea of the general issue, direct a verdict for the defendant. Now the only difference between the case just put, and those under discussion, which, to a certain extent, may be considered *primæ impressionis*, is that whereas in the former the thing criticised is a published composition ; in the latter, the thing criticised is an operation publicly performed. The loss to the individual is likely to be equal, whether he be shown to have betrayed ignorance of the principles of his profession in a written composition, or unskilfulness in the practice of it as a public operation ; and the gain to the public is greater in the latter case than in the former, inasmuch as the safety of the community is more directly compromised by the incompetency of a public operator. Upon these principles, he who criticises a public operation, would be as fully entitled to a verdict, as he who criticises a written composition on a medical subject, supposing him to meet an action for damages by a plea of the general issue ; *à fortiori* would he be entitled to a verdict, supposing him to be able to plead and sustain a justification of the truth of the matter, whereby the reputation of the party criticised is supposed to be damnified.

A Treatise on the Diseases of the Bones. By BENJAMIN BELL, Fellow of the Royal College of Surgeons of Edinburgh and London. Edinburgh. Blackwood. 8vo. pp. 294. 1828.

FROM the comparatively low organization of bone, and the consequent slowness with which all its sanatory, as well as morbid, processes are carried on, surgeons not having an opportunity of observing the immediate effects of remedies, have imbibed a notion that art can effect little or nothing in diseases of the osseous tissue ;—that, in fact, every thing must be left to the *vis medicatrix nature*. Hence, although we have many excellent systematic works on the pathology of the bones, it is strongly impressed on our minds that there is, generally speaking, a want of information on this subject, arising from the causes we have alluded to.

The method of classification, which the author has adopted in describing the diseases of bone, is as follows :—

“ I. The first head includes the various kinds of inflammation to which bone and its membranes are subject, viz.—1. Inflammation of the periosteum.—2. Inflammation of the surface of bone.—3. Inflammation of the internal structure, or interstitial inflammation of bone.—4. Suppurative inflammation of bone.—5. Scrofulous inflammation of bone.—6. Adhesive inflammation of bone.

II. Under the second head are included the consequences of inflammation, viz.—1. Abscess in bone.—2. Ulceration of bone.—3. Mortification of bone.

III. The third head includes those affections of bone which apparently depend upon a morbid condition of its assimilating vessels.—1. Softening of bone.—2. Brittleness of bone.—3. Interstitial absorption of bone.—4. Interstitial deposition and enlargement of bone.—Atrophy or wasting of bone.

IV. The fourth head includes those preternatural growths from bone, which have not been proved to be the result of inflammation, and which are not of a malignant nature.

V. The fifth head embraces those incurable diseases which depend upon degeneration of the osseous tissue, viz.—1. Spina

Ventosa.—2. Osteo-sarcoma, or Fungus Hæmatodes of bone.

VI. A sixth head may with propriety include those anomalous affections of bone, concerning the nature of which little as yet is known.—1. Bloody tumour, or aneurism of bone.—2. Tumours dependent upon the existence of hydatids in the substance of the osseous tissue."

Mr. Bell makes some interesting remarks on "interstitial absorption of bone," a term which he first employed in a memoir, published in 1824, in reference to the well-known affection incidental to the neck of the thigh bone. The disease, however, Mr. Bell informs us, is not peculiar to the femur, it is not common to any period of life—in the young it is generally confined to the vertebral column—and in the middle-aged and elderly its usual seat is the cervix femoris. We regret that we have not space for the whole of the author's remarks on this subject, both as regards the local peculiarities of the affection as well as its general characteristics. But, in the opinion of Mr. Bell, it is important to notice that—

"At an early period of life, or even in adult age, when, from habit, the body has been suffered to incline on the side, beyond the proper centre of gravity, the unequal pressure of one vertebra upon another, on the side to which the tendency to inclination has occurred, occasions, in the first instance, a partial absorption of the intervertebral cartilages, and subsequently of the vertebræ themselves."

The various diseases enumerated in the author's classification, are separately treated of in a brief, yet sufficiently intelligible manner, and although we do not find any thing novel as respects the pathology of the bones, yet the whole subject is so well treated, that in two hundred pages of an octavo volume, there is sufficient information for general purposes. It is no small recommendation to this work, that, with a few exceptions, all the morbid conditions of the osseous tissue which Mr. Bell has described, have come under his own observation; the diseases have been

studied at the bed side, and in the dissecting room. Subjoined to the treatise, is a catalogue of the preparations illustrative of the diseases of bone, contained in the museum of the Edinburgh College of Surgeons. The description of these preparations is drawn up by Mr. Charles Bell, who was, if we mistake not, the original possessor of these "neese spicimins."

The author has fallen into one egregious error, which we must take the liberty of correcting before we conclude our review. In a note, at page 191, Sir William Blizard is designated "one of the FATHERS of surgery." One of the GREAT GRANDMOTHERS would have been nearer the truth.

QUESTIONS PROPOSED TO A CANDIDATE FOR
THE DEGREE OF M.D. AT EDINBURGH.

DR. GREGORY'S QUESTIONS.

WHAT is a muscle?

Are the extremities of muscles of the same texture as the other parts?

Why are the extremities of muscles composed of tendon?

What are the conditions in which a muscle exists?

Do muscles always become relaxed after contraction?

What are their diseases?

What is the colour of a muscle?

Is this colour essential?

Whence is it derived?

When the blood is removed, what is their colour?

Are there any hollow muscles?

Have the arteries any muscular fibres?

What is the use of them?

Has not the heart the power of propelling the blood?

How do you prove this?

Are muscular fibres discovered in the veins?

Are there any valves in the arteries?

Are there any valves in the veins?

In what part of the body is that?

How are the veins here subjected to pressure?

What is the cause of paralysis?

Does the pressure occur at any particular part?

Is there ever any other symptom, besides loss of motion, in paralysis?

If pressure is made on the right lobe of the brain, where will paralysis occur?

What is that disease called, when, besides loss of sense and motion, there is also a comatose state?

Are paralysis and apoplexy allied to each other?

How do you know this?

Are there any other diseases of the muscles?

What are the symptoms of epilepsy?

Are all the muscles of the body always convulsed?

Are there any symptoms denoting the approach of an epileptic fit?

Does the patient recover immediately, and all at once, from the fit?

What is the definition of rheumatism?

Does the disease affect any other part besides the muscles?

Is there any pyrexia in this disease?

Is it synocha or typhus?

What are the causes of this disease?

Are there any other causes, when cold is not applied?

Does the pain ever remain after the pyrexia is gone?

How does the disease terminate?

Does it ever end in suppuration?

Does suppuration ever affect the muscles?

Does the disease ever terminate in gangrene?

Does death ever ensue from this disease?

What remedies would you employ?

Has the blood, when drawn, any peculiarity in this disease?

What is the buffy coat?

What is the cause of this separation?

Does the blood, in such circumstances, coagulate faster or slower than usual?

What time, in general, does the blood take to coagulate?

Is it ever longer?

What other remedies would you use?

What diaphoretics would you use?

What do you mean by the pulvis opiatu?

What does this powder contain besides opium and ipecacuan?

What are the proportions of the ingredients in a scruple?

In what dose would you give it?

What inconvenience sometimes arises from it?—does it ever affect the stomach?

Are there any bad consequences ever left after the disease is cured?

Dr. HOME'S Queries.

What are the diseases in which the muscles are affected with spasm?

Mention some of them.

What are the symptoms of tetanus?

Are there any muscles particularly affected?

What muscles of the hand are chiefly affected?

Are the muscles of the lower jaw affected?

What are the species of tetanus?

What is opisthotonos?

What is emprosthotonos?

Are the muscles of the abdomen affected?

Does tetanus occur more frequently in some countries than in others?

What renders the body more susceptible of the disease in these countries?

What are the causes of it?

Are there any other causes?

Are there any internal causes?

Are there any causes applied to the bowels?

How do you know worms are a cause?

How does tetanus terminate?

What are the remedies?

How does calomel act?

Does it act in any other way?

But how does it act in general?

Has it any other mode of acting?

Does opium act in any particular way in this disease?

How does its action differ?

In what dose would you give it?

Who first introduced this remedy into practice?

Is the warm or cold bath most efficient?

How is the cold bath to be administered?

What would you do with your patient after coming out of the bath?

What would you do next?

What would be the effect of opium?

But in what manifest way would it relax the spasm?

Dr. HOPE'S Queries.

What are the earths?

There are more: What is very abundant in the soil?

What others are found more sparingly?

How do you know lime from magnesia?

How do you know them from the action of sulphuric acid on them?

What are the principal acids?

Is there not one furnished very abundantly by Nature?

How is sulphuric acid made?

What is its composition?

Does sulphur form any other acid?

How is it obtained?

Is it procured by any other way?

What is the chemical action in this case?

In this way known, we cannot obtain sulphurous acid pure: What substances very readily take oxygen from sulphuric acid?

What is formed by burning sulphur?

What is the difference between sulphuric and sulphurous acids?

What is the natural state of sulphurous acid?

What takes place if both the acids are exposed to the air?

Is sulphuric acid, or water, the heaviest?

Dr. MONRO's queries.

How is lime water made?

Is it not to be strained?

In what diseases is it used?

Is it used in any other?

In what quantity would you give it?

In dyspepsia; how much?

As lime water cannot be given by itself, how would you give it?

Why should it not be given in calculus?

Does it ever augment this size?

How would you know this by examining the calculus?

What medicine is chiefly now used in calculous complaints?

If given in large quantities, what inconveniences arise?

What is its dose?

How would you exhibit it?

How is magnesia supposed to act in this disease?

Dr. DUNCAN, senior—queries.

What is the name of the disease when there is a collection of water in the thorax?

What are its chief symptoms?

What is the state of the pulse?

You said the patient lies with difficulty on his back.

Why does he breathe more easily in the erect posture?

What medicines do we use to evacuate the water?

What remedies are used?

What is digitalis?

In what form is it used?

How much of the powder would you give?

Has digitalis any peculiar effect on the pulse?

What are the effects of an overdose?

This finished my first examination; it lasted one hour, and took place at Dr. Gregory's house, in April. In June, the following short examination took place at the College in private.

Dr. DUNCAN's queries.

How many external senses are there?

Enumerate them.

Where is the sense of feeling situated?

Are not other parts of the body possessed of this sense in a certain degree?

How is the sense of feeling diseased?

Dr. HOME's queries.

Give an example of the depraved sense of feeling?

I now received from Dr. Monro the following aphorism, to write a commentary

on, and medical questions from, Dr. Hope, and, on the 6th of July, was examined thereon.

"Si rigor incidit febri non intermittens, debile jam existente agro, lethale."—*Aphorisma*.

"Quid est irritabilitas?"

"An pendet à vi nervosa?"—*Questio Medica*.

After this I received two cases; the one from Dr. Rutherford follows; Dr. Gregory's is lost.

"Mulier 50 annorum, laxioris habitus corporis, affectionibus rheumaticis admodum obnoxia, tempestate frigida de gravi capitis dolore conqueri capit. Dolorem hunc brevi insecuta est oculorum inflammatio, levis quidem initio, mox quam gravissimè aucta, adeo ut palpebras attollere nequeat, ob acerbum et lancinantem dolorem, minima admissa luce prorsus intolerabilem redditum. Perstat cephalalgia cum acuto corporis calore, siti magna, cibi fastidio, alvo astricto, pulsu interim celerrimo et debili.

Dicat dominus candidatus. Morbi naturam. Symptomatum rationem. Prognosin. Methodum medendi, cum remediis idoneis presenti ægro accommodatis.

Finally, I have to defend in public my Inaugural Dissertation.

WESTMINSTER MEDICAL SOCIETY.

December 6, 1823.

— ARNOTT, Esq., in the Chair.

TREATMENT OF CONCUSSION.

Mr. M'ALPIN, after the Minutes were read, introduced the subject of concussion, with a view of having the opinion of the Society upon the most appropriate treatment. As far as his own judgment went, he was decidedly averse to bleeding in the first stage, and which he thought, but for the prevailing public prejudice in its favour, would not be so frequently resorted to. He considered that re-action ought to be allowed to take place before venesection was thought of.

Dr. DUFFIN observed that, during his stay at Florence, he had seen the Professor there treat three cases of concussion. That treatment consisted in taking away small quantities of blood, only a few ounces, in the first stage, during complete collapse, under the impression that this mode of treatment acted as a stimulant to the arterial blood. The professor considered that, in concussion, there was a congestion of

venous blood in the brain, and that by bleeding in small quantities, the arterial circulation was afterwards enabled to go on. After re-action took place, he bled freely as in other cases. Those three cases did perfectly well. Dr. Saunders, of Edinburgh, (Dr. Duffin believed,) had practised the same plan of treatment for twelve years. He had been in the habit of taking away small quantities of blood in the first stage, then of giving stimulants, and, afterwards, treating the case upon general principles.

Mr. BURNET did not think the reason of bleeding, either in concussion, compression, or apoplexy, well understood. He was persuaded, that at no time could any additional supply of matter be admitted within the cavity of the brain. In the cases to which he had adverted, the venous circulation was, in a great measure, put a stop to; the veins of the brain could not empty themselves, therefore the arterial blood was not admissible; hence the redness of face that frequently appeared in apoplexy. Upon removing the venous blood, the brain became stimulated by the flow of arterial blood into it, and which he conceived to be the only mode of stimulating the brain to action.

Mr. M'ALPIN objected to the mode of depletion in the first stage, as it was had recourse to in this country. It was considered nothing, here, to take away twenty or thirty ounces of blood. He believed the grand point to be, to get the brain stimulated; and if the opinion of the Society was, that small bleedings would do that, and was the only means, he could have no hesitation in receiving such a decision.

The PRESIDENT wished to know what stimuli were given, either on the continent, or at Edinburgh, after the small bleedings.

Dr. DUFFIN did not say that the professor at Florence gave stimuli, but that Dr. Saunders had done so.

Dr. SHER, as far as he was capable of recollecting, believed Dr. Saunders had informed him, that, in treating cases of this sort, he had always taken into consideration the idiosyncrasy of the patient, and the history of his constitution; that he had even seen gout producing epilepsy, and all the symptoms of apoplexy; and that, in such a case, he should not treat the patient as he should a patient under ordinary circumstances.

Dr. ADDISON considered, that if this were so, it was a mode of treatment extremely liable to be misconceived. If an apoplectic gouty subject was to be treated differently to other subjects, the case might be greatly endangered. As to bleeding being the means, and the only means, of increasing the circulation of the brain, this was a misconception. It was well known that there were other

stimulants which excited both the heart and arteries to increased action. In the treatment of all cases, the symptoms were first to be looked at, and then the constitution of the patient. The principles applicable to the treatment of a gouty subject, were generally and precisely those applicable to all apoplectic patients. With regard to the doctrine of incompressibility of the brain, too much stress had been laid upon this. There was the foramen magnum, and the different foramina for the exit of the nervous system, into which, or partly through which, it was possible the brain might be urged by an increased admission of arterial, and detention of venous blood, and who could say how slight a pressure of the brain into these foramina, might not disturb the functions of the organ?

Mr. BURNET believed, that if an additional supply of arterial blood was admitted, it was only in consequence of an increased rapidity of the circulation; and that if any more than the ordinary quantity of the venous blood was detained in the brain, then a proportionate quantity of arterial was prevented entering it. Here the discussion ended.

EXTRACTION OF THE TEETH.

SINCE the publication of Mr. De la Fons' paper on Extraction of the Teeth, we have received a variety of communications on the subject; and although we are far from deeming it unimportant, we have not space for all which our numerous correspondents have written. It may, in good truth, be said of tooth-drawing as of writing—that every man has a fashion of his own.

Mr. Bedingfield of Stowmarket, in writing to us, says that, while he admits the general reasoning of Mr. De la Fons, on the superiority of the key-instrument to be correct, yet he contends there are some cases in which the forceps are indispensable, as in the removal of the incisors. The key-instrument, which Mr. Bedingfield employs, is constructed with a kind of bridge fulcrum, so that pressure is made on the teeth adjoining that about to be extracted, and the injurious effects of pressure are obviated by attaching a piece of cork to the fulcrum.

"The space left in the cushion (says Mr. Bedingfield) readily allows of the alveolar process being sufficiently broken down by the tooth only, as it is drawn laterally from its socket; whereas, when the decayed tooth is itself made the fulcrum, the cushion of the common key-instrument is crushing the alveolar process in one direction, while the fang of the tooth is breaking it in another:

the alveolar process is, as it were, placed within a vice."

Mr. T. Warner, of Cirencester, on the other hand, writes thus:—"the forceps, if properly made, and properly applied, will remove teeth with much less present and subsequent pain than the key-instrument, and likewise as speedily." The forceps used by Mr. Warner, are of different kinds—adapted to the various teeth.

Mr. Prouse of Bristol says that, in the course of many years' practice, he has "extracted hundreds, not to say thousands," of teeth with a pair of forceps of about five inches in length, bent almost to a right angle, arched and notched in the claws, so that it is easily passed over the crown of the tooth without touching it: and, when it is fixed, "the obtuse points of the claws hold the tooth sufficiently firm, without breaking it." The forceps are made strong in the jaws, but tapering from the joint to the handles, by which means they are rendered elastic and prevent too great pressure on the teeth. For the large molar teeth, Mr. Prouse employs a larger and stronger pair of forceps, with jaws of about an inch and half in length.

In addition to the above, we have received a communication from Mr. Knox, with a drawing of his "improved forceps," which appears to us to possess considerable merit.

ST. BARTHOLOMEW'S HOSPITAL.

List of Patients admitted under the care of Mr. Earle, Nov. 27.

Harley's Ward, No. 2.—W. Darley, æt. 16, calculus in the bladder.

Baldwyn's Ward, No. 6.—John Quin, æt. 36, extensive ulceration of both legs.

No. 7.—John Vines, æt. 30, large sloughing ulceration of the right groin.

Sitwell's Ward, No. 2.—Sarah Hicks, æt. 68, cancer over the radius of the left forearm.

Elizabeth's Ward, No. 3.—Ann Grant, æt. 19, injury to the dorsal vertebrae.

A few others, with slight injuries, principally to the knees, as well as some common cases, into the Venereal Wards.

No cases of importance were admitted on the two last "taking-in" days.

OPERATIONS—LITHOTOMY AND CASTRATION.

On Saturday Mr. Earle performed the operation of Lithotomy on Thomas Cooper, a boy eight years of age; after making an

incision with a common scalpel, he used Blizard's knife, which he withdrew, and introduced four times before completing the incisions. The staff was held by Mr. Vincent, and some delay, in the course of the operation, was occasioned, in consequence of Mr. Vincent, from a motion of the patient, and perhaps too intensely observing the course of the knife, permitting the staff to slip out of the bladder, by which the operator conceived he had cut into the neck of it, when, in fact, he had not. After the incisions were completed, the stone was easily extracted. It was a flat lithic acid stone, a quarter of an inch thick, three-quarters of an inch broad, and rather more than an inch in length. From the application of the scalpel to the perineum, to the extraction of the stone, four minutes and forty seconds elapsed; another minute was occupied in ascertaining that nothing further remained in the bladder. The boy was then removed to bed, and up to the writing of this report, has continued to do well.

Castration.—Mr. Earle removed, on the same day, the testicle of Thomas Wells, æt. 24, in consequence of extensive scrofulous disease. The patient has enlarged scrofulous knee-joints, and is, altogether, out of health. About a year ago he had the opposite testicle removed, owing to the same disease. Three arteries were taken up, and the patient removed to bed. The testicle, which was the size of a large fist, when cut into after it was removed, presented, in part, a healthy appearance, from which, if the morbid parts could have been thrown, Mr. Earle thought might have retained the power of secretion, but he was induced to perform the operation, in consequence of the declining health of the patient.

Greatly to the advantage of the pupils, and, consequently, much to the credit of the operator, no one was permitted to surround him during these operations; consequently, the pupils had a distinct view of the operations from all parts of the theatre. This is as it ought to be, and an example which it is sincerely to be hoped all the surgeons will follow.

FRACTURE OF THE BASIS CRANII, WITH LACERATION OF THE BRAIN.

William Hurst, ætat. 22, was admitted into Colston's Ward, Nov. 17, at half-past three p.m., with a lacerated wound of the scalp and periosteum, over the external angle of the left eye. A small portion of the bone was exposed, on which the commencement of a fracture was visible. He had fallen from the roof of a house, several stories high, whilst feeding pigeons. Was

insensible when brought in, and had slight bleeding from the nose and mouth; vomited much; pupils acted very slightly; breathing stertorous; pulse feeble, and intermittent.

R. Calomel, gr. iij.; jalap, gr. x. statim.
Cold cloths to the head (not shaved).

Towards evening the pulse began to rise, and the dresser bled the patient to $\mathfrak{z}\mathfrak{x}\mathfrak{v}$. In ten minutes afterwards, the pulse became more feeble, and therefore the dresser, Mr. Thornton, wrote for eight ounces of brandy, part of which was given him in small quantities every quarter of an hour, or twenty minutes.

18. Still insensible; breathes with less stertor; pulse 130, and intermittent; pupils contracted, but they act slightly on exposure to light; the bowels freely opened during the night.

19. Had violent drawings up and tossings about of the legs during the night, so that it became necessary to have them strapped down; irides immovable this morning, and the pupils much contracted; breathing changeable, being more or less stertorous at intervals; pulse fluttering; countenance sinking.

Mr. Vincent now ordered the head to be shaved, and cold cloths to the scalp; also, $\mathfrak{z}\mathfrak{x}\mathfrak{iv}$. of blood to be taken, if the pulse would bear it. The blood was slightly buffed on some parts of its surface.

Died at half-past two on the following morning.

Post-mortem Examination, at Half-past Ten o'Clock.

Immediately beneath the dura mater was found a considerable effusion of blood, over the surface of the right hemisphere of the cerebrum, and great turgescence of the vessels of the pia mater of the opposite side. The substance of the brain presented strong marks of vascular excitement, and, on being removed from the skull, the posterior lobe of the right hemisphere was found to be much lacerated, but no extravasated blood was discovered at the basis of the skull; a fracture of the basis extended from the left external angular process of the frontal bone across the orbital plate, downwards, and across the sella turcica, running backwards the whole length of the petrous portion of the temporal bone, over the cavity of the internal ear; a bloody serous effusion within the theca vertebralis, and, in some places, blood extravasated into the substance of the spinal marrow itself. Blood was also found extravasated and coagulated in the cervical portion of the vertebral canal external to the theca. The laceration of the brain was on the opposite side to that which immediately received the blow.

PHAGEDENIC ULCERATION OF THE UPPER LIP.

Sarah Coulan, *ætat.* 28, a very unhealthy looking woman, and in an extremely debilitated state, was admitted into Magdalen's Ward, October 9th, under the care of Mr. Lawrence, with extensive foul phagedenic ulceration of the upper lip and left cheek, (the left upper eye-lid destroyed by the ulceration,) and chronic conjunctival inflammation of that eye. The sore on the lip has been attended with much inflammation of the neighbouring parts, and considerable pain. A small painful pimple came on her lip about three months ago, which has gradually extended into the present state of sore; is suspected to be syphilitic, but she declares that she never had any venereal symptom; is a widow; remembers her husband, some time ago, giving her some pills for the benefit of her health generally.

Ordered a solution of the liq. opii. sedativ., the proportion of $\mathfrak{z}\mathfrak{i}\mathfrak{j}$. to $\mathfrak{z}\mathfrak{v}\mathfrak{j}$. of water, to be applied to the wound by means of lint, bread and water poultices; pil. sapon. cum opio, gr. v., *omni nocte*; and gr. $\mathfrak{i}\mathfrak{j}\mathfrak{s}\mathfrak{s}$. bis in die, with essen. snrsp. $\mathfrak{z}\mathfrak{s}\mathfrak{s}$. ter quotidie; and house physic occasionally.

17. The general health better; the aspect of the sore much improved, and the surrounding inflammation abating; the pain also much diminished. Omit the pills, and continue the sarsaparilla.

26. Has been fumigating the sore for the last week, and taking the pil. sap. c. opio, gr. v. *omni nocte*, again, continuing also the sarsaparilla. The sore is very much improved, presenting now a clear, healthy, granulating surface; the gums rather tender with the fumigation. Continue.

Nov. 19. Her mouth has been kept affected by the fumigation for about a fortnight, and she has continued the sarsaparilla all along, but omitted the opium pills during that period. The ulceration of the eyelid healed, but the tarsus being destroyed, the edge is rendered irregular, so that she is incapable of completely closing her left eye. Discharged cured.

OPERATIONS.

Mr. Vincent removed the left leg of Elizabeth Fletcher, *ætat.* 23, at the superior extremity of the lower third of the femur. The knee had been long diseased, and the patient exceedingly reduced in strength by it. The operator made a double flap: six arteries were secured.

Mr. Vincent took off the right leg of William Hawes, *ætat.* 25, at the same part

of the femur. This operation was also performed in consequence of a chronic diseased knee, which threatened the destruction of the patient.

Lithotomy.—Edward Darley, *ætat.* 16, was brought on the operating table at five minutes past one, to undergo the operation of lithotomy by Mr. Earle. On introducing the staff, the bladder not being much distended, the operator was unable to strike the stone. The instrument was withdrawn, and three other staffs introduced; but though about half an hour was occupied by Messrs. Earle, Vincent, Lawrence, and Stanley, in trying to come in contact with the stone, they were unable to do so. Some thought the staffs were in the *urethra*, some in the bladder, and some detained at the prostrate. During the whole of this period the patient was suffering great pain. Mr. Earle then introduced the staff he had first used, having altered its curve, and, without further difficulty, came upon the stone. At 26 minutes and a half to two, he began to make the first incision, and extracted the calculus in four minutes afterwards. After having made the incision into the bladder with Blizard's knife, he introduced it a second time, to enlarge it. The stone was of a mulberry kind, the size of a large walnut, rather of an oval form, and extremely rough. After it was nearly brought out, the operator lost his grasp, and therefore the forceps were obliged to be introduced again before it was brought away. Mr. Lawrence held the staff.

WESTMINSTER HOSPITAL.

STRANGULATED SCROTAL HERNIA.

JOHN PENNINGTON TYLY, *ætat.* 64, an emaciated subject, admitted under the care of Mr. White, on Monday, 17th November, with strangulated scrotal hernia. The patient had had a reducible hernia for about a year. The Saturday previous to his admission, after some exertion, an additional portion of gut descended, and symptoms of strangulation appeared. No application was made for medical aid until the next day, when the usual means of reduction were employed without success. The surgeon consulted, recommended his immediate removal to an hospital. Another day, however, was lost, before this advice was complied with, and he was not admitted until ten o'clock this morning.

The hernial tumour is large, and excessively sensitive. He complains of pain

at the umbilicus, and great tenderness of the abdomen. The countenance is pallid and anxious; respiration hurried and constrained; pulse small, irregular, and frequent. No alvine evacuation has taken place for four days, and vomiting of fecal matter has twice occurred. The preliminary remedies having been promptly resorted to, but without success, Mr. White proceeded, with the aid of Mr. Guthrie and Mr. W. B. Lynn, to perform the operation.

The patient being laid supine, with the thigh bent upon the pelvis to an angle of 40°, Mr. White laid hold of the scrotum, and immediately ascertained the existence of a hydrocele. An incision was then made about three inches in length, in the longitudinal axis of the tumour. Several strata of condensed cellular tissue were dissected with the greatest care, and a small sac, containing about two ounces of pellucid serum, was opened. This the operator supposed to have been the seat of an old hernia, being situated exactly in front of the true sac, which was then immediately opened. The intestine which presented, was of a dark port-wine colour, studded with greenish spots, and emitting a gangrenous odour; the greatest caution was consequently necessary in returning it into the belly, and Mr. White, with that view, made a very free division of the stricture. As strong adhesions existed round the neck of the sac, in the abdominal cavity, the whole of the intestine was not returned, and the hydrocele not having been opened, the wound was closed in the usual manner.

The patient, during the operation, which lasted about fifteen minutes, did not make much demonstration of pain. In that time twelve ounces of port wine were administered to him. Pulse weak and irritable. On being put into bed, the following draught was given, and ordered to be repeated occasionally:—

R Spir. ætheris sulph., ʒij.;
Conf. aromat, ʒss.;
Mist. camphoræ, ʒj.; M. ft. potio.

Half an hour after the operation he died.

Post-mortem Examination twenty-four hours after death.

The peritoneal coat of the small guts was injected throughout, and, in many parts, the muscular and mucous coats were affected with inflammation opposite the wound; about eighteen inches of the ileum were gangrenous, and insulated by adhesions from the general cavity of the abdomen and pelvis. The spermatic cord was situated behind the sac, which was every where adherent to the adjacent parts.

GLASGOW ROYAL INFIRMARY.

CASES OF FRACTURE OF THE CRANIUM.

DONALD McINNES was admitted (Nov. 4) with a wound extending over the right eyebrow, which he had received from an iron block, attached to the rigging of a vessel, falling on his head. The wound was nearly ten inches in length, and, by introducing the finger, a fissure could be felt in the bone. On one side of the head, there was a puffy swelling of considerable size, and, posteriorly, a second wound, half the extent of the other, from which there issued a free discharge of arterial blood. Blood, it was stated, had also flowed from the ear. An incision was made over the fractured piece of bone, which was found depressed and detached, two inches and a half in length, and one and a half in breadth. It was removed, along with eight fragments, and the edges of the wound brought together. The operation was, however, productive of no benefit, the patient dying on the table, a few minutes after its performance. When admitted into the hospital, he was quite furious, requiring the exertions of several of the pupils to detain him in bed; but for some time previous to his being brought into the operating theatre, he had been in a state of coma. The body was not inspected.

On the same day, Donald McMillan was admitted with an injury of a similar nature, received in the same way, and at the same time, with the preceding patient. From the middle of the sagittal suture, there was a wound three inches in length, extending to the posterior part of the head, and, corresponding with this, a portion of bone was found detached, and irregularly depressed. A considerable quantity of blood had been lost, and the right arm, although it presented no appearance of injury, was benumbed and powerless. The patient was quite sensible, giving a correct reply to any question that was asked him. Respiration was unaffected; pupils natural, and pulse 75.

This man was operated on before the last, and was nearly an hour on the table. The original wound was enlarged, and another made at a right angle with the first, extending over the left parietal bone. The depressed portion was now seen, between two and three inches in length, and half an inch in breadth. This was broken into many small pieces, some of which were firmly fixed under the surrounding cranium, and one fragment, in particular, was found driven through the dura mater, penetrating the substance of the brain. The trephine was applied to the left of the depressed bone, and one angular projection, which

remained after the circular portion had been separated, was removed with Hey's saw. The broken bone was raised with the elevator, and removed. Ten fragments, some of which were of considerable size, were afterwards picked out of the wound with the forceps. There was only one vessel tied during the operation, and about an ounce of blood lost. This case also terminated fatally. Among other unfavourable symptoms, in a few days a fungus appeared in the wound. Attempts were made to restrain its growth by pressure, but without success. It gradually increased, and on the 17th November, four or five ounces of blood were discharged from its surface. The patient died during the night of the same day. The fungus was of the size of a hen's egg, of a spongy consistence, and dark brown colour. It appeared to be a diseased portion of the substance of the brain, protruding through an aperture in the dura mater, and extending downwards nearly to the roof of the lateral ventricles. Anterior to this, there was a small abscess, and in the ventricles, a quantity of serum. The wound of the scalp was thickened and sloughy.

FUNGUS TUMOUR OF THE NOSTRIL.

Donald McQueen, aged 70, was admitted into the Hospital by Dr. Couper, on the 13th November, with a fungous tumour in the right nostril. It bled profusely when touched, and a thin fetid fluid constantly exuded from its surface. The right cheek was more prominent than the left; and the roof of the mouth corresponding with the floor of the nostril, soft and protuberant. The eyeball was pressed forward half an inch from its socket, and from the gum, which was softened and spongy, there issued a slight purulent discharge. The teeth were also loose, and in addition to the affection of the eyeball, slight ectropium of the lower eyelid had taken place, with distension of the lachrymal sac, and consequent epiphora. Vision was impaired, and around the orbit the patient sometimes felt severe pain, extending backwards over the scalp, generally followed by bleeding from the nose, which, he stated, always afforded him immediate relief. A few days after his admission, the third and fourth grinders were removed, and an opening made into the antrum. Some blood flowed, but no tumour could be felt by the probe, and tepid water, when injected through the perforation, issued freely by the nostril, bringing away a quantity of inspissated pus. The tumour in the nostril was removed with the polypus forceps, and by continuing the injection, a large quantity of solid matter was discharged. Tepid water was afterwards daily injected, and, in a short time, the distension of the lachrymal sac and epiphora, had, in

a great measure, subsided. Vision also rapidly improved.

STRICTURE OF THE URETHRA WITH FISTULA.

Archibald Fletcher, aged 66, was admitted (Oct. 26) with indurated swellings, of a dull red colour, spread over the perineum, and reaching upwards to the external abdominal ring. In the left side of the perineum there was a fistulous opening, into which a probe could be passed to a considerable extent, but no communication, either with the scrotum or urethra, could be detected. Above Poupart's ligament there was a soft fluctuating swelling, extending towards the spine of the ilium, the contents of which could, by pressure, be made to pass through the fistula in the perineum. The prostate gland was of natural size, but about an inch anterior to it a hard callous stricture could be felt; the urine was voided with difficulty, and in a small stream. The patient stated, that he had been subject to stricture for the last 25 years; and that, about five weeks before he came into the Hospital, while exerting himself, he felt a sudden pain in both his groins. His urine, when voided, shortly after this occurrence, was of a reddish colour, and, a few days afterwards, the swelling in the perineum began; this continued to increase until it burst, a short time previous to his admission. The abscess in the groin was opened, and a small quantity of bloody, purulent matter evacuated. A poultice was afterwards applied to the perineum and groin, and a catheter ordered to be kept constantly in the urethra. Nothing worthy of notice took place for eight or ten days, but, on the 7th November, a discharge of florid blood took place from the opening in the groin, and also, in smaller quantity, from that in the perineum; about three pounds were lost before the bleeding was stopped. The patient died on the 10th.

The abscess was situated under the common integuments, extending to the anterior spinous process of the ilium, and also near to the umbilicus. Near the symphysis pubis it got under the cord, and descended along the left side of the perineum to the anus; when opened, its inner surface was sloughy, and found to contain a small quantity of purulent matter. The bladder was thickened, but the vessel from which the blood had issued could not be discovered.

The unfortunate nurse, whose case was lately published, died about a week ago. The inspection of the body was privately conducted; and although a written request was sent to the Visiting Surgeons of the Infirmary to make known the post-mortem appearances, no attention was paid to it, I

am told they mean to justify this departure from the usual practice of the Hospital, by the pitiful subterfuge, "that the nurse was a private patient." If candour and justice be forgotten, they surely ought, for their own sakes, to pay some attention to consistency. How much this really is attended to may easily be estimated, from their treating a patient one day, in a public ward, pretending to explain the nature of a case to the students of which they themselves were ignorant; and when that patient is dead—when an opportunity has occurred of setting aside all doubt on the accident, and ascertaining its real nature—unblushingly tell us, that she was a private patient. It is now to be presumed, that the diseased appearances of this patient are not to be made known, however useful or instructive such information might be, or however much it might enable the student to avoid a similar error, certainly not because *she was a private patient*, as is pretended, but merely because such information would expose the ignorance of one of the hospital surgeons.

HOTEL-DIEU, AT NANTES.

DYSENTERY TERMINATING IN GANGRENE, AND PERFORATION OF THE INTESTINES.

Encephaloid Tumour of the Liver, penetrating into the Thorax. Cicatrix in the substance of the Brain.

JUL. HOULIER, *âgé* 53, of an athletic constitution, and habitually in the enjoyment of excellent health, having, for three weeks, been affected with great debility, loss of appetite, pains in the bowels, and sanguineous diarrhoea, was, on the 11th of June, admitted into the Hospital. At this period he complained of anorexia, violent colic pains, and tenesmus; the abdomen was somewhat tympanitic, but not tender on pressure; the tongue was red and dry; the thirst violent; skin dry and hot; the pulse natural; the daily number of stools varied from ten to twelve. He had a large cicatrix on the right cheek, extending from the middle of the molar bone over the zygomatic arch, to the temporal suture; it was the consequence of a wound which he had received in the war of La Vendée. After the repeated application of leeches to the anus, and under the use of mucilaginous potions, the diarrhoea diminished, but the fever augmented, and delirium acceded.

On the 15th, the pulse was very full, strong, and frequent; the skin hot, face puffed up, conjunctiva injected, eyes bright, tongue red and moist; the abdomen was free from pain, and there was no diarrhoea,

but furious delirium. The patient having been twice bled, the affection of the head and the fever subsided, but the diarrhœa re-appeared with increased violence and frequency; the stools were very fetid, and sometimes passed involuntarily; the abdomen was somewhat tender on pressure; six leeches were applied to it.

On the 21th, the countenance of the patient was suddenly altered, very pale, and expressive of the greatest anxiety; the abdomen was perfectly free from pain; the stools were involuntary, and had a truly gangrenous smell; the extremities were cold; the pulse could not be felt, &c., and in the evening he expired.

Inspectio Cadaveris.

Under the cicatrix of the face the integuments were firmly adherent to the bones, and the squamous portion of the temporal bone consisted only of a very thin osseous layer, so that, on the least pressure, the scalpel entered into the cavity of the brain. The internal surface of the right temporal bone was rough, and covered with osseous and cartilaginous excrescences, to which the coverings of the brain were firmly attached. The pia mater was much injected, and contained a small quantity of serum. In the anterior and middle portion of the right hemisphere, a cellular intersection was found, corresponding with the external wound, and going through the substance of the brain towards the lateral ventricle, from which it was separated by a very thin layer of medullary substance. This intersection showed a large and compressed cyst, divided into a number of small cells, which were filled with a serous liquid, and the parietes of which were of such a delicate structure that they burst on the slightest pressure. The medullary substance round this cellular intersection, and the other parts of the brain, exhibited no morbid alteration; the left lung was slightly adherent to the pleura, but in a healthy condition; that of the right side was, at its inferior surface, firmly adherent to the diaphragm, by means of a fibro-cartilaginous tissue, which, having been divided, in order to obtain access to the aponeurotic centre of the diaphragm, the latter was found perforated to a considerable extent. The upper part of the right lung was healthy; its inferior lobe contained an excavation of the size of an orange, which was filled by a green, putrid, and very fetid matter. The heart was healthy. The perforation of the diaphragm was an inch in diameter; its margins were softened, and in a condition approaching to that of encephaloid tumours. The surface of the liver was very rough, and adherent to the diaphragm, by means of a fibro-cartilaginous tissue, which being removed, an

enormous excavation was found in the liver, communicating with the aperture in the diaphragm, and filled with a thick, putrid, pulaceous matter; it occupied nearly the whole of the upper half of the liver, and presented, in its centre, a softened encephaloid tumour, which was united to the tissue of the liver by means of a very delicate celluloso-vascular texture, from which it could be easily detached. The peritoneum and epiploon exhibited some traces of inflammation, and the intestines were adherent to one another. The mucous membrane of the stomach, duodenum, and small intestines, was healthy; that of the large intestines was extensively ulcerated and gangrenous. In the middle of the transverse portion of the colon there was an eschar of two inches in diameter, which, in its circumference, had produced a perforation. The vena cava contained a thick, dark-coloured blood, in which some whitish matter was found, which had much resemblance to the liquid contained in the cavity of the liver.—*Révue Médicale.*

HOPITAL SAINT LOUIS.

PUSTULAR VENEREAL ERUPTION, TREATED BY THE SUBCARBONATE OF AMMONIA.

P. M., 38 years old, emaciated, and of a very weak constitution, observed, in the month of July, a particular eruption on his forehead; this having been suppressed for a time, by a nostrum, the composition of which was unknown, soon returned again, with a tendency to form ulcers, and began to spread over the whole body. On his admission into the hospital, in September, under the care of M. Bielt, he was, in the following state:—Almost the whole of his body, but especially the inferior extremities, were covered with ulcerating pustules of different sizes; in the centre of each pustule there was a prominent, black, very hard crust, surrounded by a white ulcerating margin; the epidermis round the ulcers presented a copper-coloured defined areola. In those pustules, where the crusts had been detached, the surface was excavated, much injected, and covered by greyish-white, tenacious matter; the skin, between the pustules, exhibited livid blotches, the scars of former ulcers. The patient had, in 1814, successively been affected with gonorrhœa, chancre, and bubo, and had never had recourse to a proper mercurial treatment; he was married, and his wife, who had borne several healthy children, had never presented any signs of infection. His general health was good.

M. Bielt, having for some time employed

cinnabar fumigations, and the alkaline bath, prescribed the subcarbonate of ammonia, from the use of which, he had, in similar cases, observed very satisfactory effects; the patient took a drachm daily, and this, being borne very well, and without the least disturbance of the digestive organs, the dose was afterwards increased to two, and even to three, drachms. The crusts were gradually detached, and the excavated ulcers became more superficial, and assumed a healthy appearance; so that the patient, after having used the subcarbonate of ammonia for twenty days, was perfectly cured.

PSORIASIS INVETERATA, SUCCESSFULLY
TREATED BY THE ARSENICAL SOLUTION.

XAV. HOST, ætat. 39, of a vigorous constitution, was, on the 7th of September, admitted into the Hospital, under the care of M. Biett. Having, up to his eighteenth year, enjoyed good health, he observed, at this period, without any previous cause, a scaly eruption on his legs and thighs; the scales were very small, dry, of a whitish colour, and slightly adherent to the skin, from which they were detached by the least friction, leaving some elevation and redness. In this state the patient continued for several years, without any disturbance of the constitution; sometimes, especially in winter, the eruption disappeared entirely; but, on returning, it insensibly extended over the whole body, and the scales began to change into thick crusts, which were firmly attached to the skin. During the last three years he had been much addicted to drinking, in consequence of which the disease had become so serious as to induce him to seek for medical aid. When admitted into the Hospital he had, for the last six months, been in the following state:—The whole body, with the exception of the parts exposed to the air, and the genitals, was covered with large, irregularly oval crusts, of different thicknesses; their surface was beset with white scales, which, according to their longer or shorter standing, were more or less firmly attached to the parts beneath. The skin over the joints, and of the thighs, was covered with very thick, rigid crusts, with large furrows filled by a bloody ichorous matter, so that the patient was almost entirely deprived of the use of his limbs. His general health was not affected, his digestion was good, &c. After a bleeding of ten ounces, and the use of some aperients, M. Biett prescribed the arsenical solution, of which the patient took four drops daily, and this dose was afterwards gradually increased to twelve drops. The effect on the cutaneous disease was astonishing; the crusts, which before had been remarkable for their rigidity and torpid appearance,

gradually detached themselves from the skin, leaving, at first, large red blotches, which were again covered with scales, but after repeated deaquamation the integuments gradually assumed their natural colour and appearance, so that it was found unnecessary to continue the use of the medicine for more than four weeks, after which period, the vapour-bath having been employed for some time, the patient was perfectly cured.—*Journal Hebdomadaire.*

TO THE MEDICAL PRACTITIONERS OF THE
WARD OF FARRINGDON WITHOUT.

GENTLEMEN,—I have long had it in contemplation to address the medical men resident in the Ward of Farringdon Without, on the propriety of, and indeed necessity for, establishing a "Medical Relief Society," on a somewhat novel, yet I trust a more effectual plan than has hitherto, as far as I am aware, been adopted.

You must, Sir, have had frequent opportunities of knowing that the Dispensaries, as at present constituted, cannot afford that assistance to the poor which it is the object of the charitable subscribers should be given. You well know the time and attention required to be devoted even to a private practice, and that but little of either can be spared for other pursuits; yet, according to the present system, two or three professional gentlemen are expected, in connexion with such practice, to attend not unfrequently as many hundreds of poor invalids, many of whom are too ill to leave their homes, or even their beds! With the most indefatigable exertions, (for which indeed I willingly give them credit,) how can medical attendants afford that grave and deliberate consideration which the cases of the poor, equally with the rich, require?—They cannot. The visits to the patients' houses, and frequently a portion of the attendance at the Dispensary, must evidently be, and in fact are, delegated to others.

I am not called upon to discuss the competency of the substitutes, chiefly students; for, admitting their capability, still the poor sufferers and the subscribers have a right to expect attendance, and regular attendance too, from those whom the patients frequently select as their particular attendant from among the gentlemen ostensibly their medical advisers.

The plan proposed is briefly this:—

1st. That each practitioner residing in the Ward of Farringdon Without, to whom the plan is agreeable, shall see, at a certain hour every morning, at his own house, all the really distressed poor who may apply, prescribe for them, and send them with the

prescription to be compounded at some central place—hereafter to be selected.

2dly. That each practitioner agree, if called upon, to visit not less than two poor patients at their own houses daily.

Lastly. That a patient may request a consultation of either of the medical men enrolled in the society with the one already in attendance; and that each and all agree to meet in such consultation if called upon to do so.

By the above plan, properly matured, I humbly conceive, that not only would the poor be materially benefited, but that a brotherhood (if I may be allowed the expression) would be established of the practitioners throughout the ward, to the eternal annihilation of all animosity, rivalry, or unfriendly feeling whatever.

If you consider the subject worthy your consideration, may I request the favour of meeting you, with the other medical gentlemen of the ward, at Mr. Croom's Hotel, Bouverie Street, on Tuesday next, December 9, at seven o'clock in the evening precisely, when any new suggestions or alterations may be discussed and decided upon, before the public is invited to sanction the undertaking.

I remain, Gentlemen,
Your obedient servant,
SEPTIMUS WRAY.

9, Salisbury Square, Fleet Street.

VETERINARY COLLEGE.

To the Editor of THE LANCET.

SIR,—I send you a letter* (or rather a certificate) from Professor Coleman, of the "Royal Veterinary College," upon the soundness of a horse, which soundness was in question, in the cause of "Edmonds v. Dobson," which was tried on the 19th inst., in the Court of Common Pleas.

This opinion was taken upon the occasion of the horse being sent to the College for examination, accompanied by the card of Lord Kinnaird; and after the horse had been subjected to an hour's apparent examination by the great Professor, and a multitude of other Professors of the College, both

* My Lord,—I am directed by Professor Coleman to present his respectful compliments, and to state that he perceives no marks of unsoundness in the horse sent for examination, but he is aged, and has done a good deal of work.

I have the honour to be

Your Lordship's most obedient servant,
N. J. MORRIS.

Royal Veterinary College,
June 2, 1826.

great and small, (then and there present, and examining,) the accompanying certificate was handed to the person bringing the horse.

The horse was, as it would appear, at this time, viz., June last, in the opinion of the learned Professor, (I think he calls himself president,) and also of, at least, twenty other incipient and learned Professors, sound, though old; but they could not make the animal young again; and when I had subpoenaed the learned *soi disant* President, in doing which I sent to him the customary fee of a sovereign, and for which attendance, in all not an hour, he, previously to the trial, demanded "his usual fee" of five guineas, besides another half guinea for the previous inspection of the horse, and the previous opinion, as it afterwards turned out, from his own oath, to be, that both he and his colleagues had given. And when the learned and profound-looking Professor had driven himself in his triumphal car, the whole of the distance from the Royal Veterinary College to Westminster Hall, there to astonish a "common jury" and "learned judge," with all that he knew, and more too, about "structure and function," and God knows what else, he, the aforesaid learned Professor, and I by no means wish to impute to him any sordid influences, or to have it inferred that he was, in the least, huffed at my refusing, out of justice to my client, to comply with his demands, reiterated, as they were, even while the cause was trying, with a deal of pertinacity, distinctly and positively swore, on being examined, that the horse was at, and from the 17th day of May last, up to the then present time, the 19th instant, an unsound horse, he having an ossification of the cartilages of the hoof, and which opinion he must have formed from an inspection of only one minute's duration of the horse (and that, too, after the professor had been in the witness-box) at the door of Westminster Hall, and, as I firmly believe, from having also previously heard the opinions of Professor Sewell, and of Professor Lythe, of the Horse Bazaar, that the horse was unsound, it having an ossification of the cartilage of the hoof, and which Professor Sewell described to be "a gradual thing, unless produced by some severe exertion," and a "false ring bone," so termed by farriers. In May last, and near a month before our learned President, and his conclave of luminaries of the veterinary art, had examined the horse, which was declared, at the trial, by those who had seen and rode him almost daily, for the last four years, never to have either limped, shown lameness, weakness, or over-fatigue.

I remain, Sir, Your humble servant,
HERBERT LLOYD.

P.S. After the trial was over, the learned professor applied to me for payment of the half-guinea previously claimed by him for the above certificate. It is almost needless to say, that I gave him, as its value really was,—nothing, to his infinite chagrin.

ROYAL UNIVERSAL INFIRMARY FOR CHILDREN, WATERLOO BRIDGE.

To the Editor of THE LANCET.

SIR,—In your last Number appears a letter, signed "One of the Committee." Of the attack made upon the medical officers as a body, some notice probably will be sent to your office this evening. I shall, therefore, confine myself to a few points which concern myself.

In the first place, the rules enumerated by "One of the Committee," apply to in-patients. The intention of the founder of this Institution was, that it should be at once an infirmary and a dispensary. There were to be four wards for the reception of surgical cases only. Two have been finished, but, from causes it is unnecessary to mention, have been converted to other purposes. Had the benevolent intentions of the founder ever been carried fully into effect, I should have felt it my duty either in person, or by a representative, to have been *always* present. The case, however, is different, it is an infirmary in name only. All serious accidents, as we cannot take any in, are, as is generally the case, taken to the hospitals. Four, only, in the space of nearly four years, have been brought to me, and three of these were carried to St. Thomas's and Guy's. It is not necessary, therefore, nor have the Governors ever thought it so, that after the hours of business, their house-surgeon should not indulge himself in a walk, read the papers, or dine, and take wine with a friend. From ten in the morning, till four, five, or six, in the afternoon, as it may happen, *I have not, on any occasion, quitted the Infirmary.*

Secondly, the patients never come, nor ever came before my time, to have their medicines repeated between four and six o'clock. They attend at our usual hours for examining, are spoken to, and if going on well, have, *then*, the same kind of medicines repeated. It is unnecessary, therefore, to be in attendance at these hours.

Thirdly, *ten o'clock*, not *nine*, (see recommendatory letter,) is the hour when the In-

firmary is required to be opened, and it *always is opened* at that hour.

Fourthly, I wait for my superiors (they treat me as their equal, I am proud to say, and friend) as long as they wish, and I consider it my duty so to do. A few words more, and I have done: the sarcasm aimed at my two friends, the physicians, in the words, "extensive practice, and exalted stations," will create a smile only; the shaft will fall harmless; "*telum imbelles sine ictu.*"

It only remains to add, Sir, that it is to be hoped the next time your correspondent favours you with a communication, he will have the courage to affix his name to it, as the medical officers will then know whom to thank for his kindness, and the Governors at large learn to whose zeal and exertions the Royal Infirmary stands so much indebted.

I am, Sir, Your obedient servant,
J. WOODHAM, House-Surgeon.

Dec. 9, 1828.

CONTENTS.

Dr. Blundell on Sexual Instinct; Signs of Pregnancy	322
Mr. Sheldrake on Gymnastic Exercises	327
Croup	333
Quackery in Northumberland	334
Phrenology	334
Cherrattah	336
Laceration of the Brain	336
Criticism of Public Functionaries	337
Review of Bell's Treatise on Diseases of the Bones	340
Questions proposed to a Candidate for the Degree of M.D. at Edinburgh ..	340
Meeting of the Westminster Medical Society, Dec. 6.....	342
On Extraction of the Teeth.....	343
St. Bartholemew's Hospital,—Operations—Lithotomy and Castration	344
Fracture of the Basis Cranii	344
Phagedenic Ulceration of the Lip ..	345
Westminster Hospital—Strangulated Scrotal Hernia	346
Glasgow Royal Infirmary—Cases of Fracture of the Cranium	347
Fungous Tumour of the Nostril	348
Structure of the Urethra, with Fistula	348
Hotel Dieu at Nantes—Dysentery	348
Hopital St. Louis—Pustular Venereal Eruption	349
Psoriasis Inveterata	350
To the Medical Practitioners of Faringdon Without	350
Veterinary College.—Professor Coleman	351
Infirmary for Children, Waterloo Bridge	352

* The gentlemen who style themselves "the medical officers" to the above Infirmary, have also forwarded a letter, which shall be inserted next week.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, DECEMBER 20.

[1828-9.

COURT OF KING'S BENCH.

WESTMINSTER, DEC. 12.

(Before Lord TENTERDEN and a Special Jury.)

COOPER V. WAKLEY.

THIS cause, which was specially appointed for this morning, excited the most intense interest. Long before the sitting of the Court, at half-past nine o'clock, the different avenues leading into the court were so crowded, that there was scarcely any possibility of forcing a passage. It was with the utmost difficulty, with the most active assistance of constables and the officers of the court, that counsel, jury, and witnesses could obtain an entrance. Almost every hospital surgeon and eminent practitioner in London was present, besides an immense number of students.

At half-past nine o'clock, the defendant appeared in person on the floor of the court. Mr. Brougham and Mr. Kelly, his counsel, were also present. Sir James Scarlett, Mr. F. Pollock, Mr. Scarlett, and Mr. Platt, were counsel for the plaintiff. Only six special jurymen answered to their names. After some hesitation, Sir James Scarlett prayed a *tales*. The talesmen were then called into the box; but before they were all sworn, three of the special jurymen, who had been previously called and did not answer, made their appearance, and were sworn. Three talesmen were then added to the jury, and, after several of the special jurymen had been fined for non-attendance, the jury were sworn.

On the bench we noticed Sir A. Cooper, (the uncle of the plaintiff), Mr. Brodie, and Mr. Green. Dr. Roget sat to the left of Sir James Scarlett, within the bar.

The defendant, on coming into Court, brought with him a cast of a child in the position in which a patient is tied, when undergoing the operation of lithotomy. He had also a pelvis, and case of instruments, such as were used on the occasion. He applied to Lord Tenterden to be accommo-

dated with a table; but his Lordship stated, that in consequence of the pressure at the doors it was impossible for him to have his wish complied with at present. A table was afterwards brought in.

Mr. Scarlett opened the pleadings. The declaration charged the defendant with having published a certain false, scandalous, and malicious libel, imputing to the plaintiff, Mr. Bransby Cooper, the unskilful performance of an operation of lithotomy, which took place at Guy's Hospital, in March last. The defendant had pleaded several special pleas of justification, setting forth the matter charged as libellous, and averring that the whole of it was true.

The alleged libel was contained in Nos. 239 and 240 of a weekly publication called *THE LANCET*, and was in the following words:—

" GUY'S HOSPITAL.

" The Operation of Lithotomy, by Mr. Bransby Cooper, which lasted nearly one hour? "

" We should be guilty of injustice towards the singularly-gifted operator, as well as to our numerous readers, if we were to omit a ' full, true, and particular account ' of this case. It will, doubtless, be useful to the country ' draft ' to learn how things are managed by one of the privileged order—a hospital surgeon—nephew and surgeon, and surgeon because he is ' nephew.' "

" The performance of this tragedy was nearly as follows:—

" Act 1. The patient (a labouring man from the county of Sussex, thick set, ruddy, and healthy in appearance, and 53 years of age) was placed on the operating table, at a few minutes past one o'clock, on Tuesday the 13th. The only one of the surgical staff present, besides the operator, was Mr. Callaway. The ceremony of binding the patient we need not detail; the straight staff was introduced, and was held by Mr. Callaway. The first incision, through the integuments, appeared to be freely and fairly made; and, after a *little* dissection, the point of the knife was fixed (apparently) in the groove of the staff, which was now taken hold of, and the knife carried onwards—*down here*. A small quantity of fluid followed the withdrawal of the knife; the forceps were now handed over, and for some

* " The following passage occurs in John Bell's great work on surgery:—' Long and murderous operations, where the surgeon labours for an hour in extracting the stone, to the inevitable destruction of the patient.' "

† " The poor fellow, who has left a wife and six children, said, that he ' came to town, to be operated upon by the ' nevey ' of the great Sir Astley.' "

time attempted to be introduced, but without effect. 'I must enlarge the opening,' said the operator. 'give me my uncle's knife; this instrument was given, and a cut was made with it, without the staff being re-introduced. The forceps were again used, but as unsuccessfully as before; they were pushed onwards to a considerable distance, and with no small degree of force.' 'It's a very deep perineum,' exclaimed the operator. 'I can't reach the bladder with my finger.'

"Act 2. The staff re-introduced, and the cutting gorget passed along it—various forceps employed: a blunt gorget—a scoop—sounds and staves introduced at the opening in the perineum. 'I really can't conceive the difficulty—Hush! Hush! Don't you, hear the stone?' 'Dodd (turning to the demonstrator), have you a long finger? Give me another instrument—Now I have it! Good God! I can hear the stone when I pass the sound from the opening, but the forceps won't touch it—O dear! O dear!'

"Such were the hurried exclamations of the operator. 'Lively now and then there was a cry of, Hush! which was succeeded by the stillness of death, broken only by the horrible squash, squash, of the forceps in the perineum. 'Oh! let it go—pray let it keep in,' was the constant cry of the poor man.

"This act lasted upwards of half an hour; the former upwards of twenty minutes. The stone was eventually laid hold of; and never shall we forget the triumphant manner in which the Assistant Surgeon raised his arm and flourished the forceps over his head, with the stone in their grasp. The operator turned to the students and said, 'I really can't conceive the cause of the difficulty.' The patient being upon the table, bound, while the operator was 'explaining.'

"The man was put to bed much exhausted, but rallied a few hours afterwards, and leeches were applied, in consequence of tenderness of the abdomen. He passed a restless night, was in great pain, and was bled from the arm on the following morning. Leeches were applied in the afternoon, and about seven o'clock in the evening, death ended the poor fellow's sufferings, about twenty-nine hours after the operation.

"Examination of the Body.

"There was a very large and spongy wound observable in the perineum, and the scrotum was exceedingly dark-coloured, from ecchymosis. The finger could be passed to the prostate without difficulty, which was not deeply situated; indeed, it was the declared opinion of Dr. Hodgkins and Mr. Key, that the man had not a 'deep perineum.' The cellular tissue throughout the pelvis was easily lacerable, and this was especially the case with the portion between the bladder and the rectum, admitting of the passage of the finger with great facility, and to a considerable distance. There was a tolerable fair lateral section of the prostate and neck of the bladder. The gland itself was larger than natural, and the portion which is designated the third lobe, presented a singular appearance, being of the size of the tip of the little finger, and forming a kind of valve at the neck of the bladder; part of this third lobe had a dark-coloured appearance, and it seemed as if some substance had been resting upon it. The bladder itself presented nothing remarkable.

"The peritoneum lining the abdominal parietes was highly vascular, and there was a slight quantity of turbid serum in the cavity of the abdomen. The kidneys had a mottled appearance throughout their cortical substance.

"There are two or three points in this case, to which we beg particular attention, first, the statement of Mr. B. Cooper, at the time of the operation, that he 'could not reach the bladder with his finger,' as contrasted with the fact of the bladder being very readily reached in the post-mortem examination; the man not having a deep perineum. Secondly, the circumstance of the finger passing with

facility, between the bladder and rectum to a great depth, as considered in connexion with another declaration of Mr. Cooper, that he could not feel the stone with the forceps, until the time of its extraction, although a sound, passed into the bladder downwards, from the penis, struck upon the stone; as was the case also, on one or two occasions, when a staff was passed at the perineal opening.

"The surface of the calculus was rather larger than the disc of a shilling, flat, oval-shaped, and apparently consisting of lithic acid.

"Our report of the operation of lithotomy at Guy's Hospital, in which Mr. Bransby Cooper, after employing a variety of different instruments, extracted the stone at the end of fifty-five minutes,—the average maximum of time in which this operation is performed by skilful surgeons being about six minutes.—has, as might have been expected, excited no ordinary sensation in the minds of the public, as well as among the operator's professional brethren. An attempt has been made to call in question the accuracy of our report, in a letter signed by a number of the dressers and pupils of the Borough Hospitals, which letter has been inserted, as an advertisement in *The Times*, and also in *The Morning Herald*. Some of the young gentlemen who have affixed their signatures to this letter were present at the operation; others, who were not present at the operation, have nevertheless, with a generosity more characteristic of their age than of their discretion, added the weight of their testimony to that of the eye-witnesses of the melancholy exhibition, and volunteered their approbation of Mr. Bransby Cooper's performance. Upon the value of this species of testimony we shall make no comment, nor do we think it material that the document to which we allude is signed, we believe, by not more than one-third of the number of young gentlemen present; had they all signed it, their united opinion of the skill, dexterity, and self-possession, exhibited by Mr. Bransby Cooper on this occasion, is not likely to influence the judgment of the profession, whatever it may effect with the public. The question to which the manner in which the late operation was performed, is calculated to give rise, is not a question between Mr. Bransby Cooper and his pupils, but it is a question between a surgeon, holding a high and responsible situation in Guy's Hospital, and the public. Of Mr. Bransby Cooper's amenity of manners, and kindness of disposition, we entertain no doubt; and the letter in question may be regarded as a testimonial of the estimation in which a good natured lecturer is held by the young gentlemen who attend his class. But the question is not, whether Mr. Bransby Cooper is popular among his pupils, but whether he performed the late operation with that degree of skill which the public has a right to expect from a surgeon of Guy's Hospital; whether, in short, the case presented such difficulties as no degree of skill could have surmounted in less time, or with less disastrous consequences; or whether the unfortunate patient lost his life, not because his case was really one of extraordinary difficulty, but because it was the turn of a surgeon to operate, who is indebted for his elevation to the influence of a corrupt system, and who, whatever may be his private virtues, would never have been placed in a situation of such deep responsibility as that which he now occupies, had he not been the nephew of Sir A. Cooper. This is the question, the only question, in which the public is interested; and if Mr. Bransby Cooper is desirous of bringing this question to an issue in a Court of Justice, it will be for Mr. Harrison, the treasurer of Guy's Hospital, to enlighten the minds of the jury as to the circumstances under which the nephew of Sir A. Cooper was elevated to his present situation. In the event of an action, we shall most unques-

• "We have frequently seen the operation performed by the senior surgeon of Guy's Hospital in less than one minute."

tionably call upon Mr. Harrison to disclose these circumstances to the jury. In the mean time, we do not anticipate the decision of this question, by positively impugning Mr. Bransby Cooper's skill; but we contend, as we have repeatedly contended on former occasions, that the inevitable tendency of making the patronage of hospital surgenies an affair of family influence, juggling, and intrigue, is to occasion a cruel and wanton augmentation of human suffering, and to render frequent such heart-rending spectacles as that which was lately exhibited at Guy's Hospital.

"We repeat, that there may, by possibility, have been difficulties in this case, which no degree of surgical skill could have surmounted in less time, or with greater ability, than Mr. Bransby Cooper exhibited; and it remains to be seen whether such difficulties can be shown to have existed. At present, not a single material fact in the report is denied, though its general accuracy is vaguely questioned by the operator's pupils. It is not denied, that nearly one hour elapsed, before Mr. Bransby Cooper extracted the stone. It is not denied that the operator had recourse to the multiplicity of instruments enumerated in our report. It is not denied that the patient was subject to extraordinary suffering—suffering which could scarcely fail to terminate in death; but no attempt has been made to show that this was a case of extraordinary difficulty. It is scarcely worth while to allude seriously to the document which has been put forth by Mr. Bransby Cooper's select pupils. But, as these are the only panegyrist the operator has hitherto procured, we will put a case, which may enable the public to estimate the value of their approbation. Suppose it had been stated that, instead of employing 55 minutes in extracting the stone, Mr. Bransby Cooper had performed the operation in the usual time—say four or five minutes. Suppose it had been stated that, instead of manifesting great perplexity and embarrassment, Mr. Bransby Cooper had exhibited the utmost coolness and self-possession; that the patient appeared to suffer very slightly during the operation, and was removed from the theatre with every prospect of a favourable issue to the case. Let us suppose these, and similar false representations, to have been made in this Journal; and we will ask whether any of these young gentlemen, friendly as their feelings are towards a teacher, whose good nature is matter of greater notoriety than his science, and interested as they are in obtaining his goodwill, and his certificates, to enable them to pass their examinations at the College before his 'nuclei,' who is the president of that benighted body—we will ask, whether any of these young gentlemen, some of whom did, and more than one-third of whom did not, see the operation, would have come forward to contradict a favourable, though a false report? We repeat we do not, as the case stands at present, directly and positively impugn Mr. Bransby Cooper's surgical skill; but, as none of the material facts detailed in our report have been, or we believe, can be contradicted, we do not hesitate to say that, looking to the circumstances attending this, and other operations, performed by this gentleman, in connexion with the circumstances—we believe that we are justified, and that Mr. Harrison, the Treasurer of Guy's Hospital, knows we are justified, in saying, the extraordinary circumstances attending his elevation to his present situation, justice, humanity, the interests of the medical profession, and the safety of the public at large, call alike for investigation. Whether this investigation be of a judicial character or not, we are indifferent. We are prepared to meet Mr. Bransby Cooper, if he think fit, in a court of justice: we will meet him in our own person, (for this will not be a case to entrust to a lawyer, however eminent or highly gifted,) and we shall see whether Mr. Bransby Cooper will be equally prepared to meet us, the public, the relatives of the unfortunate patient, and Mr. Harrison, the Governor of Guy's Hospital."

A long discussion arose, as to which party was to open the case, *Sir James Scarlett*

contending, that as some of the affirmative issues were thrown on the plaintiff, who was to prove his own skill, he had a right to begin; and *Mr. Wakley*, on the other hand, insisting, that as he had charged the plaintiff with unskillfulness, and was to prove the truth of his pleas, he ought to proceed with his case before that of the plaintiff's was gone into. In support of his argument, which was of some length, he cited various authorities.

Lord Tenterden observed, that as the decision in this case might be quoted hereafter as a precedent, he would take the opinion of his learned brothers, who were sitting in the Bail Court, upon the question. His Lordship then retired, and on his return, in about ten minutes, stated his opinion to be, (in which the other Judges concurred,) that the defendant had a right to begin. The plaintiff, as a surgeon, was to be supposed to be a skilful person until the contrary were shown, and therefore there was no necessity for him, in the first instance, to go into evidence to establish that fact; and, as the defendant had pleaded the truth of the matter which imputed unskillfulness to the plaintiff, it was incumbent on him, in the outset, to prove the truth of his allegations.

Sir J. Scarlett trusted, as that was the decision of the Court, that whatever the termination of this case might be, he should be at liberty to examine the plaintiff's witnesses. It might happen, that the defendant's case would fall to pieces, and then he (*Sir J. Scarlett*) should insist, that his evidence ought to be heard for the purpose of proving that the operation had been performed with the utmost skill. He should ask, on behalf of the plaintiff, a gentleman of high honour, and who was greatly esteemed, both in and out of his profession, that he might have an opportunity of showing that the calumny, which had been attempted to be fastened upon him, was without foundation. He mentioned this now, in order that, in the event of the defendant failing to prove the whole of his pleas of justification, it might not be said that the plaintiff had no right to go into evidence in vindication of his professional character.

Lord Tenterden did not think it necessary for him to give an opinion upon that point at present.

Mr. Wakley assured *Sir J. Scarlett*, that he would have ample opportunities for calling all the witnesses he could produce.

The defendant then suggested that the witnesses on both sides should withdraw.

Sir J. Scarlett had no objection to the withdrawal of those witnesses who spoke to facts, but those who were to give opinions, he considered it essential and necessary that they should remain in court.

The defendant said, as he could not, at that moment, make a separation of the witnesses who were to speak to facts, and those who were to give opinions, he would not insist on the withdrawal of any of them. They might remain, if the Court pleased.

The defendant then addressed the jury. They had already heard, from the learned gentleman who had opened the pleadings, that this was an action instituted against him, (the defendant,) the editor and proprietor of *THE LANCET*, for an alleged libel of and upon the professional character of the plaintiff. It was stated in the declaration, that he had published a report of a "supposed" operation at Guy's Hospital, falsely and maliciously, and it was inferred from the declaration, that no such operation was performed in that institution; and that what he had published was nothing more nor less than gross calumny. Guy's Hospital, as the jury must be aware, was an institution of very great importance, not only as an institution of charity, but one from which it was expected that there should emanate the first principles of his (the defendant's) profession, practised in the best possible manner. It had attached to it an extensive medical school; it had lectures there, and a very large attendance of students. The practice which the students witnessed in the institution was necessarily carried by them to the most distant parts of the kingdom. Hence it was of the utmost importance to the public welfare, that the principles there inculcated should be calculated to promote the interests of the public, and alleviate, as far as it was possible, the sufferings and miseries of mankind. Guy's Hospital was founded solely by one individual, Thomas Guy, in the year 1722, or 1724, and he, at that period, left to the institution, a sum equivalent to 200,000*l.*, consequently the funds of the institution, from the vast increase that had taken place in the value of money, were immense. Of course it became of great consequence that those funds should be appropriated in the best manner—that individuals of the greatest possible skill should be elected to fill the offices in the Hospital, both medical and surgical, and it was not fair that those offices should be filled in any other manner than was consonant with the intention of the founder, and of the greatest benefit to the public. The plaintiff, Mr. Bransby Cooper, was one of the persons who had been elected to fill the office of surgeon, and, in the duties of his situation, he performed the operation which was published in No. 339, of *THE LANCET*. That journal was projected by him, (the defendant,) and was first published in 1823. He considered, that by publishing the lectures delivered in public institutions, he should

be able to place in contrast the theories of the different individuals in the lecture-room, and the practice in the wards of the hospital; and this, he thought, was of immense importance, for, by so doing, the lecturers were stimulated to a greater exercise of their duty, as their opinions were laid before the public, who had an opportunity of seeing what those opinions were, and, at the same time, of seeing whether the practice used in the wards, was a practice of neglect or attention. The publication of lectures had led to a good deal of discussion in the courts of law. The publication of hospital reports had led to great benefits, as regarded the public, who had thus the advantage of the opinions of hospital surgeons, if they were good; and having to endure the scrutiny of the public, could not hack and carve the patients with impunity. He was, of course, under the necessity of employing a great number of reporters, who were in the practice of taking notes of the cases admitted, and carefully registering all the points connected with them. The reporters he had employed, as far as he had been capable of judging, were men of the most honourable character, and had fulfilled their duty in a very accurate and conscientious manner. The reports furnished by them, he was, of course, compelled to rely on, as all editors were, for their correctness. They were transmitted to him regularly from the various institutions. The report of this operation was sent to him by a gentleman of very high character—a gentleman whom he should call into the witness-box to-day, and who would himself state that he witnessed this operation, and that the report which he furnished, was, in every respect, correct. He (the defendant) would assert this openly before the Court, and he challenged every inquiry—every strict and scrutinizing investigation—into the reporter's character. He had heard, indeed, that attempts would be made to cast some imputation upon him, but he defied calumny, and courted scrutiny. When the report was transmitted, as he found it one of an extraordinary character, and as it referred to circumstances of a still more extraordinary character, he paused before he inserted it. He did not publish it in the first number of *THE LANCET* which appeared after the operation occurred, but waited till the period of publishing a second one arrived. When the report was first brought to him, it contained some statements against the operator, rather harsher than those which it now contained. The reporter considered it his duty to characterise such an operation in the strongest terms of reproach; and he stated, on his honour, before the report was published, that it was correct in every particular. Upon that assurance, there-

fore, he (the defendant) considered that he had no other course to pursue in his public character than to present it to the public, whatever the consequences might be. Having made a few alterations in it with regard to the expressions he had mentioned, and introduced the phrases, "nephew and surgeon, and surgeon because he is nephew," he inserted it, word for word, as he had received it. He should prove these facts, and had little fear of his case "falling to pieces," as his learned opponent had stated. He believed the learned gentleman would have ample cause to produce all his witnesses, and give such evidence as he could adduce as to the skill of the plaintiff. If it could be proved that the report was incorrect, nothing would give him greater regret than to find that he had done an injury to the plaintiff; for it was not by such means that the profession was instructed; but when men came boldly forward to sanction such proceedings as these, it gave a stain to the profession, which the events of ages could not remove. If men come forward to swear that this operation was performed skilfully, he knew not what they would hesitate to swear, and it must be presumed that they were unable themselves to perform the operation in any other way. With these observations, he should leave the case in the hands of the jury. He should call a great number of witnesses to prove that the report was, in every respect, correct; and if they (the jury) were satisfied upon that point, he should, of course, be entitled to their verdict.

The defendant then called and examined the following witnesses.

Mr. Alderman Partridge.—I reside at Colchester, and am a member of the College of Surgeons. I have been in practice rather more than fourteen years. I have witnessed many operations of lithotomy, and have performed them myself sixteen or eighteen times. I witnessed the operation performed by Mr. Bransby Cooper, at Guy's Hospital, in March last. I have read the report of that operation in *THE LANCET*. It struck me, at the time, to be correct, and I have had no particular reason to alter my opinion since, though I did not examine it very minutely. The patient appeared to be a very healthy man. I remarked it at the time. I think Mr. Cooper himself introduced the staff; but the second incision was made without the staff. After the first external incision, all instruments were withdrawn. (The defendant here produced a figure representing the situation of the patient, which the witness deposed to as being correct.) The hands of the patient were tied to his feet, and his knees to his neck, as represented by the model now produced. The patient remained in that position nearly an hour. During that

period a sound was repeatedly introduced. Several cuts were attempted to be made into the bladder with a knife. This instrument (a cutting gorget) was introduced into the wound. A blunt gorget was also introduced, and the scoop, and several pair of forceps. During the operation, the patient called out several times to the operator to desist. The operator stated several times that he could not explain the difficulty. He appeared to be perplexed and hurried in consequence of the long delay. He did not appear to act with any regular scientific design. He introduced his finger with some force, but it did not strike me as being very violent. He used the instruments in the ordinary way, and varied them according to the different purposes, but failed in lighting upon the stone. I don't consider that the forceps entered the bladder the first time. The impression on my mind was, that the opening in the bladder was not sufficiently large to get the forceps in; but I think there was an opening, because I saw a discharge of water and blood. The operator said, that he felt the stone when he passed his staff through the urethra, and could also feel it when he passed the sound through the incision in the perineum. He also said that he could not feel it with the forceps. The reason of this was, that the forceps, if straight or slightly curved, would pass under the stone, which was high up in the bladder. Mr. Cooper made many attempts to feel the stone with his finger. He left his seat, and measured fingers with those of other gentlemen, to see if any of them had a longer finger. I cannot say that I think Mr. Cooper performed the operation in a scientific manner. I do not think that it was performed in such a manner as the public have a right to expect from a surgeon of Guy's Hospital. The average time for performing operations of this description, is four or five minutes. The operation in question occupied, I think, nearly an hour. After the staff had been introduced, and the first incision made, Mr. Cooper used a straight staff with a knife. When he found he could not introduce the forceps on the first attempt, he withdrew them, and made another cut with the knife without the staff being introduced. This is not the customary mode. The scoop, as I have always understood, is introduced to extract those fragments of the stone that may have crumbled off. There were no fragments in this case that I saw. Twenty-five or thirty minutes is the longest time that I have known an operation of this kind to last. The average time is about five minutes. In the cases I have mentioned lasting 25 or 30 minutes, there were evident causes why the operation should last so long. Those were where the stone was large, and where it

would be dangerous to enlarge the wound, for fear of injuring the rectum, and there the time was lost in drawing at the stone gradually. In the operation in question, the stone was a small one, being not larger than a common Windsor bean, flat and round. It might have weighed about two drachms or less, but certainly not more. Stones weighing several ounces have been successfully removed. Unless the incision was large enough to admit the forceps, that instrument could not lay hold of the stone without also catching the integuments of the bladder. The stone lay above the pubes, for the sound always touched it on being withdrawn, and it was extracted by pressure above the pubes, and with a curved forceps. If the operator had been aware of the situation of the stone, he should have taken these measures at first. He should have ascertained this in the first instance.

Cross-examined by *Sir J. Scarlett*.—I never saw the defendant before this day, nor his attorney in the cause before last night. Mr. Callaway was the assistant-surgeon on the occasion, and I believe him to be a man of skill. I have had several cases where the stone lay above the pubes, and always extracted it in the manner which was at last successfully adopted by Mr. B. Cooper. The cut is made in the perineum, and the object is to get the knife into the groove of the staff, by which time it has penetrated a portion of the urethra. Then the staff is brought forward into a parallel position with the knife, and on a line with the bladder, in order to make a larger incision; the staff is then allowed to remain, and the finger is introduced in order to ascertain the wound you have made.

Sir J. Scarlett.—You then introduce the finger and feel for the stone, after finding which, you introduce the forceps along the finger, and lay hold of the stone?

Witness.—No; in order to do that, you must make too large an incision, or else have a most extraordinary small pair of forceps. At the time of the operation, I was sitting in a chair immediately behind Mr. Cooper. I never saw Mr. Cooper before that day. I have no doubt but that the first incision penetrated the bladder. I have read the report in *THE LANCET*, but I never corresponded with that publication. I take it in, and read it weekly.

Sir J. Scarlett here read from the libel the following sentence:—"The first incision, through the integuments, appeared to be freely and fairly made; and, after a little dissection, the point of the knife was fixed (apparently) in the groove of the staff, which was now taken hold of, and the knife carried onwards—*somewhere*." The learned counsel asked the witness whether the word "*somewhere*" did not mean to convey

an idea, that the knife did not go into the bladder?

Witness.—I think it means to convey an idea, that it might, or might not, have entered the bladder. I do not know whether the operator would be the best judge of whether the forceps entered the bladder or not; it would depend upon what sort of an operator he was. (A laugh.) I am not prepared to swear that the forceps were a second time used with considerable force. I will neither swear to, nor contradict it. I mentioned my opinion of this operation to several persons, but I cannot now say to whom.

Sir J. Scarlett then read the following sentence, and asked the witness whether the statement it contained was correct: "The forceps were again used, but as unsuccessfully as before; they were pushed onwards to a considerable distance, and with no small degree of force."

Witness.—I am not prepared to swear to the truth of this. I cannot comprehend it.

Re-examined by the Defendant.—The staff was introduced a second time. It would not have been necessary if the first incision had been large enough. I have never seen the defendant before this day, that I am aware of.

Mr. John Clapham examined.—I reside at Thorney, near Peterborough, and practise as a surgeon with my father. I am a licentiate of the Apothecaries' Company. I have studied surgery at St. George's Hospital. I witnessed the operation of lithotomy performed by Mr. Biansby Cooper of Guy's Hospital. The report in *THE LANCET* is correct, as far as I recollect. The patient appeared a healthy man, and a favourable subject for the operation. On the withdrawal of the knife, there was a small quantity of fluid, I can't say of what sort, but I suppose it was urine. I saw no gush of urine subsequently. Mr. Cooper used a knife to enlarge the openings before he introduced the forceps. The forceps were introduced more than once before the second cut. I had never seen that done before. The forceps were introduced with much force, and the operator did not appear in a state of self-possession. He said he could not reach the bladder with his finger. Great force was used with the hand. More than one gorget was used. He introduced sounds and staves at the wound in the perineum. I never before saw the gorget employed after the knife had been used to cut into the bladder. A scoop was employed. There were no fragments extracted in this case. The operator stated, in the presence of the patient, that he could not understand the case. I never before heard a surgeon speak of the difficulties of the case in the presence of his patient. He said he could

feel the stone with the sound, but that he could not feel it with the forceps. I heard the staff strike the stone. The reason why he could feel the stone with the sound, and not with the forceps, was, that the narrowness of the opening would not admit them. I did not hear Mr. Cooper ask Mr. Callaway if he had a long finger, but he measured fingers with Mr. Dodd. I never saw an operator act in a similar manner while his patient was bound on the table. He appeared confused; his movements were hurried, he used the various instruments out of their accustomed order. The operations of lithotomy which I had before witnessed, have occupied from two to six or eight minutes. I never saw any that lasted for a longer period than eight minutes. Mr. Cooper's operation occupied an hour. I never before witnessed an operation in which so much violence was used; and I do not believe it possible that the patient could recover after such an operation. I am aware of no circumstance in the anatomy of the parts which were calculated to render the operation so tedious. The stone was not so large as a walnut. The blood had ceased to flow from the external wound before the operation had terminated. The parts appeared bruised.

Cross-examined by *Sir James Scarlett*.—I was twenty years of age last January. I have not yet finished studying, and am still a pupil of St. George's Hospital. I have had no explanation of these matters since I came to London. I had no string of written questions put to me, and I have examined no models. I went from curiosity, to see the operation performed by Mr. Cooper. The surgeon, who performs the operation of lithotomy, has always a variety of instruments near him. I have witnessed about half a dozen operations of this kind. I was on the third or fourth row from Mr. Cooper, a little to his left hand. A great number of persons were present; there might be as many as 200. I should think Mr. Callaway was a competent judge of operations of this kind. When the first incision was made, it did not reach the bladder. There was a small quantity of fluid, which I supposed to be urine, before the forceps were introduced. I am of opinion that the knife did not reach the bladder. I am a licentiate of the Apothecaries' Company. I am not 21. My representation of my age was not correct to the Company.

Sir J. Scarlett.—You mean it was false?—*Witness*.—Yes.

Sir J. Scarlett.—Did you not swear it? *Witness*.—No, I gave my certificate.

Sir J. Scarlett.—Are clergymen in the habit of giving false certificates? *Witness*.—No.

Sir J. Scarlett.—Where, then, did you obtain it?

Lord Tenterden said he must stop the examination. When he found a person obtaining his licentiate by means of a false certificate, for which he was liable to be indicted and punished, it was his Lordship's duty not to allow him to proceed further in his evidence.

The witness then withdrew.

Mr. Joachim Gilbert examined.—I am a member of the College of Surgeons. I was at Guy's Hospital in March last, and witnessed part of the operation of lithotomy performed by Mr. Cooper. I was present about thirty-five minutes. I could not endure witnessing any longer, the manner in which the operation was performed. The operator used much violence—I should say, great and unnecessary violence. He used the instruments in the accustomed manner of other operators. I saw the staff introduced by Mr. Cooper. Mr. Callaway was desired to hold it on the left side of the patient, and then Mr. Cooper made what is called the external incision, the cut, which he did very properly; then, after making the second incision, he carried his knife forward, and, I should say, held his arm too high; and he then carried his knife forward, between the bladder and the fundament. A flow of blood followed. He then put his finger into the wound, and passed in a pair of straight forceps on his finger. He attempted to extract the stone, but failed. He then passed in the forceps four times following, but did not succeed in extracting the stone. He then passed his finger again into the wound, and, in so doing, used great violence. In withdrawing the forceps, a squashing noise was heard. He then called for a crooked pair of forceps, which he passed upon his finger into the wound, and poked them about in the wound. In so doing, he used great violence. He then withdrew them, and passed them in a second time. He again withdrew them, and passed them in a fourth time, and he then called for "Sir Astley's knife," (a laugh,) and made a cut with it, and passed his finger into the wound; and, in so doing, used violence, twisting the finger about in the wound. He did not succeed in extracting the stone, and he then appeared to be very much confused. His hand shook a great deal. He was very pale, and his lips were very white. At the expiration of thirty-five minutes I quitted the theatre. My impression was, that the operation was very badly and very improperly performed. I have witnessed, at least, twenty operations of this kind. I never saw any last longer than from seven to ten minutes; and I have seen the operation performed in less than a minute.

Cross-examined by Sir James Scarlett.—I carry on my business at Beaminster, in Dorsetshire. I am an assistant to Mr Phelps, who married the defendant's sister. I came to London, at the time in question, to pass the College. I am a pupil at Guy's, and I went there to be instructed. I did not see the report in *THE LANCET* before it was printed. The first incision did not, and ought not to reach the bladder. You are to avoid the urethra, on making the first incision. The second cut, which ought to have reached the bladder, did not reach it, but went between the rectum and the bladder. I think it did not reach the bladder, and my reason for saying so is, that there was no flow of fluid. The forceps were thrust in with great and unnecessary violence.

Sir J. Scarlett.—As if he meant to stab the man?—**Witness.** Yes, (a laugh;) I was on the first row of benches. I went away, not being able to witness the operation out. I never made any communication to *THE LANCET*, nor do I know the extent of its sale. I never performed the operation of lithotomy. I have witnessed at least 15 operations of that kind at Guy's Hospital, but not one of them were performed by Mr. Cooper.

In answer to some further questions by the defendant, the witness said, he had seen the plaintiff perform other operations, and he did not consider him a skilful operator.

By Sir J. Scarlett.—I should say that he is an unskilful operator, and that it would be a great benefit to the public to drive him away from his situation at Guy's Hospital.

Sir J. Scarlett.—Have you ever witnessed the operation of tying the subclavian artery?

Witness.—I have heard of the operation, and have seen it performed once, by Mr. Cline.

Sir J. Scarlett.—Which operation do you think requires the greatest skill upon the part of the surgeon, tying the subclavian artery, or lithotomy?

Witness.—I should think the operation of lithotomy requires the greatest skill.

Sir J. Scarlett.—Then you think it would require no skill to tie the subclavian artery?

Witness.—It would require skill to do so, but more skill to perform the operation of lithotomy.

Sir J. Scarlett.—Have you attended any lectures since you came to town?

Witness.—No.

Sir J. Scarlett.—I mean, none at Wakley's. (A laugh.)

Witness.—No, Mr. Wakley called at my lodgings yesterday morning, and stopped a few minutes; but he did not sit down; and that is the only conversation I have had with him since I came to town.

The Defendant.—Do you think that a very

ignorant surgeon might, by accident, tie the subclavian artery with success?

Witness.—I do. (A laugh.)

Mr. John Thomas examined.—I witnessed the operation of lithotomy performed by Mr. Bransby Cooper. I have not read the report in *THE LANCET*. I am demonstrator of anatomy at Mr. Sleigh's school. Speaking according to my impression, I think I never saw an operation performed so unscientifically, and in so bungling a manner, as that performed by Mr. Cooper. I have never spoken to the defendant before to-day, and I do not even now know his name.

Cross-examined by Sir J. Scarlett.—Mr. Sleigh's school is in Dean-street, in the Borough. Mr. Sleigh is surgeon to the Western Hospital, a newly erected institution, which Mr. Sleigh established himself.

Sir J. Scarlett.—Suppose the defendant to be the author of *THE LANCET*, I want to know how it is that he came to know your opinion on this operation?

Witness.—I confess I was rather surprised at it myself. I was not subpoenaed till a late hour last night.

Sir J. Scarlett.—Do you know now how it was?

Witness.—Yes. In conversation with a pupil named Bransford. I made the remark that I had seen the operation, and that I thought it was performed in a bungling and unscientific manner. He has told me to-day that he communicated this fact to Mr. Wakley. I have made communications to *THE LANCET*. I have made four; three of which were inserted. Those communications were at long intervals, and I did not put my name to them. I arrived at the theatre after the incision was made in the bladder, and I stayed about 35 minutes, during which time the operation was going forward. I have been demonstrator at this new school since last October. I was present at three operations in lithotomy at Guy's Hospital.

Mr. Jeffry Pearl examined.—I witnessed the operation performed by Mr. Bransby Cooper. I have read the report in *THE LANCET*, and I am not aware of its being incorrect, except that Mr. Cooper asked for "Sir Astley's knife," and not for "my uncle's knife," as stated in the report. There was no gush of urine, as usual, but merely a trickling. I sat about the middle row, on the operator's right hand. (The witness was examined to various minute facts, deposed to by some of the preceding witnesses, and, in part, corroborated their testimony. He also spoke to the violence used, as described by those witnesses, and stated, that three fingers at once were introduced.) I could, I think, sitting where I did, distinguish between a small portion of arterial blood, and

a mixture of venous blood and urine. Arterial blood comes in bursts. After the staff and knife were pushed forward, I believe that there issued a small portion of both venous blood and urine. There was not a gush of fluid at any subsequent period. I rather think that Mr. Cooper attempted to introduce the forceps after the first incision, and that, failing in being able to do so, he made a second incision. The same forceps was introduced repeatedly, and great force was used. The operator opened and shut the forceps with great violence. The forceps was a curved one, and it was pushed in to a considerable distance. The fingers of the operator were introduced, and turned, in the incision. I have witnessed, I believe, 20 operations in lithotomy, and none were performed in the same manner as this. The usual time for the performance of an operation, is from four to five minutes. I saw one by Mr. Green, which lasted nearly an hour; but that was a peculiar case: the patient had been operated on twice before, and the cicatrix was hard and uneven, and he had two large stones to extract, which crumbled into innumerable small pieces in the bladder. The time was there occupied in removing the fragments. There was no force used by Mr. Green, and his manner of using the scoop and forceps was decidedly contrary to that of Mr. Cooper. The stone, in the case of Mr. Cooper, was about the size of a Windsor bean. I heard Mr. Cooper say, in the hearing of the patient and the pupils, that he could not explain the cause of the difficulty. He turned round to the pupils, and said, "I can conceive no earthly difficulty against my extracting the stone." He said, "Hush, hush; I can hear the stone, but cannot extract it when I apply the forceps." I think, continued the witness, that he might have taken out the stone, had he introduced the forceps scientifically. The sound might have passed through a hole too small to admit the forceps. Mr. Cooper did not appear to me to be in a state of self-possession, and I think that he used his instrument without any rational object. The operation lasted about an hour. I saw the parts after the death of the patient, and I could not discover any cause in the formation, to account for the delay in the operation. When I saw the bladder, there appeared to me to be two incisions in it. A portion of the neck of the bladder was between the two incisions. The incisions were oblique, and not horizontal. I think it utterly impossible that the patient could have survived after such an operation as this one. The bladder appeared to be very thickened, from violent inflammation. Bruises in the bladder would be very likely to produce great disorganization and inflammation. I have seen Mr. Bransby Cooper ope-

rate frequently, and I do not conceive him to be a good operator by any means. I have been a pupil of Guy's Hospital more than a year, but am not a member of the College of Surgeons.

Cross-examined by *Sir J. Scarlett*.—I have been attending the hospital a year. I commenced in October, 1827. I was apprenticed at Woodbridge, to an army surgeon. I never performed lithotomy myself. I continue at the hospital now. I have seen most of the operations at the hospital. I never saw Mr. Bransby Cooper perform an operation skilfully except one, and that was tying the subclavian artery. I consider that to be a difficult operation; but it may, occasionally, be performed by an unskilful operator. Mr. Laundy handed the instruments to Mr. Cooper; Mr. Callaway stood next. I read the report in *THE LANCET* on the day it came out. Mr. Cooper did not use the phrase "My uncle's knife," but I have heard him repeatedly say, "Fetch my uncle's gargle, or my uncle's mixture." (A laugh, in which Sir Astley Cooper joined.) It was Dr. Hodgkin's duty to dissect the body, as he conducts the *post-mortem* examinations. A gentleman of the name of Lambert introduced me to the defendant. I saw him at Mr. Lambert's house; the conversation turned upon this subject, but I did not know from that, or any other conversation, that Mr. Lambert was the person who furnished the report. The tone of the conversation did not assume that Mr. Lambert was the reporter. I shall not say whether I suspected it or not. I certainly did not suspect it from that conversation. I suspected Mr. Lambert, because he was generally suspected. I have been at his house three or four times. I never met the defendant there above once. A pupil was present when I saw the defendant. The defendant asked me whether the report was correct. The defendant and Mr. Lambert endeavoured to show that the forceps had passed between the bladder and the rectum. They did not endeavour to persuade me to state that fact, but they gave very good reasons for their believing it. Mr. Whitaker was present, but no other person. I was there an hour. No model was produced to assist my reasoning. I called at the defendant's house last Monday, and stayed only ten minutes. There was a conversation as to the time of the trial coming on. I am not competent to say whether or not the forceps passed between the bladder and the rectum. I had not formed any opinion on the subject, but I can state that the operation was not scientifically performed. I believed that at one time the forceps were between the bladder and the rectum. On seeing the parts after death, I observed Mr. Lambert had his hand between the

bladder and rectum, and took the part up to Dr. Hodgkin, and said, "Doctor, here's an opening." I did not hear Dr. Hodgkin say, "Thou hast done it thyself." I do not believe Mr. Lambert did it.

Re-examined.—The defendant did not persuade me to give any evidence in this cause. He asked me to read the report again, that I might be satisfied of its correctness.

Mr. James Lambert stated, that he was present at the operation, and furnished a report to the defendant, from which the printed statement was made; the latter was substantially true. He informed the defendant, on his word of honour, that the report was true, and rather an under than an over statement of the facts. The witness then described the circumstances attending the operation in nearly the same words as the alleged libel. After which he proceeded as follows:—"I examined the parts after they were removed from the body, in the demonstrating-room. Several of the pupils were present. My attention was principally directed to ascertain the cause of the difficulties which attended the operation. I found the prostate gland slightly enlarged, and on the left side a smallish oblique cut. The parts around the gland appeared to have been bruised, and were dark-coloured. On the under part of the neck of the bladder there was a little projection, about the size of the tip of my little finger. This I took to be an enlargement of what is called the third lobe of the prostate gland. I found, on passing my finger on the under part of the bladder, that it passed up between the bladder and the rectum with the greatest facility. I did not make use of the slightest force in doing this, nor did I break down any structure. I was going on with my examination, when Dr. Hodgkin came to me very angrily, and said, "I wish people would not come here who have no business, and pull things about." He also said, that somebody had broken down the fungous growth, which I have described. I was conscious that I had not touched it, and I assured him that I had used no violence whatever in examining the preparation. I do not remember the name of any other pupil who was present but that of Mr. Pearl. There were six pupils present. Dr. Hodgkin said it was not a deep perineum. I think his expression was,— "There is nothing remarkable about it." Mr. Key said it was not a deep peritoneum. I said to Mr. Key, "It seems to me the staff which you invented will never do for a deep perineum." Mr. Key replied, that this "was not a deep perineum, and that if I thought so, I knew nothing about it." I saw nothing in any part of the preparation to account for the delay in the extraction

of the stone. I never saw a perineum in which I was unable to reach the bladder with the finger. My impression was, that in the case in question the bladder could have been reached with the finger. I did not see in the neck of the bladder, or the prostate gland, an incision like the form of the gorget which was used in the operation. If the gorget did not pass into the bladder, it was likely to pass between it and the rectum. I have never seen the gorget passed between the bladder and the rectum by a skilful operator, or by a person having any pretensions to skill. The gorget was used subsequently to both the knives. The knives were not used more than once each. I cannot speak to the cutting gorget being introduced more than once. I never saw an operation performed in a similar manner. The operator did not appear to be in a state of self-possession. I do not believe the patient could recover under such an operation. I do not think Mr. Cooper a good operator; but I once saw him tie the subclavian artery in a very skilful manner. That is not a difficult operation to a man who has any nerve. I do not think Mr. Cooper's abilities are adequate to the office of surgeon to Guy's Hospital.

Cross-examined.—I am a surgeon, and have been in the profession thirteen years. I consider myself more competent than Mr. Cooper. I am twenty-eight years old. About six years ago, I began to attend the hospital, and was admitted a surgeon three years ago. I am now practising. I have contributed largely to THE LANCET, and derived a considerable emolument from it. (After some hesitation.) I did not derive more profit from this source than from my profession. I received eight guineas per month for a certain quantity, and extra payment for all beyond that quantity. The payment of the extra quantity was in proportion to its length. The work is said to be clever, but does not indulge in personal attack, except in the cases of public functionaries. I cannot say that the circulation of the work is increased by these attacks. The publication produces the defendant a handsome income. I do not remember that Mr. Cooper ever threatened to turn me out of the room. (Question repeated, and after considerable hesitation)—I do not remember that Mr. Cooper threatened to turn me out of the room; but some angry altercation took place between us, and I left the room. I do not believe that I was turned out. This was at a public dinner. I never remember on any other occasion Mr. Cooper saying, "Either you or I must leave the room, unless you make an apology." The surgeons of the hospital are nicknamed *buts*. Some altercation took place between us respecting my use of that word. I told Mr. Cooper that I

did not mean to apply it personally to him. I do not remember ever to have said, "I will watch my opportunity and make him repent it." I will not swear that I did not do so, as I am a man of warm feeling, and say many things which I do not mean; but I do not think it possible that I could have said so. The report of the operation was part of my weekly contribution to *THE LANCET*. There were one or two expressions in the manuscript more severe than what appeared in print. I had stated, that the operation lasted more than an hour, and the defendant said he would rather be under than over the mark. I have not seen the manuscript since the publication. I saw no gush of urine during the operation, and that I think a reason for supposing that the knife never entered the bladder. I have some doubt whether Mr. Cooper said, "Bring me my uncle's knife," or "bring me Sir Astley's knife." I have taken the examination of the defendant's witnesses, and from that arose my doubt. I put the report in the dramatic form, and furnished the quotation from Bell. I intended to convey the impression that the patient had lost his life from want of skill. I did not think it a subject for joking on. I appended a note, in which it is represented, that the man came to town to be "operated on by the *very* of the great Sir Astley." The overseers of the parish sent the man to the hospital. I know Mr. Clapham, a licentiate to the Apothecaries' Company. He is my cousin. I did not assist in procuring his license. I was surprised at his getting it. I have not made any bets on the issue of this cause. I have said that the odds were so and so. I do not recollect what I said the odds were. I have taken pains to collect evidence. I do not know that the witnesses have been shown a model, and heard a lecture to prove to them that the forceps passed between the bladder and the rectum. A lecture was given by Mr. Grainger. I do not know whether the lecture was given with a view to this trial; but I myself have demonstrated the parts to persons who were to be witnesses in the cause. I examined the parts with a view of refreshing my own memory. The defendant was there whilst I was explaining the parts to persons who were to be witnesses. The defendant also explained them to the same persons. I will swear that I did not hear the defendant say, Mr. Cooper "murdered the man as much as if he cut his throat with a knife." I will not swear that I did not make use of the expression myself. I have heard explanations given to persons who were to be witnesses in this cause four or five times within the last six weeks. I stood very close to Mr. Cooper during the operation, on the left hand side. I do not recollect that Mr. Key said he had

used the straight staff, in cases of perineum, twice as deep as the one in question. I remember he told me that I knew nothing about it. I have been refused admission to Guy's Hospital since the publication of the report. I was turned out of Middlesex Hospital four years ago, and I have also been refused admission to St. Thomas's on account of the report.

Re-examined.—I was expelled from Middlesex Hospital, because I was connected with *THE LANCET*. I never sent a single report from that hospital, before I was expelled. When I spoke of the odds respecting the cause, I meant, that as we had a deal of good evidence, I thought the chances were much in our favour. I have not offered any bet. Mr. Grainger's School of Anatomy is of high repute. The lectures were open to any person. Several of Mr. Grainger's pupils were subpoenaed on each side.

Alexander Lee was the next witness, and deposed as follows:—I am not acquainted with Mr. Cooper. I never spoke to him. I have been five years in practice as a surgeon. I saw Mr. Cooper perform the operation at Guy's Hospital. It was performed in the usual manner, but was tedious. It was the first time I ever saw Mr. Cooper perform the operation of lithotomy. I have seen the operation performed from 50 to 100 times. It is usually performed in ten minutes. I only know one instance of its lasting a quarter of an hour. I do not know any circumstances which occasioned the delay in Mr. Cooper's operation. Three instruments were introduced. I did not observe whether the operator was collected. I am not sure whether the forceps was introduced into the bladder on the first attempt. Mr. Cooper re-introduced the knife to make a second incision. The operation lasted for more than half an hour. I think it did not last an hour. I have no hesitation in saying, that it lasted from half an hour to 40 minutes. I am not prepared to give an opinion as to whether the operation was skilfully performed. I consider Mr. Callaway a better surgeon than Mr. Cooper. Generally speaking, the report in *THE LANCET* is correct. I consider the form of the report objectionable. Some expressions in *THE LANCET*, I did not hear the operator use. The stone extracted was small.

Cross-examined.—I have been a merchant's clerk, but was bred a surgeon. I dealt in potatoes about ten or twelve years ago. I have operated in lithotomy for dead subjects. When an operation is in hand, no person can so well explain the difficulties as the operator. It often happens that what appears ambiguous to a by-stander, the operator, if asked, would be able to explain,

This is more particularly true where the operation is performed by feeling only, and not by the eye. It is rash to give an opinion of an operation of this nature, without asking the operator to explain what appears doubtful. No surgeon of experience would venture to give an opinion, without speaking to the operator. I think it most presumptuous and rash in a young man, and a pupil, to give an opinion, without speaking to the operator. Next to the operator, the person most competent to give an opinion, is the assistant-surgeon. The report in *THE LANCET*, is a very unprofessional report. The mode of operating for the stone is not settled in any country, and any surgeon uses what instruments he pleases. I saw a small discharge from the first incision. It was impossible to say whether it was blood, or blood and urine mixed. Sometimes the stone is bedded in the folds of the bladder, which contracts on the approach of an instrument. On these occasions, it is better to allow the instrument to remain in some time.

Re-examined.—I think Mr. Cooper owed it to the class, to give some explanation of the cause of the unusual difficulty. It is possible, that a skilful operator would have discovered the cause of the difficulty.

Thomas Bolton.—I am a surgeon. I read the report in *THE LANCET*. It is, generally, correct. The operation lasted an hour. I never saw so many instruments employed before. The operator was not in a state of self-possession at first, but he recovered. I never saw the cutting gorget used at the same time with knives, on any other occasion of a similar nature. Before Mr. Cooper extracted the stone, he said he could not explain the cause of the difficulty. I do not consider that the operation was scientifically performed.

Cross-examined.—The operation, in question, was the sixth I have seen performed. I have seen none since.

Benjamin Harrison.—I am treasurer to Guy's Hospital. I have held the office thirty-one years. Mr. Cooper was elected assistant-surgeon on the 14th of May, 1825, and Sir A. Cooper was elected to the office of consulting-surgeon on the same day. When Mr. Cooper was elected, he was considered perfectly competent to the office. None of the governors of the hospital are surgeons; but they have daily opportunities of ascertaining the qualifications of the apprentices. Mr. Cooper was elected to his office, because he was best fitted to fill it. He would have been elected, if he had not been Sir Astley Cooper's nephew.

The defendant pressed the witness to state, whether he did not consider Mr. Cailaway a better surgeon than Mr. Cooper.

The witness said he did not like to give an opinion upon so delicate a point.

The *Lord Chief Justice* said, that the question was a very invidious one. Supposing the merits of the two gentlemen to be equal, the governors had a right to elect Mr. Cooper, if they thought proper.

Cross-examined.—Mr. Cooper was demonstrator under his uncle, and gave great satisfaction. He was recommended by all the surgeons in the hospital. Sir A. Cooper did not know that the hospital intended to elect his nephew, till I informed him of it. I knew that Mr. Cooper had served in the Norwich Hospital, and also as army-surgeon in Spain, under the Duke of Wellington. He likewise served in the same capacity in Canada, at the close of the last American war. He afterwards studied at Edinburgh for two years. He then came to Guy's Hospital. Mr. Cooper has always maintained the reputation which induced the hospital to elect him.

Mr. Wakley then proposed to put in the preparations taken at the hospital, as part of his case, stating, at the same time, that an adequate examination of them could not take place in the glass.

Sir J. Scarlett said, that if the defendant could not make out a case without these preparations, he could not make it out with them.

The preparations were then brought into Court, and were examined by several medical gentlemen.

Lord Tenterden, (addressing the defendant).—Whom do you call to speak to these preparations?

Mr. Wakley.—I call Mr. Alderman Partridge.

Mr. Alderman Partridge examined.—I have examined these preparations. Whilst they are in the glass I cannot see the incisions; I see the opening in the bladder. I cannot give any reason why the operation should have lasted an hour, without having the preparations in my hand; and I would not like to give a decisive opinion on the subject, without having examined them by myself. I cannot, as the preparations are now before me, say whether the incisions are oblique or horizontal.

Mr. Wakley.—My Lord, I have not had an opportunity of examining the preparations, nor have any of the witnesses.

Lord Tenterden.—I cannot help that, Sir.

Mr. Wakley said that his case was now closed.

A short conversation took place between Sir J. Scarlett and the Lord Chief Justice, as to the propriety of proceeding with the plaintiff's case that evening.

His Lordship seemed desirous that Sir J. Scarlett should open his case that night, and

proceed with the examination of his witnesses to-morrow; but

Sir J. Scarlett submitted that it would be more convenient to the interests of justice, that he should address his remarks to the jury when they were fresh, and not in such a state of exhaustion as they must be in at present, after the fatigue of the day. As far as his own personal convenience was concerned, he would rather proceed that evening, whilst the facts were fresh in his memory; but as it was impossible to close the plaintiff's case that night, it would be more conducive to the interests of justice, that it should be placed at once before the view of the jury.

Lord Tenterden reminded *Sir J. Scarlett* that to-morrow was Saturday.

Sir J. Scarlett was aware of it. It would not, however, make any difference, as he should not take up anything like the time that had been consumed by the defendant. He should certainly have to call witnesses to support his statement. He should call some of the most eminent surgeons in London. He should not call many of them, but some of them he must call.

Lord Tenterden then adjourned the Court till half past nine o'clock to-morrow morning.

A Jurymen complained of the difficulty which he had suffered, in common with his brother jurymen, from the pressure of the crowd that morning. They had found it almost impossible to get into Court, and when they complained to the officers of the Court, they got from them neither assistance nor relief. He conceived that this was a little too bad, as the jurymen were liable to be fined, if they were not in Court by a given hour.

Lord Tenterden was sorry for the inconvenience which the gentlemen had suffered. But the fact was, that the officers had that morning been overpowered by the crowd. He had only a certain number of officers in the Court, and, in ordinary cases, they were quite sufficient to provide for the good order of the Court.

The conversation then dropped.

We copy the following paragraph from *The Sun* :—

"Such was the anxiety to obtain admission, at the opening of the Court, that one gentleman who incautiously carried a sword-stick, had the case of it actually crushed by the excessive pressure. The point of the sword was forced into a gentleman's thigh, and the greatest confusion prevailed in consequence."

SATURDAY.

Sir J. Scarlett rose and addressed the Jury as follows :—May it please your Lordship, and Gentlemen of the Jury, the time has at length arrived when the plaintiff is entitled, according to the form of proceedings in this place, to lay before you the grounds on which he seeks redress for one of the most injurious attacks upon his fame and fortune that ever appeared in a Court of Justice, invented by falsehood and malice. Hitherto he has been put on his defence, though he is the party who complains, and though he seeks redress at your hands. Such is the fate of human affairs, that during an entire day he has been placed upon his defence, as if he had been indicted for a criminal charge, and up to this hour you have no reason, that I am aware, to know of what it is he complains. I have no doubt you all feel that you are now sitting in judgment, not upon what reparations shall be made to an injured man for one of the basest calumnies any man can complain of, but whether Mr. Cooper is not a party unworthy of his situation, who has contributed to shorten a man's life, and who wants that skill and knowledge of his profession which no man has ever dared to doubt, who had any skill or knowledge himself. In early life, as soon as his profession was finally chosen, Mr. B. Cooper became a pupil at the Norwich Hospital, the most distinguished, with the exception of those in London, for this operation of lithotomy. He served with diligence in that hospital for nearly two years. He then came to London; he was admitted a pupil of Guy's Hospital, where he continued for a year and a half—nearly two years—when, as I hope I may be allowed to say, and I hope I shall offend nobody by saying it, his merits, as well as his manners, recommended him to that notice by which he was appointed Assistant-Surgeon to a Regiment of Artillery, and went abroad in 1813, and was present in every battle till that of Toulouse—that grand effort which was the basis of the peace in 1814. His first exhibition of coolness was in operating on the field of battle, under the roar of cannon, and exposed to danger. His experience as a surgeon was known in that field where a man requires both confidence and talent, and he had the opportunity of showing that talent which was the ground of his honourable relation wishing him to pursue that line for which his abilities rendered him so peculiarly eligible, and in which, if he pursued it with the interest and talent he had exhibited, he had a prospect of attaining great eminence. He went to Canada, and served nearly a year in the last unhappy war in which we had the misfortune to engage with our friends in Ame-

rica. When that terminated, he was sent to Edinburgh, and was admitted there as a student; and there he received all the education a man could receive as a pupil. He was placed in the high situation of President of a Society until he quitted it. He had it open to him to choose what line he thought fit. He might have taken his degree, and established himself as a physician—he had the example of his illustrious uncle in his view, one of the most distinguished as well as the most prosperous, and which he thought proper to pursue. Sir A. Cooper was the Surgeon of Guy's Hospital; and he had been the pupil of Mr. Cline, a man educated in the same school; he became bound an apprentice to his uncle in 1817. During that period his assiduity was unremitting. I have a right to say so, from the evidence of that excellent and honourable man, who gave his testimony yesterday, and who was intended to be insulted, who stated that his conduct was honourable to himself, and satisfactory to all around him. Sir A. Cooper made him his demonstrator of anatomy. Sir A. Cooper, who gave distinguished lectures there, found him a valuable assistant, which led him to obtain acquaintance with all the most abstruse parts of the profession, and he had an opportunity, which every man does not possess, to become, by-and-by, of the same fame and the same success as his honourable relative. He did more than that. Sir A. Cooper, whose practice has been probably more extensive for a number of years than any other surgeon in the world, called by all sorts of persons to perform the most difficult operations, and who never, as those who know him can say, allowed the call of the poor to be disregarded—who bestowed as much in humanity as for gain—Sir A. Cooper, having daily and nightly requisitions, was obliged to do that which every person in his extensive practice must do—namely, have a person to assist him when he was called upon to one place of emergency, that his patients might not want him in another. Sir A. Cooper found in that nephew one of the fittest persons to assist him, and was able, according to the statement of that most eminent man, to discharge the most important duties, when he himself, from the impossibility of being in two or three places at the same time, was forced to employ an assistant. Gentlemen, do not suppose such an employment can be the result of favour; the surgeon who employs an assistant for that purpose, for his own honour and interest, is obliged to employ a competent man. He cannot do otherwise. Consider, for a moment, what situation Sir A. Cooper would be placed in, if, on your sending for him to perform a difficult operation, and, finding him otherwise

engaged at the time, consider the situation in which he would have been placed, had he sent for his substitute, a person whom you found incompetent, or thought so. Sir A. Cooper would have been ruined in practice as well as in reputation. Therefore he had a right to say, not by his education only, but by that best testimony which Sir Astley bore to his nephew's fitness and capacity, that that fitness and capacity are established beyond all doubt on the most substantial proof. Gentlemen, his apprenticeship expired in 1823. He had at that time considerable experience and great practice. He became a surgeon upon his own account, still continuing, however, to render assistance when his uncle required it. What happened at Guy's Hospital? That establishment,—about which, for the present, I say nothing,—highly useful, and of the greatest advantage to the poor; the individuals connected with which, the governors, upon whose character no impeachment was ever made, (until this scandalous and infamous publication,) thought it expedient, for the advantage of their charity, to establish a School of Anatomy, as well as that which existed at St. Thomas's. They had a right to do so; having done so, who is it that dares, unless he defies all decency and common sense, to complain? Unless because they thought in their own hospital, with the consideration of illustrious surgeons, it would be well to found this school, who is it that dares to complain that they did not advertise in the newspapers, and ask some information from *THE LANCET* where they were to get assistance? The Lamberts and the Wakleys might then have been called forth from their dark places, to have been made surgeons to this hospital. It is not from the school of Cline, of Cooper, of Green—no, nor even Mr. Callaway himself—that we ought to elect surgeons; no, it is from the newspapers, in the shape of *THE LANCET*, that you ought to obtain information on such a point. This is the wound that has sunk deep into his breast; his dignity has been disregarded; the immense circulation of his work has been disregarded,—it has been passed unnoticed by Guy's Hospital. He has attempted to prove that which he had the audacity to allege, that it was merely through the instrumentality of Sir A. Cooper, that Mr. Bransby Cooper was put into that situation, without regard to his merits. Has he proved that? He has proved the very reverse. I return now to the immediate subject of the operation which Mr. Cooper has performed. He is now, I believe, at the age of 34 or 35. He has performed many operations for the stone—many at Guy's Hospital. His successful operations have not been reported. I do not mean to say that

with respect to others of greater experience, or who have performed greater numbers of such an operation—I do not mean to contend for an instant that he is greater than them; but I speak of Mr. B. Cooper, who, from his experience, has performed many of the operations most difficult and complicated—this operation of the stone especially. Now I shall endeavour to state to you this case particularly; but you are not to understand that I am giving you a lecture, or stating more of the anatomy of the case, than the course of this proceeding makes it necessary I should be aware of. Gentlemen, there was a time when this unhappy operation was attended with almost certain loss of life. The improved surgery of modern times has much improved the consequences of this disaster, so that the number of those who die, in comparison with those who are saved, is very few to what it formerly was. I believe it is generally considered now, that the number dying is about two in 15; that is, one to seven and a half. Formerly, they very rarely escaped. At one time, the numbers were as one to four or five; now it is one to seven and a half. This disorder sometimes attacks infants, and in that form it is most easily dealt with. Many persons are of that tender age, that the stone may be extracted almost to a certainty without hazard. With others the danger increases; but I believe that Mr. Bransby Cooper has performed the operation on perhaps one of the oldest men that ever suffered it—a person whose age was 87. The operation is never performed on an adult, till he himself feels that the pain he suffers, or the apprehension of the loss of life, is greater than the risk of the operation. Every man must judge of that by his own feelings. There is something in the apparatus more terrible than in the operation itself, something that operates on the mind against being the subject of it; and it is nothing but the extreme pain, or the apprehension of the loss of life, or under the hopes of being relieved from it, that gives a party courage to submit to it. You may suppose, therefore, that no surgeon was ever called upon to operate, unless under extremity. Where the patient says, “I cannot live, I must die under it, the urgency is so great, that I call upon you for instant relief; all judgment is at an end; you must perform the operation, or I must die.” What course is left, but to perform the operation? Now, be it understood, that the particular practice of different surgeons, in some slight degree, varies; but they are all employed for the same end. It is not my province, here, to describe and remark upon the merits of the different schools. You have heard that the French hardly use any of the instruments that we do. We use the instruments that we think best, and those

which are calculated to give the least pain and uneasiness to the patient. The first operation, however, is to ascertain the existence of the stone. This is done, by introducing through the urethra a sound—a small rod of steel—this, introduced through the tender passage, finds its way into the bladder. Then, by turning it about a little, if it encounters a hard substance, striking it with the instrument, the operator hears the sound of it, and ascertains the existence of stone. That being done, then comes the operation. For the purpose of the operation, (when I state to you the practice, you will understand me as stating it subject to any errors that may be corrected by-and-by,) the patient is tied down in the simplest manner. An incision is then made in the perineum, between the scrotum and anus. The finger is introduced into the bladder, and it very often happens that when it is, the stone is thrown out in a moment without any other instrument. In children, the parts you are to operate upon do not lie far from the surface, and are easily reached by the finger. In proportion as the person becomes adult, the parts swell, and therefore it is necessary, particularly in adults, that instruments should be had recourse to. No man should ever attempt an operation of this kind, without having a number of instruments with him. He would be most presumptuous if he did. The eye of the operator does not enable him to see in what situation the stone is placed—it is all touch and feel—consequently, a variety of instruments must be necessary; and every man, who attends as a surgeon, knows that he is bound to have all the instruments that are used in the school of surgery in which he has been taught. The first operation is, then, to introduce again into the urethra this sound or staff. Mr. Key, a most eminent surgeon of the hospital, has been himself the inventor of the straight staff. He considers it highly useful. Some use it, some do not. This is mere matter of opinion. What he calls his staff is a straight stick, not curved, with a point. The urethra is a long canal, which passes through what is called the prostate gland, before it enters the bladder. In the prostate gland, it has a communication with other parts of animal life, which I need not allude to. But it is opened into the bladder. On passing the staff, you penetrate into the opening into the prostate gland, and it is inserted into the bladder. The staff has a curve in it, which is passed in front, and between the legs of the patient; and the use of the curve is, that when the operator introduces his knife, it touches the point of the curve. When the point of the knife is in the staff, he then knows he is in the true direction of the urethra—that he there can get the prostate gland, and by

bringing the staff forward, and altering its position a little, he gets into the bladder. Sir James Scarlett then went on to explain the mode of operating, at some length. If the forceps cannot find the stone, then the sound is introduced through the opening, and it is a common practice, if the stone cannot be felt, to try sounds of different forms. The stone may be enfolded in the bladder, or so suspended, that it might be extremely difficult to get at it. Then the operator has recourse to his scoop, which is an instrument like a tea-spoon in its shape. With this an exertion is made to touch the stone, and thereby cause it to fall, so that it may be got at by the forceps. Now, it sometimes happens, that there are cases in which the most skilful operator is baffled in his exertions to reach the stone, or to find out the position of it, and where the cause why its situation could not be ascertained, has been only discovered upon a *post-mortem* examination. A surgeon may be convinced that the stone may be lodged somewhere, but still in a position where he cannot reach it by ordinary means. In that case other means must be resorted to, and a second incision may become necessary. This is the usual course of the operation; but I will come now to the operation in question, which was performed by Mr. Bransby Cooper. The man had been sent up from a parish in Sussex. Now there were eminent surgeons at Brighton, and it was, therefore, only fair to assume that the case was one of great difficulty, or the parish would not have gone to the expense of sending him to London to be operated upon. However, he was sent to the hospital, and Mr. Bransby Cooper saw him. Although he was a stout man, with a hectic complexion, Mr. Bransby Cooper ascertained that his kidneys were in a disordered state, and that it was necessary to postpone the operation until this disorder was abated. It was accordingly postponed until the agony he suffered rendered the operation no longer proper to be delayed—until, in short, it must be performed, or the patient must die. Mr. Cooper made an incision, and there was an immediate flow of urine—not a gush—for, under such circumstances, no gush could ever take place, owing to the collapsing of the parts. He then inserted his finger, but could only reach the prostate gland; and the wound was in the right direction; he put the forceps in to see if he had reached the bladder. This was most easily to be ascertained by the forceps, for the forceps, being shaped like a pair of scissors, could be easily expanded within the bladder; and, if the stone was in the ordinary situation, would easily lay hold of it; but the forceps could not be expanded in a solid substance, like the prostate gland.

Mr. Cooper, however, could not find the stone; he had no idea, even, where it was. The first idea was, that the previous indications were fallacious, and that there was no stone at all; and Mr. Cooper felt very anxious, as any person might naturally be, under such circumstances. He then had the option to carry his instruments all round the bladder, to feel for the stone, which would have required force, or to make a second incision; he chose the latter, and, calling for Sir Astley Cooper's knife, he enlarged the wound, and then again tried the forceps, but without success. He then thought he would ascertain, with the sound, if, indeed, there was a stone; and then, upon withdrawing the sound, the curved point of that instrument struck the stone. This proved that the stone lay, as it were, upon the upper part of the pubes, and accordingly it became necessary to resort to the bent forceps, which, by means of its curvature, might touch the stone, and bring it down. The bent forceps, however, could not touch the stone, and what then was to be done? The only mode was to make a wound in the prostate gland, large enough for the forceps to be introduced through it. Mr. Cooper then used the gorget, but not the blunt gorget. It was false to say that he had used the blunt gorget. He used the cutting gorget, which is like a prolonged scoop, and which has two advantages; first, that of making the wound sufficiently large; and, secondly, the advantage of not being able to make it too large; for it cannot make a wound beyond a specific size. According to all the rules of science, the cutting gorget will make a wound large enough to admit the straight forceps, which, while the abdomen is pressed down, will catch the stone. This was the course adopted, and it succeeded. It is perfectly true that Mr. Cooper did say that he could not imagine what was the difficulty of the case; but, when he had discovered the difficulty, he had used the most skilful and the most prompt means of overcoming it. The stone was flat, and lay, as it were, upon the shelf of the pubes. There was no protruding end for the forceps to lay hold of; therefore, the form of the stone, and its position, fully accounted for its not being caught by the forceps. What passed subsequently? That which always takes place after such an operation, and which is due to science to be carried into effect—a *post-mortem* examination, and preservation of the parts. In the course of the operation Mr. Callaway had himself (and Mr. Callaway was admitted to be a man of skill) thrust his finger into the wound, to see if he could reach the bladder, but he could not do so. It was an utter falsehood to say that any force was used. He would call Mr. Call-

way, who would tell them that it was a most gross and calumnious exaggeration to say that any force was used. On opening the body, a gentleman, who went to witness it for curiosity, put his finger into the wound, and could not reach the bladder, owing to the depth of the perineum. Dr. Hodgkin had not said that the perineum was not deep, but he had said that it was not deep in proportion to the size of the man. The wound in the bladder precisely corresponded with the external wound, except so far as a small slip, of no importance, in the prostate gland, had not hit the very spot of the original wound. There was a cellular membrane between the bladder and the rectum, which was very easily broken; but no breach had taken place, and it was perfectly sound. The kidneys were diseased, and that alone might have contributed to the man's death, without the operation having been performed at all. Dr. Hodgkin made an observation, that this membrane was easily lacerable, and yet it was perfectly sound. As soon as Dr. Hodgkin turned his back, Lambert took up the part, and exclaimed, "there is an opening between the bladder and the rectum;" upon which Dr. Hodgkin, who is a Quaker, immediately replied, "if there be an opening, friend, it is thyself has made it;" and he had made it. Mr. Key would prove, and so would Dr. Hodgkin, that there was no opening when they had examined the parts immediately before. He should prove to them the ignorance of Lambert; for, if he had sense, he would know that, if the opening was made by the forceps, it would have been traceable by the extravasated blood; but this was not the case, there was no extravasated blood. I now come to Mr. Lambert, the contributor to *THE LANCET*, at eight guineas per month. Mr. Lambert swears that he knows more of his profession than Mr. Bransby Cooper. He makes a communication to *THE LANCET*; Mr. Wakley is a wit, and Mr. Lambert partakes a little of that entertaining accomplishment. "My uncle's knife" was a portion of Mr. Lambert's, and he had thrown the whole occurrence into a dramatic shape. This it was: "My uncle's knife, and a half dozen other instruments.—*Post-mortem* examination.—On Tuesday last an operation took place by Mr. B. Cooper, and there were used Mr. Key's knife, the cutting gorget, my uncle's knife, the blunt gorget, &c.; and on Wednesday evening, as might be expected, the man died." Now, Gentlemen, what think you of the taste of a man who had witnessed such an operation, and who had thus described it, and then thrown a description of it into a dramatic form? I know not, if the choice were given to me, whether I should choose to be the inventor

of such a calumny, gross and false as it is, or the reporter of it, if true, and yet capable of throwing it into such a shape as this. After reading the libel, and commenting on several passages, the Learned Gentleman said that he would not allow this case to go abroad, even with the verdict for the plaintiff, if it could at the same time be said that that verdict was obtained merely by some defect in the defendant's evidence. He would not consent to take a verdict on such terms. For the sake of the character of his client, he felt himself bound to produce as witnesses, in support of that character, some of the highest and most eminent men in the profession, and among others Dr. Roget, the relative of his ever-to-be lamented friend, Sir Samuel Romilly. After citing several cases, in which, for a less aggravated libel, the most exemplary damages had been given, Sir James Scarlett called upon the Jury to mark their sense of the serious injury aimed at his client by the libel which the defendant had thus published. He conjured them not to give an opportunity of triumph to the defendant, or to hold the plaintiff up to the scorn and contempt of the public, by giving what they might conceive to be a temperate verdict, but which malevolence and baseness would convert into a source of triumph.

The following witnesses were then called:—

Thomas Callaway examined by Mr. Pollock—I am a surgeon at Guy's Hospital. I was one of the pupils there, and saw nearly all the operations which took place there. I have seen Sir Astley and Mr. Cooper operate for the stone, and have operated myself six times. Mr. B. Cooper operated several times in my presence. I saw the operation in question in my character of assistant-surgeon. The operation lasted for about fifty minutes. I held the staff. I could not see the first incision, from the position in which I was. I distinctly felt Mr. Cooper cut into the groove of the staff which I had in my hand; I, therefore, entertain no doubt that the knife cut into the bladder. When the assistant feels the knife in the groove, he delivers the staff to the operator. I was present at the *post-mortem* examination, and could find no reason for thinking that the first incision did not go into the bladder. No one can form an adequate opinion of the difficulty of an operation but the operator himself. I think that I had the best means of ascertaining the difficulties, next to the operator. There was in this case great difficulty in feeling the situation of the stone. I cannot form an opinion as to whether the forceps reached the bladder the first time, but I think that no man would have introduced the forceps unless his finger convinced him the bladder was penetrated.

In this case the stone was in the anterior of the bladder, behind the pubes, and high up. That situation satisfactorily accounts for the forceps, whether straight or crooked, not finding it. We generally expect the stone to be in the anterior part of the bladder, in the hollow of the pubes; in the majority of cases it is found there. The shape of this stone was oval and flat. That shape accounts to me why it eluded the forceps. Finding that the forceps did not reach the stone, Mr. Cooper tried different forceps, and other instruments. I sounded the patient on the table before he was cut. I did not feel the stone until I was withdrawing by the sound. Although thus perceptible by the sound, it might still elude the forceps. The patient was a stout man. During the operation I tried, but could not reach the bladder with my finger. I might have reached the prostate gland. I think that in this state of things it was necessary to enlarge the wound, and to do this, Sir Astley's knife was used. It required time to make this second incision with caution and care. A cutting gorget was afterwards used for the same purpose. I do not recollect whether a blunt gorget was introduced, but I do not think that it was. The cutting gorget acts as a guide for the forceps, and makes the hole large enough. If the wound were sufficiently large before, it would not do any harm, because it is introduced on the finger like the knife; the stone was ultimately extracted.

Now, did Mr. Cooper use the proper means to extract the stone, being in the place it was?—Certainly he did.

Was any great and unnecessary violence used by him?—I think none; nor were there more instruments used than were required. I think that the operation, under the circumstances of peculiar difficulty, was performed with as much care as the case could have required. The delay which occurred in the operation was owing entirely to the situation of the stone, and the difficulty of detecting it, and not to the want of skill or care in Mr. B. Cooper.

Is Mr. B. Cooper a skilful surgeon generally?—Certainly. I know that he was with the army in the Peninsula, and also in America, as an army surgeon. I know he was at Norwich Hospital, which is celebrated more than any other county for lithotomy. He was also at Edinburgh studying medicine. I think he is skilful in his profession, and fit to be a surgeon in Guy's Hospital; I have known him for about 20 years. I was at the *post-mortem* examination, and saw the bladder and the rectum. From my examination of them, there was nothing to induce me to believe that the forceps had passed between the bladder and rectum with violence. If it had, I must have per-

ceived it. There would have been an extravasation of blood. The deceased was an unhealthy man. I have seen other operations for lithotomy. The length of time is no criterion of the skill of the operator. I have seen Mr. B. Cooper perform the operation since, successfully, in about a minute. I read the *Lancet*, but I have not seen the successful operation reported. I have seen Mr. Cooper tie the subclavian artery, which is an operation requiring the most perfect anatomical knowledge, and could scarcely be done by accident. Tying the subclavian artery, in my opinion, requires greater skill than lithotomy. A by-stander cannot so well appreciate the difficulties of an operation as the operator himself. I should not venture to form an opinion upon the difficulties of an operation without first communicating with the operator.

The preparations were once more brought into Court, and Mr. Wakley requested that they might be taken out of the glass, as otherwise no accurate information could be derived from them. The bladder, in a state of preservation, was accordingly taken from the glass, and Mr. Wakley proceeded to cross-examine the witness.

There might have been thirty persons present at the *post-mortem* examination. I cannot say that the stone was attached to the bladder, but there was a spot, which induced me to think that that was the precise situation in which the stone was placed. The operator did say, during the operation, that he could not explain the cause of the difficulty: I think he had no knowledge of the situation of the stone; there is loose cellular membrane between the pubes and the bladder, and attaches the latter to the former; when the bladder is empty it is contracted, and then it might embrace the stone. My finger could not reach the bladder; a flat stone is more difficult to lay hold of than a round stone, and a small stone is more difficult to lay hold of than a large one. The enlargement of the opening required time, to do it with care. It might take ten seconds. The cutting gorget was used only once. I did not ask the operator to explain the difficulty while the patient was under the operation. — He did, he believes, explain it after it was over, but the patient was unbinding while he was so explaining. He was unbound in the course of half a minute.

Mr. C. A. Key examined.—I am the senior surgeon to Guy's Hospital. I have been a surgeon since 1812. I have performed 50 or 60 operations of lithotomy myself. I have seen Mr. Cooper operate several times. In the operations Mr. Cooper has performed, he has not lost more than the average number of patients; from the description of the operation, as given by Mr. Callaway, I

think it likely that I should have adopted the same process as was adopted by Mr. Bransby Cooper. The length of time occupied in the operation, was no criterion of the skill of the operator. Have known cases where, although the stone could be touched, there was yet great difficulty in extracting it, in consequence of the bladder grasping the stone. I think, from the evidence adduced, that the operation was scientifically performed. If any violence had been used, I think its effects could be discovered after death. The passage in the cellular membrane would have been found lacerated, and in a state of slough, with extravasated blood. I was present at the *post-mortem* examination, and the cellular membrane was perfectly sound, and not lacerated. If the forceps had been introduced with great force into the prostate gland, it would have shown the effect of that force; but no such effects were visible after death. The wound presented the appearance of a fair section into the neck of the bladder, through the prostate gland. The cutting gorget was, I think, an instrument applicable to the circumstances of the case; but I think a knife would have answered the purpose equally well. It is only in very few cases, according to my experience, that the bladder can be reached by the finger; but it is desirable to do so, if possible. I had some conversation with Mr. Lambert in the square of the hospital. Mr. Lambert said, "Your straight staff will never succeed in a deep perineum." I replied, "Sir, you know nothing about it, having never performed the operation yourself." Mr. Bransby Cooper, in his operations, has seldom exceeded the average time. I have tied the subclavian artery twice. It is, when tied in cases of aneurism, one of the most difficult operations in surgery; but, when there is no disease, the operation is easy enough. It requires great skill, great presence of mind, and great knowledge of anatomy, to perform such an operation. I assisted Mr. Bransby Cooper in performing this operation, and I never saw one better performed in my life. It was for aneurism. I never saw Mr. Bransby Cooper lose his presence of mind upon any occasion. I consider him to be a good and skilful surgeon.

By *Mr. Wakley*.—I use as many instruments in lithotomy operations as I find necessary for extracting the stone; sometimes three, sometimes more. If the bladder contracts, it may hold the stone in contact with it.

Mr. Joseph Laundry examined by *Sir J. Scarlett*.—I have witnessed almost all the operations at St. Thomas and Guy's Hospitals for the last thirty years, and have seen Sir Astley Cooper and Mr. Cline perform

several times. Some operations of the description now under consideration, have lasted as long. The most tedious one I ever saw, was by Mr. Cline, senior; it lasted an hour and forty minutes. The stone was ultimately extracted. I have seen the operation last an hour, but not often; one by Sir Astley lasted an hour; it was at the Hospital.

Dr. Hodgkin, a quaker, examined by *Sir J. Scarlett*.—I am a lecturer on morbid anatomy at Guy's Hospital. I should think that the perineum of the deceased, from his size, must have been deep. From the appearance of the parts, I was aware of no other wound, except one from the external surface into the bladder. There was none between the bladder and the rectum. After I removed the parts they were put away, and J. Lambert asked to see them. I, or one of my assistants, took them down for him. I went away. Afterwards J. Lambert showed me a passage between the bladder and the rectum, and, as I had not seen the passage before, I taxed him with making it. He had his finger in the passage when he showed it to me. If that had been made recently before death, there would be an extravasation of blood. It is my firm conviction that it was made after death.

Mr. Brodie examined by *Mr. Pollock*.—I heard Mr. Callaway's account of the operation, and I think that it must have been difficult. I think that Mr. Cooper performed it skilfully.

Mr. Travers.—I have been in practice twenty years, and I have been in the profession since 1800. I have heard the evidence of Mr. Callaway as to the operation, and I have heard of no circumstance which could impeach the skill of the operator. I think the operator is the best judge as to the instrument which ought to be used. The length of time is no criterion of the skill of the operator. I am acquainted with Mr. Cooper, and think that he is an ingenious and intelligent surgeon, and fit for the situation he holds as surgeon of Guy's Hospital. There are often cases of lithotomy, which, for a long time, baffle the skill of the best operator, and I conceive the case, in question, to be one of that description.

Mr. Green was next examined. —I am the nephew of the late Mr. Cline, and have been for eight years surgeon to St. Thomas's Hospital. I have often performed the operation of lithotomy, and am reputed to be very successful. I witnessed one capital operation by Mr. Bransby Cooper, that of tying the external iliac artery, which, for skill, is somewhat like putting a ligature on the subclavian artery.

Dr. Babington was next called, and ex-

amined by *Mr. Pollock*.—I know the plaintiff well; and the best proof of my conviction of his skill is, that I have placed my youngest son under him as an apprentice.

Dr. Roget examined.—I have had many opportunities of witnessing Mr. Cooper's practice, and I think that he is a skilful and judicious surgeon.

Mr. Morgan was next examined, and gave similar testimony as to Mr. Cooper's abilities.

Mr. Hilton examined—I was a pupil at St. Thomas's, and I am now assistant-demonstrator. I was at the *post-mortem* examination, and could not reach the bladder with my finger.

Sir A. Cooper.—I was subpoenaed by the defendant, and I heard the account given by Mr. Harrison of the education of Mr. Bransby Cooper. That account was perfectly correct. Mr. Bransby Cooper had been in my house, and had continued opportunities of witnessing my practice. He had opportunities of experience at Salamanca, Thoulouse, and Vittoria, and afterwards in Canada. No man can be a judge of the operation unless he had performed it, and no man could judge of the individual case unless he was the performer. I have been 25 years in practice, and I have in one year performed the operation of lithotomy 18 times.

Mr. Wakley.—What was the particular difficulty in this case?

Sir A. Cooper.—There was so little water in the bladder, that this man must have made water immediately before the operation. If the bladder were full of water, the stone would have been easily struck.

Mr. Wakley.—How long may the contraction of the bladder continue?

Sir A. Cooper.—It might last an hour. I will give you an example. I went into the theatre at St. Thomas's Hospital when an operation of lithotomy was being performed by a gentleman who is now in Court. It was one of great difficulty. The stone was enveloped in the folds of the bladder, so that the point of it only could be felt. After nearly the lapse of an hour, he passed the instrument between the stone and the bladder; but the contraction still continued.

Mr. Dalrymple, the surgeon of the Norwich Hospital, deposed to the celebrity of that hospital for its operations in lithotomy; and he had himself performed the operation not less than seventy-six times. Had heard Mr. Callaway's description of the operation, and saw from that description no indication of want of skill on the part of the operator. Has often had similar difficulties, and has always a greater number of instruments

than those that were mentioned as employed by Mr. Cooper.

This was the plaintiff's case.

Mr. Wakley replied.—He said it was most remarkable that, out of 200 persons who were present at the operation, the plaintiff had thought proper to call only one, a solitary one, to give evidence of his skill, while a host of persons, who knew nothing at all of the operation, were called to support the plaintiff's character. Amongst them were Sir A. Cooper, Mr. Green, and Dr. Babington. He wondered, for his part, that there were not added to the list, the Emperor of China and the great Mogul. By such a course, it was attempted to practise the greatest imposition on the jury and the public. But would the jury be so blinded and so duped as to allow themselves to be persuaded that the opinions of these men were to prove the report in *THE LANCET* inaccurate? Sir James Scarlett, in his address that morning, had thought proper to dwell at great length on the person whom he chose to call "the hireling Lambert." But Sir James should remember that in this case he himself was a hireling, had received his fee, and was working for the sake of lucre. Objection, too, had been taken to the term "bats;" but if they were to have their whigs in politics, he did not see why they should not have their bats in hospitals; and he was very sure that their hospital surgeons were much more like bats than Sir James Scarlett was like sour milk, which was the meaning of a whig. (Loud laughter.) John Hunter had said that bad carpenters made work for one another; and so did surgeons; and that, were it not for bad surgeons, good ones would starve. (Laughter.) Bearing this on mind, the governors of Guy's Hospital, in appointing Mr. B. Cooper surgeon, had, in the same day, appointed a consulting surgeon and an assistant surgeon to do the work the new surgeon would make. He cautioned the jury against putting any faith in what had fallen from the hospital surgeons produced by the plaintiff. They too well know what patients suffered in the public hospitals to have any feeling for them. Why had the patient been kept bound when he asked to be released? Was he not the best judge of what he was enduring? Was he not a free agent? Did he not know both what were the sufferings arising from the stone and the sufferings arising from the operation? and did he not choose the lesser evil! What he entreated the jury to do was, to ask themselves whether they would be willing to employ Mr. Cooper, were it necessary for them to undergo such an operation!—and, if they would not, he would then ask them what right they had to send

him back to Guy's Hospital, to torture his unfortunate fellow-creatures? Again and again he would say to the jury, let them remember that only one of all the witnesses of the operation had been called by the plaintiff, and that one a dependent upon the hospital. For his own part, he had not words to express the disgust with which he had listened to the evidence given by the gang of hospital surgeons produced by Mr. Cooper. (A laugh.) They stuck to him, and for a good reason, because they knew that his case now, might some day be theirs. They had come there to bear down the weight of honest testimony by their names, not by their talents; for it did not always happen that great names and great talents went hand in hand. If the jury, after listening to the whole of the evidence, would decide that they were willing to submit to Mr. Cooper's operations, as a surgeon,—and, without that decision, they would not give the plaintiff their verdict,—he (Mr. Wakley) was willing to give up *THE LANCET*, and go any where, even to a dungeon. But he trusted that such would not be his fate. He trusted that the jury would overturn this gang of hospital surgeons, who wanted to support one another's bad practices! He trusted that they would, in future, prevent the poor from being hacked and hewed in our hospitals. In the course of his address to the jury, the defendant was so overpowered by the heat, pressure, and fatigue, that he obtained leave from the court to withdraw for a few minutes.

Lord Tenterden then proceeded to sum up the case, and recapitulated the evidence to the jury. With respect to the desire of the man to be released, he believed that it was pretty generally understood by surgeons that, unless a man was of extraordinary nerve, he often wished to be released from the operation, to which wish the surgeon, of course, ought not to attend, as long as there was a reasonable expectation of releasing the patient from his suffering. As to the report, he thought there could be no question that it was drawn up in an unprofessional manner: in such a way as no one would have done with a real sense of propriety. The defendant had objected, that only one of those who were present at the operation, had been called by Mr. Cooper; but he (the Chief Justice) did not see whom he could, with propriety, have called besides Mr. Callaway. The others were all young men, only pupils, and probably too young and inexperienced to form any judgment in the case, that could be reasonably relied upon. The question was one of the greatest interest to the public, and to Mr. Cooper himself. It appeared, on nearly all hands, that the operation was one of great difficulty; one in which the most able surgeons

were liable to failure. It also appeared that the length of time occupied, and the number of instruments used, were no criterion of the want of skill of the operator. All these circumstances the jury were to take into their consideration. If they thought that the defendant had proved the unskilfulness, or unsurgeon-like conduct, of the operator, they were bound to give him their verdict, whatever their opinion might be as to the form of the report, or the motives Mr. Lambert might have had in writing it. If, on the other hand, they were of opinion that that had not been made out, they must return their verdict for the plaintiff; and, in that case, they would have to consider what damages the case required. The report certainly placed an imputation on the professional character of the plaintiff; and, as the work was in large circulation, if the jury believed that the defendant was in fault, they were bound to give the plaintiff such compensation as should meet all those circumstances; but he (the judge) could by no means go the lengths of the learned counsel, in saying that the jury ought, by their damages, to mark their indignation of what had taken place. Their verdict should mark cool and deliberate consideration, and regard for justice.

At a quarter to nine o'clock the jury retired, and did not return into court till five minutes to eleven o'clock, when they delivered a verdict for the plaintiff—Damages 100*l.*—Laid at 2,000*l.*!!

The announcement of the verdict was followed by loud applause from Mr. Wakley's friends; and the defendant, on leaving the court, was cheered by the populace in Palace Yard.

MR. CALLAWAY AND MR. B. COOPER.

To T. Callaway, Esq.

SIR,—In my conversation with you at the last meeting of the Kent Medical Society, I hereby declare, that you never imputed to Mr. Bransby Cooper any want of intellectual capacity, or professional unskilfulness: and especially, that the word "ideot," as applied to Mr. B. Cooper, was never mentioned by you.

Yours truly,

J. HASLAM, M.D.

Hart Street, Dec. 15, 1828.

THE LANCET.

London, Saturday, December 20, 1828.

"If," said Sir JAMES SCARLETT, in his address to the Jury, on Saturday last, "you give moderate damages in this case, you will afford an opportunity of triumph to the Periodical Press, such as it has never yet achieved, and you will hold up the plaintiff to the contempt and scorn of the public!" We do not, for obvious reasons, concur entirely in the sentiments here expressed by the Learned Counsel, but we may take his declaration as a measure of the satisfaction with which he, and those for whom he laboured, contemplate the verdict actually returned by the Jury. We believe that the Learned Counsel never yet had cause to reflect, with so little self-complacency, on the effect produced by his professional exertions. He made a most elaborate, but, as it appeared to us, and we believe to most of his hearers, a singularly infelicitous effort. How it happened, that an advocate of such consummate skill, should have been foiled in an undertaking, wherein it was evident that he considered himself secure of success—how it happened that he was beaten, with every advantage in point of experience on his side, by a mere novice in the field of jurisprudence—how it happened that he sustained so signal a defeat for, upon his own showing, he *has* sustained a signal defeat, we shall endeavour presently to explain. But before making any further observations on this subject, we think it right to state distinctly the view which we take of the verdict returned by the Jury, both with reference to the interests of the plaintiff, and with reference to the interests of the public. Mr. BRANSBY COOPER has obtained a verdict, and the Jury has awarded him one twentieth part of the damages which he sought, as a re-

paration for the alleged injury to his reputation. Of this verdict, as it affects the interests of the plaintiff, we shall merely say, *valeat quantum*. We have no wish to turn against Mr. BRANSBY COOPER the weapons with which the indiscretion of his counsel has furnished us, or to apply to his present situation observations which would probably not have fallen from Sir JAMES SCARLETT, had that gentleman formed a more judicious estimate of his own powers, and relied less upon the chance of crushing an unpractised opponent by dint of coarse invective, and gratuitous misrepresentation. The intemperance of the advocate received a fit rebuke in the admirable observations of the Learned Judge who tried the cause, and it must be perfectly clear to every impartial man who heard, or who has read the trial, and who has attended to Lord TENNEN'S charge to the Jury, that whatever might be the accuracy or inaccuracy of some of the details of the Report, we were legally, but not morally responsible; since we stood completely absolved from that unfounded imputation of malice towards Mr. BRANSBY COOPER, which the plaintiff's counsel, however liberally he might have garnished his speech with this charge, had not made the slightest attempt to prove. Neither at this moment, nor at any former period, have we entertained any other feelings towards Mr. BRANSBY COOPER, as a private man, than those of respect and esteem. How far our opinion of him, as a public operator, may be supported, or may require modification, after the evidence given at the late trial, and after the verdict returned by the Jury, the profession and the public will judge. We will endeavour, as far as possible, to avoid making any observations which may add to the difficulties of his present situation, but we will not shrink from the discharge of our public duty, whenever any occasion may arise which may call for an unreserved publication of the TRUTH. Mr. BRANSBY

COOPER must feel that the eyes of the public are upon him; and we trust that this consideration, as well as the remarks made by his uncle in the witness-box, may have the effect of increasing his vigilance, and of exciting or confirming his desire of acquiring a complete knowledge of his profession. "Give him time," said Sir ASTLEY, "do not crush him in the outset of his career, and he has abilities which will eventually enable him to become a good surgeon, and an excellent operator." Three years, be it remembered, have elapsed since Mr. BRANSEY COOPER was appointed to the office of Surgeon at Guy's Hospital, and Sir ASTLEY still asks us to give him time, not perceiving that the tenderness which he claims for his nephew, might, under circumstances which we sincerely hope may not arise, become cruelty to the public and to the poor. Sir ASTLEY's avuncular feelings may render him blind to this obvious inference, but it is an inference which thousands of individuals must by this time have drawn from the worthy Baronet's admission. For our own parts, we will show as much tenderness to Mr. BRANSEY COOPER as may consist with the honest and faithful discharge of our duty to the profession and to the public, and no more. Above all, we will not shrink from pressing on the attention of our readers, those topics connected with public interests to which the evidence elicited at the late trial is calculated to give increased interest and importance; nor will we cease to hold up to public reprobation that corrupt system under which the benevolent intentions of the founders of our public Hospitals are perverted and defeated, while the government of those institutions is often virtually usurped by a single individual, and the revenues appropriated to objects foreign to, and inconsistent with the purposes of charity. As far as we were permitted to enter into the exposure of that corrupt system at the late trial, we exposed it; and we con-

sider the admissions of Mr. HARRISON, and Sir ASTLEY COOPER, in the witness-box, together with the evidence extracted from Mr. HARRISON before the Parliamentary Committee on Anatomy, as the first steps towards a reform in the system of government at Guy's Hospital, which must, ere long, be conceded to public opinion. At present, the government of that institution is an absolute despotism; the governors, generally speaking, take a mere nominal part in the management of its affairs, and they have, with a single exception we believe, been nominated by the fiat of the Treasurer.

There was one feature in the late trial which we think it right to notice, as well from its peculiarity, as from the influence which the decision of LORD TENTERDEN will probably have on all future actions for libel against the editors of public journals. By a whimsical interchange of professional functions, the first common lawyer at the bar became, upon this occasion, the expounder of points of surgery, and the editor of a medical journal, having made his election to address the Jury in his own behalf, was reduced, by the etiquette of the bar, to the necessity of arguing a point of law. "He who wins may laugh," saith the proverb, and therefore, while we have some reason to congratulate ourselves on the success with which we performed the part of lawyer, for we beat Sir JAMES SCARLETT *on the point of law*, we may also be permitted to laugh at the ludicrous figure which Sir JAMES made in his attempt to enact the character of surgeon. Sir JAMES, indeed, regardless of that legal maxim which gives every man credit for skill in his peculiar calling, threatened, in his speech to the Jury, to expose our ignorance of surgery, and we girded ourselves up for the lawyer's attack on our professional knowledge. The threat, however, shared the fate of all the assertions made by the learned Counsel; it flashed in the advocate's speech,

but vanished, with a slight smell of sulphur when he came to the examination of witnesses; it was *vox, sonus, aura, nihil*. On the other hand, we maintained our point of law, not only against Sir JAMES SCARLETT, but against the opinion of our own Counsel, and we GAINED it. As this is a matter which may involve consequences of great importance to the liberty of the Press, and as the point discussed was misunderstood in all the Reports of the trial which we have seen in the newspapers, we shall endeavour to make it clear to our readers.

In general, a plaintiff has the right to open his case, and, by consequence, to have the general reply;

For courts of justice understand,

The plaintiff to be eldest hand;

but there are some exceptions to this rule, as in actions of ejectment and replevin, where the party who has to prove the affirmative of the issue is allowed to begin. In an action of trespass, *quare clausum fregit*, (*Hodges v. Holder*, 3 *Campbell's N. P. Reports*, p. 366,) the defendant admitted substantially the entering of the plaintiff's close, but pleaded a right of way. Here the affirmative of the issue being thrown upon the defendant, Mr. Justice BAYLEY held that he had a right to begin. The same point arose in the case of *Jackson v. Hesketh*, (2 *Starkie, N. P. C.*, p. 518,) tried at the Lancaster Assizes 1819, and Mr. Justice Bayley, after having consulted Mr. Baron Wood, decided that the defendant was entitled to begin, and to have the general reply. Again, in an action of assault and battery (*Bedell v. Russel, Ryan and Moody's Nisi Prius Reports*, p. 293,) where the defendant pleaded a justification only, without the plea of "not guilty," and the right of beginning was insisted upon by Mr. Serjeant WILDER for the defendant, Chief Justice BEST said, "that but for the authorities cited, he should certainly have thought, that

the *onus* of proving the damages sustained, gave the plaintiff a right to begin; but that, as it was of the utmost consequence that the practice should be uniform, he should consider himself bound by those cases, until the matter should be settled in full court."

On the authority of these cases we maintained our right to begin, and to have the general reply. Sir JAMES SCARLETT, on the other hand, insisted, first, that as the plaintiff had to show the amount of damages sustained, the affirmative was thrown upon him, and he was consequently entitled to begin; secondly, that as our second and fourth pleas contained negative allegations, as that the plaintiff had not performed the operation with the skill which the public had a right to expect from a surgeon of Guy's Hospital, &c., the affirmative of the issue was not with the defendant, but with the plaintiff. We replied that, as to the first point, Mr. Justice BAYLEY had decided that the question of damages never arose until the issue had been tried; and that, as to the second point, the allegations in our pleas were substantially affirmative allegations; and we expressed a hope, that the practice which had uniformly prevailed at *Nisi Prius*, in cases where the defendant had justified, would govern the decision of the Court. Lord TENTERDEN intimated an opinion in our favour; but said, that as this case was likely to become a precedent for all future cases of the same kind, and as he had the advantage of being able to consult two of his Learned Brothers in the adjoining Courts, he should take their opinion. The Lord Chief Justice left the Court, and on his return, stated, that his Learned Brothers concurred with him in the opinion, that the defendant was entitled to begin, and to have the general reply.

This decision will, we doubt not, lead to most important consequences. It is calculated to strengthen the hands of public

writers, and to raise a new bulwark in support of the liberty of the press, by depriving its enemies of the power of casting gratuitous aspersions on public journalists, without being subject to reply and exposure. Hitherto, we believe, it has been the practice of pleaders to discourage pleas of justification, in answer to actions for alleged libel; but, after the precedent established in the late trial, public journalists, against whom actions may be brought for having discharged what they believe to be a public duty, cannot fail to perceive the advantage which they will derive from putting a plea of justification on the record. If they adopt that course, they cannot be borne down by calumny, to which they will have no opportunity of replying; for they will be entitled to open their case, and to have the general reply. Nor is this the only advantage which they will gain by adopting that course; for, under a plea of justification, they will not be legally responsible for the malice of an agent, provided the alleged libel be proved to be strictly, and in all its circumstances, true. If malice, on the part of an agent, be shown or suspected, a jury will, no doubt, be inclined to find, or, if they do not find, to presume, inaccuracy; but still it will be no small advantage to the editors of public journals, who cannot, of course, be cognisant of all the animosities which may subsist between reporters and the parties whose acts are reported, if, by a plea of justification, they may legally exonerate themselves, where the facts are true, from responsibility for the *animus* of an agent, for which they cannot, in reason or equity, be responsible.

We have said that Sir JAMES SCARLETT relied somewhat injudiciously on the chance of crushing us by dint of coarse scurrility and gratuitous misrepresentation. We believe that the aspersions which Sir JAMES SCARLETT heaped on our character, in support of which, the learned Counsel well knew that he had not a tittle of evidence to

adduce, were made solely under the impression that we should have been incapable of replying to him, and consequently of demonstrating their falsehood. Notwithstanding the congratulations which have poured in upon us from all quarters, and the success which the kindness of our friends has ascribed to our exertions, we may state most unfeignedly, that we look back with regret to our errors in point of omission, errors which are partly attributable to our want of experience, but still more to our state of physical exhaustion. Could we now address an untired Jury, free ourselves from the disadvantages under which we then laboured, we feel that, in answering Sir JAMES SCARLETT's assertions, we could reduce that learned person to something like his natural intellectual dimensions. We will still endeavour to do this act of justice to ourselves, and to the public, by demonstrating that there was not a single assertion, levelled by this learned person at the character of THE LANCET, which was not utterly false and unfounded, and with respect to which it is not fair to infer that it was mere gratuitous misrepresentation, inasmuch as the learned person did not attempt to offer a tittle of evidence in support of it. We shall this week confine ourselves to one instance of the learned Gentleman's candour and love of truth, premising, that the aspersion to which we are about to allude, is not more base and unfounded than those by which it was succeeded. Sir JAMES SCARLETT, feeling that he had no case which he could support by evidence, travelled out of the record in order to raise a prejudice against us in the minds of the Jury, and for that purpose, repeated the slander, as to the publication of Lectures without the leave of the lecturers, which, as the readers of this Journal are aware, we answered on the 4th of October last, in a manner which has effectually closed the mouth of all other calumniators, except the learned Gentleman. We shall insert the

learned Counsel's attack, and reply to it by extracting a portion of the article which appeared in this Journal on the 4th of October.

"THE LANCET, it should seem, from his own statement, was established for the purpose of publishing lectures delivered at the hospitals,—in other words, for the purpose of committing plunder on the property of others to assist himself. What! was it to be said, that if Mr. Cline, or Sir Astley Cooper, or any other eminent surgeon, should compile a course of lectures, and deliver them to the pupils of his own class at the hospital, who paid him for attendance, and remunerated him for those labours, that a periodical paper should rob him of all advantage, and, without his leave and licence, make them public, so as to give to all the pupils in the kingdom, who were desirous of studying his art, the advantages which the lecturer thought he had established for himself;—that he should rob and injure him, and gain ten times more than he did himself acquire, after being at all the labour of compiling his lectures,—that he should do that which would render it unnecessary for the pupils to attend the lectures, because all the advantages derivable from their attendance, might be gained by reading the reports of them in THE LANCET? Could it be supposed that there were any persons in the honourable profession to which Sir Astley Cooper belonged, who were so base and ungentlemanly as to make use of the privilege which was allowed them of attending these lectures, for the purpose afterwards of giving them to the world, without the leave of the lecturer himself? Yes, there were those who were contributors to THE LANCET, who were base enough to do this, and who thus enabled the editor (Mr. Wakley) to make his five or six thousand a year, and to gain the reputation of being a "popular writer!" The defendant had himself avowed that THE LANCET was a work founded on the principles of robbery and plunder. He stated that he obtained his communications from pupils at the hospital, and he called them "men of honour!" men who were induced to betray their trust, and surrender their honour; and who, by making contributions of the lectures they heard, furnished that to the public which ought never to come out of the walls of the hospital, except by the consent of the lecturers themselves. But this was not a robbery of property merely; it was a robbery of character and reputation. He (Sir James Scarlett) was glad that he was addressing gentlemen of education, as he only wished that this matter should be judged rightly. He would ask whether, supposing one of them

had taken great pains to prepare a course of lectures, which, by-and-by, he intended to publish himself, could he endure it, if an unfledged pupil, who had been admitted to the hospital, and allowed to take notes for his own instruction, was afterwards to furnish them to a person who meant to commit them to the press, without those revisions and corrections which an author was generally anxious to make in his works, before they were submitted to the public eye? Could any man, and particularly a public lecturer, suffer such use to be made of his works? Suppose one of the jury trusted to a person the key of his cabinet, which contained written communications, and that he made extracts from them, and sent them for publication in THE LANCET? Would they not think that that man was one of the basest of his kind, and would they allow him to enter their doors again? And yet these were the persons who contributed to THE LANCET; and these were the means by which the editor, Mr. Wakley, was enabled to roll in his carriage, and laugh at the parties whom he thus robbed and plundered. He (Sir J. Scarlett) was, upon the defendant's own confession, justified in saying that this work (THE LANCET) was a sort of literary raven, which lived by plunder, and shamelessly held up its head by the injury which it inflicted on others."

We now beg the attention of every man who wishes to see a calumniator effectually exposed, to the following passage, which appeared in *The Lancet*, of the 4th of October.

"There is no charge which has been more frequently brought against this publication by those who are interested in upholding existing abuses, and who seek, therefore, to depreciate the character of a Journal which they have long felt as a thorn in their sides, than that we have dishonourably appropriated the labours of medical teachers to our own profit, without the consent of those teachers, and even in spite of their remonstrances against the publication of their lectures. This charge has been so often, and so confidently made, that we doubt not there are many persons who, however otherwise disposed to think well of this publication, believe that we have not only published Mr. ABERNETHY'S Lectures without his consent, but that in many, or most, of the instances in which courses of lectures have been published in THE LANCET, the consent of the Lecturers has not been obtained. We shall insert the charge in the language of one of our calumniators, and we shall be content to forfeit that influence which has rendered us the object of so much slander and misrepresentation, if the answer we shall give to

it, be not such as shall for ever silence our enemies, if they have the smallest regard for decency or truth."

Here followed a passage in a periodical work, for which we now beg the reader to substitute the tirade in the speech of Sir James Scarlett.

"It can scarcely be necessary to remind our readers of the distinction which we have always recognised between the situation of a public teacher and that of a private one, or of the principle upon which we claimed the right of publishing the Lectures of Mr. ABERNETHY. The Lectures of private teachers, which we acknowledge to be private property, we have never published, as we shall presently show, without the consent of the Lecturers; but the Lectures of public medical teachers, delivered within the walls of public hospitals, stand, as we have uniformly contended, upon a totally different footing. We maintained this point fearlessly and manfully against Mr. ABERNETHY in a court of equity, and the issue of the contest was, that the injunction which that gentleman obtained against the publication of his Lectures, was finally dissolved by the Lord Chancellor. So much for Mr. ABERNETHY's Lectures. Sir ASTLEY COOPER's Lectures came within the principle on which we relied in our contest with Mr. ABERNETHY; but Sir ASTLEY COOPER cannot, at any rate, be one of those who has been plundered of his literary property; for Sir ASTLEY COOPER gave his express consent to the publication of his Lectures. The Lectures of Dr. BLUNDELL on Midwifery, though delivered within the walls of Guy's Hospital, we did not consider as public Lectures three years ago, because, at that time, no certificates of attendance on Courses of Midwifery were required by the Colleges or the Universities. We applied, therefore, for permission to publish them, which was not at that time conceded. Subsequently, certificates of attendance on Courses of Midwifery have been required, and Dr. BLUNDELL has not only not withheld his consent from the publication of his Lectures in this Journal, but, as they were to go before the public, has added to their value by a revision of the proof-sheets. Dr. ARMSTRONG's Lectures on the Theory and Practice of Medicine, were published in consequence of the intimation of one of his pupils, that the lecturer would not offer any objection. Dr. ARMSTRONG did, however, after the appearance of the first Lecture, object to the principle of publishing private Lectures, in which objection we acquiesced; but, having expressed his opinion, he added, that he should leave the matter entirely to

ourselves. We urged the ground of public utility—and as he found that the pupils were desirous of possessing his Lectures, he afterwards consented to their publication, and acknowledged their accuracy. Mr. ALCOCK's Lectures on some Practical Points of Surgery, were published with his consent, and the proof sheets were revised by him. Mr. LAWRENCE's Lectures on the Anatomy, Physiology, and Diseases of the Eye were published with his consent, and the proof sheets were revised by him. Dr. CLUTTERBUCK's Lectures on the Theory and Practice of Physic were published with his consent, and the proof sheets were also revised by him. Dr. SPRUNZHEIM's Lectures on Phrenology, in like manner, appeared with the consent, and underwent the revision, of the Lecturer. The Lectures of Mr. BRANDE on Chemistry, and those of Dr. HASLAM on the Intellectual Composition of Man, were also published with the express consent of the Lecturers. All these facts we have had the permission and authority of the several Lecturers to state, from the periods at which their respective Courses were completed, as distinctly as we now state them; but we have hitherto disdained to give this conclusive answer to the calumnies of our enemies, and we have now, once for all, adopted this course, in order that such calumnies, if they be again repeated, may be as much contemned in all other quarters, as they have been uniformly contemned by ourselves. We may further state, that so far have we been from the imputed necessity of seeking to obtain Lectures by indirect or dishonourable means, that our difficulty, on the contrary, has been to deal with the numerous applications which have been made to us for the publication of Lectures, and to appease teachers, to whose urgent solicitations we have not deemed it expedient to yield.

We have alluded, in the outset of this article, to what we take to be the causes of Sir JAMES SCARLETT's signal failure in the late trial; these causes are, in our opinion, first, his well-known hatred of the Periodical Press; and, secondly, his personal feeling in respect to the plaintiff. His discretion seems to have been completely overcome by the joint operation of these two causes. Of the latter we shall say nothing, because it may be founded in sentiments which are not unamiable; but of the former we must beg leave to say a word or two in much the same spirit, wherein we have commented on the Learned Gentle-

man's attempt to make a figure as a surgical critic. One of the main sources, we understand, of this learned person's hostility to the Periodical Press, is to be found in the fact of his having been sent to his grave before his time by the newspapers, and of his having perused the open censure, or, what was worse, the faint and equivocal praise, which his supposed survivors had pronounced upon him. Many men have, in a serious or playful mood, composed their own epitaphs; but to no living man, perhaps, except Sir JAMES SCARLETT, has it been given to appreciate the terms in which his contemporaries have commented on his decease. Such a phenomenon is in the teeth of classical authority, as the Learned Gentleman may perhaps collect from the following passage:

Χρηθ' οὐκοῦτ' εἰπὼν οὐδεν' ὀλβιον βροτῶν,
 Πρὶν ἂν θανόντος τὴν τελευταίαν ἰδέῃς,
 Ὅπως περάσας ἡμέραν ᾗξει κάτω.

Euripid. Troad. 513.

which passage, being interpreted, meaneth that you cannot speak safely to a lawyer's good or ill reputation, until the devil hath fairly laid hold of him.

But there is another cause which is said to have greatly contributed to exasperate Sir JAMES SCARLETT's hostility to the press, to wit, his failure as a speaker and legislator in the House of Commons. Whether justly or unjustly we will not now stop to inquire, but certain it is that the time was when "Lawyer Scarlett's poor bill" was a by-word for the scoffers. There was, and, for ought we know, is, a certain Swedish physician named STRUVE, who proposed to cure all diseases by a process which he called the *Hungerkur*, that is to say, the cure by starvation. Whether justly or not, we will not stop to inquire, but certain it is, that one of the ablest political writers of the day, gave Sir JAMES SCARLETT the credit of having invented, as a remedy for the evils of pauperism, the very process which the Baron von STRUVE

subsequently proposed as a panacea for all diseases. Week after week, Mr. COBBETT insisted that Lawyer SCARLETT's poor Bill was neither more nor less than a project to cure pauperism by starvation; and the consequence of these reiterated attacks upon the learned gentleman's legislative labours was, that the Bill, at length, stank in the nostrils of the public, and dropped still-born from the Legislature. With the abandonment of this Bill, terminated, in effect, Sir JAMES SCARLETT's parliamentary importance; and the wounds which his pride received, on this occasion, have never, it is said, been so completely cicatrised, but that they are subject to an ichorous discharge, whenever an opportunity presents itself for venting his spleen against the press. For our own parts, we laugh at the impotent virulence with which the learned gentleman FAILED to inspire the Jury with the malice which he entertained towards this Journal, as a part of the periodical press. Sir JAMES SCARLETT took occasion, in the course of his speech, to express his opinion of our abilities; and, that we may not be wanting in a similar species of courtesy, we will take this opportunity of expressing our opinion of the abilities of Sir JAMES SCARLETT. We think him prodigiously over-rated, even as a lawyer; for the rest, we have seldom encountered a gentleman possessing the ordinary advantages of education, who seems to be so completely innocent of all extra-professional information. Once, and once only, the learned gentleman ventured to play the critic on a passage in *THE LANCET*; but he did so in a half-guilty, apologetic tone, which might, if he had been less arrogant in other parts of his speech, have screened him from our animadversion. We allude to his observations on the phrase, "average *maximum* of time."—"I suppose," said Sir JAMES, "that I shall be scarified for what I am going to say, by *THE LANCET*, but it seems to me, that the phrase

'average maximum' is unintelligible; an average is a mean; now, I have heard of a mean, and I have heard of a *maximum*; but I never yet heard of a mean *maximum*." You judged rightly, Sir JAMES. We must subject you to a little gentle scarification; and we would moreover suggest to you, that there are more things in this world than you have ever dreamed of in your philosophy. We have beaten you on a point of law, and we must proceed to set you right on a point of mathematics. Your mistake arose from your not knowing that *maxima*, similar in kind, but differing as to absolute quantity, might be made the subject of comparison, and that, consequently, one might be a mean proportional between others. A square is the greatest quadrilateral rectilineal figure that can be inscribed in a circle, but the magnitude of the square depends on the diameter of the circle, and different squares or quadrilateral *marima* under the similar condition of inscription indifferent circles may be compared with each other. But lest this should be unintelligible to you, let us put the case of an average *maximum* taken upon the highest tides at London Bridge in a given number of years. We use the didactic method, Sir JAMES, on this occasion, because, although you offered yourself as a candidate for the representation of the University of Cambridge, on the score of your passion for *sour milk*, we do not find any evidence of your ever having distinguished yourself, either as a classic or a mathematician, in the records of University honours. If you are indeed, as we are given to understand, the greatest advocate at the English bar, the average *maximum* of talent at that bar must be marvellously small.

As a specimen of the tact, gentlemanly taste, and sound judgment which Sir JAMES SCARLETT displayed in addressing a Jury of ENGLISH MERCHANTS, we beg to direct the reader's especial attention to the following felicitous distinction between the vulgar, common-place notions of honesty which

govern the sordid transaction of commercial men, and that dignified contempt for the *siller*, that high-minded scorn for every thing in the shape of a *fee*, which is well known to characterise the practice of the members of the legal and medical professions.

"Gentlemen," continued the Learned Counsel, "there is a certain privilege which belongs to this high profession,—it is something that is better felt than described; and the man that does not feel it, will not be capable of appreciating the argument I address to you. In the ordinary traffic of life, called commerce, there is a course of plain dealing, or simple integrity, that marks the line between honesty and the mere appearance of it; and the meaning of it is very well understood by every man. But in the practice of a liberal profession there is a certain feeling of honour which becomes a gentleman, and which a gentleman only can feel; which renders it not sordid, but which gives it a character which belongs to such a profession—a certain dignity—a certain pride, which makes a man feel that profit is a secondary object to him—that fame and reputation, and means of utility, are its greatest recommendations. Either in the profession of the law, or the profession equally honourable, and, perhaps, equally useful, or more so, that principle is debased, that principle is destroyed, if a man finds that it depends upon whether he makes concessions or no to the editor of such a publication as *THE LANCET*."

We take leave of Sir JAMES SCARLETT for this week; and we forbear making any further remarks on the evidence in the late important trial, until we shall be enabled to lay an authentic Report before our readers; for which purpose shorthand-writers have been expressly employed. The account given in this week's Number is taken from the Newspapers. We cannot conclude these observations, without expressing our humble but heart-felt admiration of the patience, the suavity, and the undeviating impartiality of the Learned Judge who tried the cause; and our own deep sense of gratitude, for the placid endurance of involuntary technical errors, and the unwearied attention which we received at his hands.

FOREIGN DEPARTMENT.

PERFORATION OF THE STOMACH.

THE subject of this affection was a young girl, twenty-two years old, of a strong constitution, who had always enjoyed good health until her nineteenth year, and for a twelvemonth after the commencement of menstruation; at this period, the menses having been suppressed without any apparent cause, her digestion was impaired; she became subject to nausea, sickness, eructation, and a very unpleasant sensation of fulness in the stomach, which seemed unable to bear even the lightest food. At first she had recourse to medical aid, but finding no relief, she determined to suffer the disease to take its course. The gastric symptoms gradually increased, without, however, having any marked effect on the constitution; when one morning she suddenly screamed out and fell down, complaining of excessive pain in the stomach, and over the whole abdomen; the countenance became of a deadly paleness, and expressive of the greatest anxiety; the extremities cold, the pulse insensible, the urine and stools were passed involuntarily, and she expired within a few hours.

On examination, the body was found not much emaciated, the abdominal cavity was filled by a great quantity of a turbid liquid, but no where could any traces of inflammation be discovered; the stomach being empty and collapsed, presented on its anterior surface, in the small curvature near the pylorus, a perforation of a circular form, with defined edges, and two-thirds of an inch in diameter. On the external surface of the stomach, there adhered a hard, fibrous, lobular excrescence, through the centre of which the perforation passed. In all other respects the stomach appeared perfectly healthy, and without any signs of inflammation or softening.

Dr. Ebermayer, of Dusseldorf, who relates the case, adds the following remarks from his own observation, and those reported by other writers.

1. In all cases of perforation of the stomach, where the disease has been accurately observed, it has been of a chronic and latent nature.

2. The prognosis is very difficult, and there are hardly any signs indicative of the dangerous state of the patient.

3. The remote cause of the disease is always the suppression of a secretory action, having some close relation to the digestive organs.

4. No real cachexy is developed, nor is there any hectic fever; it seems even that nutrition is very little influenced by the

disease, in spite of the indigestion, and there is hardly any emaciation observable previous to death.

5. The perforation is always in the pyloric portion of the stomach.

6. In no case have any traces of real inflammation, suppuration, ulceration, erosion, &c., of the stomach, been observed; the aperture has always a circular form, and well-defined edges, which are hardly ever softened, but rather hard and thickened, without, however, being cartilaginous or tuberculous. In all reports of such cases, it is expressly mentioned that no trace of pus, mucus, or sanies, was found on the perforation.

From this, and similar cases, our author infers, that we are still in the dark as to the origin of the disease in question, and that those affections which are generally alleged as causes of perforation of the stomach, viz. chronic inflammation, ulceration, or softening of a scirrhus, are by no means capable of explaining it.—*Rust's Magazine*.

EXTRACTION OF AN URINARY CALCULUS OF EXTRAORDINARY SIZE.

In this case, which was operated upon by Dr. Krimer, of Aix-la-Chapelle, on sounding the patient, the stone appeared to be of about the size of a hen's egg; but the lateral operation having been performed with a simple bistoury, it could neither be extracted, nor broken to pieces. On the following day, the high operation was performed, and the stone extracted with the fingers; it was of an enormous size, $3\frac{1}{2}$ inches long, $3\frac{1}{4}$ inches broad, and $2\frac{1}{12}$ inches thick; its weight was 23 ounces; it was porous exteriorly, but very hard towards its nucleus, and consisted of phosphate of magnesia, lime, and ammonia, except the centre, which was urate of lime. For four days after the operation, the patient was in a very precarious state, so as to require large doses of stimulants. At the time of the report, healthy suppuration had ensued, and, from his general condition, a favourable termination of the case was anticipated.—*Grafe n. Walther's Journ.*

HOPITAL SAINT LOUIS.

CANCER OF THE SKIN OF THE ABDOMEN.

MADAM LACROIX, æt. 62, observed, about an inch below the navel, a small red indolent tumour on the skin, which very slowly increased, and, at the end of a twelvemonth, having attained the size of an apple, began to cause a sensation of violent burning and lancinating pain; constitutional dis-

turbance at the same time succeeded, as loss of appetite, impaired digestion, fever, nocturnal sweats, &c. These symptoms gradually augmented, and, at the expiration of three years, the tumour was as large as a small melon, and was then the seat of active inflammation; its surface was uneven, and partially ulcerated, and here and there distinct fluctuation might be perceived. At this period the patient, who had undergone almost every kind of local and constitutional treatment, was admitted at St. Louis, under M. Richeraud. She was much exhausted, and latterly, a great disposition to hæmorrhage from the ulcerated parts had come on. M. Richeraud having observed the patient for some days, resolved upon extirpating the tumour, which evidently was of carcinomatous nature, and, if left to itself, would soon have led to a fatal termination. It was, therefore, comprised between two elliptic incisions, and, having been removed, the wound was united by five sutures. Perfect re-union having taken place, the cicatrix was, after two months, completely consolidated, and the general health of the patient fully restored.

HOPITAL ST. ANTOINE.

CARCINOMA OF THE STERNUM, SUCCESSFULLY TREATED BY CAUTERISATION.

JEAN LASALLE, 27 years of age, of a vigorous constitution, was admitted on the 5th of July, on account of a tumour on the right sterno-clavicular articulation. Nothing could be ascertained with regard to its cause; the patient had never received any injury on the affected part, nor had he ever had a venereal complaint. He had formerly been much subject to rheumatic pains, for which he had repeatedly undergone cauterisation, especially over the shoulder. The tumour of the sternum was of four months standing, and had an ulcerated surface, which secreted a sero-purulent liquid. On examination with a probe, the sternum was found denuded and carious. The joint appeared free from disease, being in no way impeded in its motion. On the 11th of July, M. Beauchêne having made a crucial incision, and detached the flaps from the parts beneath, laid bare the sternum, which was found diseased to a considerable extent, its carious portion being surrounded by a soft, bleeding, fungoid flesh. The diseased surface was touched with the white hot iron, and the wound afterwards simply dressed. Two hours after the operation, a profuse hæmorrhage ensued, which, as appeared on removing the bandage, took place from the cancellous tissue of the sternum, and was arrested by compresses of agarie.

Four days afterwards, the wound was again examined, and the disease of the sternum appearing by no means checked in its progress, it was for a second time cauterised; no hæmorrhage ensued, but within a short time, erysipelas appeared round the wound, and rapidly spread over the right side of the neck, face, and scalp; the parts were enormously swelled, tense, and painful: the patient was very feverish, delirious, &c. Repented bleeding, antiphlogistic remedies, and low diet, having subdued the general inflammatory state, the wound began also to assume a healthy aspect, and to suppurate as before; several pieces of bone having exfoliated, the ulcers rapidly proceeded towards cicatrisation, which in ten weeks was nearly completed.

HOPITAL DE LA CHARITE.

SUPPURATION OF THE OVARIES AND FALLOPIAN TUBES.

MARIE DUSHUIT, thirty-seven years old, was admitted into this hospital on the 2d of September. She had borne three children, had always regularly menstruated, and, till the last four or five months, enjoyed good health. From this period she began to be affected with costiveness, accompanied by violent pain in the right side of the belly, and numbness of the right thigh. Injections and aperients generally relieved these symptoms, which, if left to themselves, ended in nausea and vomiting. In August, the pain which had hitherto been confined to the right side, began to be felt in the left iliac region, where a tumour was observed, the increase of which was attended by numbness and shooting pain of the left thigh. On her admission into the hospital, she was found in the following state: the tumour, in the left iliac region, was extremely painful, and appeared to be very deep-seated; it raised the integuments for about an inch above the rest of the abdomen, and could be covered by the hand; the strength of the left leg was much impaired; its heat and sensibility were natural. The patient was costive, and vomited almost every thing, very soon after ingestion; the whole abdomen was very tense and tender. Under the repeated application of leeches, and the use of emollient poultices and mucilaginous potions, no alteration ensued. During the menstruation, which, on the 6th of September, appeared in due time and quantity, the pain and sickness somewhat subsided, but recurred after the evacuation had ceased. On the 2d of October, the patient having hitherto suffered much from constant costiveness, colic pains, and vomiting, was attacked with pro-

fuse diarrhoea, and violent pains in the belly, during which the tumour suddenly collapsed. Fifteen leeches were applied to the anus, and opium was given internally, but the diarrhoea continued; the stools were mixed with blood, the abdomen was tense, very tender, and tympanitic; the patient was very restless and feverish, with a small pulse, and cold extremities, and, in spite of the administration of stimulants, expired on the 9th of October. On examination, the brain and thoracic viscera were found healthy; the liver was firmly adherent to the peritoneum, which was injected, and contained a sero-purulent effusion; the intestines were united by false membranes, which, in the left iliac region, exhibited a very considerable firmness and vascularity. On the left side of the uterus a large tumour was observed, which, on a closer examination, was found to be an enormous abscess communicating with the fallopian tube, which was, for the most part, much dilated, inflamed, and in a state of suppuration. At the bottom of this abscess, the ovary was found in an enlarged state, and containing some purulent matter. The abscess communicated with the rectum by a circular perforation, about the fourth part of an inch in diameter. On the right side, the fallopian tube was also found dilated and inflamed, without, however, leading into an abscess; the ovary was of the size of a hen's egg, and filled with pus. The bladder and uterus were healthy; the mucous membrane of the large intestines, was ulcerated in many places.

MR. GRAINGER.

To the Editor of THE LANCET.

SIR,—In the report of the trial of Cooper *versus* Wakley, there are some questions in the cross-examination of Mr. Lambert, which imply that I had delivered several demonstrations, and also a lecture, with the view of showing that Mr. B. Cooper's operation of lithotomy was unskillfully performed. As this imputation has been widely circulated through the medium of the press, I am desirous of refuting it, in the most public manner, and I therefore trust you will give insertion to the following statement in your next number. In consequence of receiving many applications from gentlemen attending my lectures, who were subpoenaed on this trial, to describe to them the anatomy of the perineum, I delivered a lecture, which was numerously attended, and among those present were several students who had been called on to give evidence, both by the plaintiff and defendant. In that lecture I pointed out the anatomical

relations of the perineum and neck of the bladder. I also gave several demonstrations in the dissecting-room, in the usual routine, on the same parts. But in thus discharging what I considered the imperative duty of an anatomical lecturer, I studiously avoided all allusion to the operation performed by Mr. B. Cooper. On Saturday morning last, I read the above report in the *Morning Herald*, and I felt anxious to have an opportunity of stating these facts in court, I therefore made an application through Sir A. Cooper to that effect; but I was informed by him that it was too late. Under these circumstances, I had no alternative but to publish the letter which appeared in the *Morning Herald*, of Monday. In the evening of that day I received the following letter from Sir A. Cooper, and by his kind permission I insert a copy of it.

Conduit-street, Dec. 15, 1828.

My dear Sir,—You have done exactly as I wished, in publishing your letter. All the evidence on the part of the defendant had been examined; and I, who am ignorant of these matters, believed that it was impossible to retrograde.

By sending your letter to the press you have completely exculpated yourself.

Believe me, with real esteem,

Yours, always, most truly,

ASTLEY COOPER.

In conclusion, I have only to add, that my colleague, Mr. Pileher, has requested me to state, that in the demonstrations which he has given, he has carefully abstained from all comment on the above operation.

I am, Sir, your obedient Servant,

R. D. GRAINGER.

Broad-street Buildings, Dec. 16, 1828.

TO CORRESPONDENTS.

FROM the space occupied with the report of the Trial, and comments, we have been compelled to postpone the insertion of several valuable papers till next week.

CONTENTS.

Report of the Trial, Cooper v. Wakley	353
Mr. Callaway and Mr. B. Cooper . . .	373
Remarks on the Speech and Learning of Sir James Scarlett	374
Perforation of the Stomach	382
Extraction of an Urinary Calculus of extraordinary size	382
Cancer of the Skin of the Abdomen . .	382
Hopital St. Antoine.—Caries of the Sternum, successfully treated by Cauterisation	383
Hopital de la Charite.—Suppuration of the Ovaries and Fallopian Tubes . .	383
Mr. Grainger	384

THE LANCET.

VOL. I.] LONDON, SATURDAY, DECEMBER 27.

[1828-9.

LECTURES
ON THE
SYMPTOMS, AND ON THE DISEASES
OF WOMEN AND CHILDREN.
DELIVERED AT GUY'S HOSPITAL BY
R. B. NIELL.

LECTURE VIII.

Besides the more ordinary signs of pregnancy, enumerated in a preceding Lecture, there are, Gentlemen, other indications which manifest themselves in particular individuals only, and which, though of accidental and anomalous occurrence, are, however, sufficiently important to deserve attention: to the consideration of these we will now proceed.

During pregnancy, women sometimes have certain likings, and still more frequently their antipathies. Some take an aversion to sugar, some to butter, some to wine, and this, perhaps, from the very commencement of their gestation. Sometimes women, when they are pregnant, become emaciated in a high degree, though perfectly healthy before; the breasts and abdomen enlarge, but the other parts diminish, and this constitutes, in certain individuals, a very conspicuous sign of gestation. It is an unwelcome, but still a very good sign, when the *temper* changes and becomes more acrimonious and morose; for certainly some females, who are naturally amiable, lose much of their good humour when gestation is begun, and a similar change is observed in the disposition of animals; for the rabbit, as delivery approaches, seems to acquire increased ferocity, and, though of herbivorous nature, not infrequently assumes the disposition of the cannibal, and is guilty of devouring its own young. With frightful dreams women are occasionally affected in the course of pregnancy. Dr. Lowder knew a woman who actually hired a nurse to sit by her bed side at night, and watch her countenance while she was asleep, that she

No. 278.

might be awoke whenever her perturbed countenance seemed to show that she was labouring under those distressing visions of the night. The cause of this I look upon to be, a hurried circulation of the blood, and an afflux of it to the head, the disease being allied, in its nature, to convulsions, an affection, apparently, of the same family. Some two or three cases under my own care have hitherto been relieved by cupping and opening the bowels. The glasses ought to be applied to the nape of the neck.

In pregnancy, pains are sometimes felt in various parts of the body ; in the fingers, toes, and more especially in the teeth.—Odontalgia sometimes affects the whole of one side of the jaw, night after night, for weeks together, and this, too, though the teeth are sound. Bark, valerian, and arsenic are the remedies which I have hitherto found of use.

It is about the third or fourth month, nearer the fourth than the third, that women have the peculiar sensation which is denominated the *quickening*, an excellent sign, consisting in a certain feeling of motion in the abdomen, sickness of the stomach, perturbation of the mind, and a disposition to fainting. Now, in many females, these sensations may scarcely be perceived at all, the symptoms are so slight you cannot place reliance on them; but in some, on the other hand, they are very conspicuously observed, and in them it furnishes a valuable indication of pregnancy.

When women are pregnant, too, the blood is more or less stasy, so that when you take away some two or three ounces from the arm, the size may often be seen clearly enough on the surface of the crassamentum, and though this size may be produced by other causes, yet, in conjunction with the other signs, it forms a valuable indication of pregnancy.

Impregnation is not common during suckling, yet it sometimes occurs, especially after nursing has been continued for twelve or fourteen months; and, in these cases, gestation is indicated by the failure of the milk, for it rarely, I think, continues to form so copiously after the first two or three months, and I suspect that its quality alters.

re C

You may set down, therefore, among the anomalous signs of pregnancy, this suppression of the secretion of the milk, for wherever a sudden suppression occurs, without any other apparent cause to which it may be referred, it may not, without reason, be ascribed to pregnancy. In a word, all the morbid affections to which the system becomes obnoxious, in consequence of gestation, may be looked on as so many signs of its existence; but having drawn out from these the indications which I deem more especially deserving of a separate notice, for the rest belonging to this class, I must refer you to a future lecture, in which I shall treat of the diseases of gestation.

When women are anxious, as in illegitimate gestation more especially, to know whether they are pregnant or not, there is yet a third mode of ascertaining the point, and that is, by a careful examination with the hand; and this, indeed, in some dubious cases, is the only certain mode in which it can be investigated. Now the manual examination of pregnancy may be divided into two kinds; that of the earlier, I mean, and that of the latter months. When an investigation is instituted, in the end of a reputed gestation, the patient may be placed in the recumbent position, with the pelvis and shoulders moderately elevated, and the lumbar vertebrae depressed, so as to approximate the muscles, and give a complete relaxation to the coverings. Care, too, must be taken, that the bladder be emptied, whether by the natural efforts, or the catheter, as the interposition of accumulated water, may frustrate the whole inquiry. The abdominal surface may be well lubricated with oil. These preparations made, you may lay the hand on the abdomen above the umbilicus, often perceiving there, on pressure, the gurgling of the intestines, with some degree of elasticity, especially towards the middle months. Having completed this part of the inquiry, you next examine the middle and inferior parts in the way here demonstrated, observing the outline of the uterus—its roundness—its firmness under pressure—its equable surface—its position in the middle of the abdomen—and, in addition to all this, in some instances, the movements of the fœtus. The movements of the fœtus may, perhaps, be produced sometimes by the sudden application of a cold hand, or by changing the position of the patient, who may place herself successively in the sedentary, lateral, recumbent, or other postures, while the hand still rests over the region of the womb. Under these movements, now and then, I know not that I can say frequently, the accoucheur may be able to feel the child distinctly—a sudden blow may be given by the arm or leg of the

fœtus; and where there is no deception practised on the part of the woman, which there will not be, unless she is anxious to be thought pregnant, this sign may be looked on as decisive. I have sometimes felt the child leap three or four times in the course of five minutes. This point investigated, you desire the patient to change her position, and lie in the posture of labour, on the left side, close upon the edge of the bed, with the loins posteriorly, and the abdomen inclined towards the mattress, with the knees and bosom mutually approximated, in the manner so often demonstrated. Having placed the patient in a proper position, you then lubricate the first two fingers of the left hand, and pass to the os uteri. In reputed pregnancy, an unbroken hymen is not impossible, but it is no certain disproof of gestation; it may be proper, therefore, still to continue the investigation; and without much injury to this membrane, the examination may be made, but one finger only must be employed. When one or more of the fingers have been passed to the os uteri, this may be found to be more or less expanded; so that, in many cases, without much disturbance, the membranes, and the head of the fœtus, may be felt at the opening, especially in the end of pregnancy. Further pursuing the investigation, you may place one or two fingers of the left hand on the front of the os uteri, and the contiguous cervix; making, at the same time, with the right hand, a counter-pressure externally above the pubes, right or left; and by this manœuvre, provided the presentation be vertical, the head of the fœtus may often be felt between the two hands, and distinctly enough. Lastly, placing the fingers upon the cervix, between the mouth of the womb and the symphysis pubis, you may direct the patient to assume a posture intermediate between the sedentary and the recumbent, in which position the head of the fœtus may often be felt through the neck of the uterus; and then, if with a slight blow you give it an impulse, it rises in the water, and, in a second or two, subsides upon the finger again. This, too, in many cases, may be observed repeatedly, and in a manner too obvious to admit of a mistake. These observations cannot always be made, yet they may in many cases; and when they do occur, whether separately or in combination, they may, I think, be deemed decisive; for there can no longer be a reasonable doubt of pregnancy, when we can feel the movements—the membranes—and, above all, the head of the fœtus; whether this is to be distinguished at the os uteri, or through the neck of the uterus, or by the joint-examination of the region above the pubes externally, and the cervix within. So, then, by feeling the membranes at the

os uteri, and sometimes the head—by feeling the head through the neck of the uterus internally between the os uteri and the symphysis pubis—by feeling the head of the fœtus interposed between the two hands placed at once respectively, externally, and within—by feeling, as before demonstrated, the movements of the head, as it rises and falls when afloat in the liquor amnii, you may, I think, in most, if not all cases, not only raise a high probability of pregnancy, but for a certainty infer its existence; and by this method, in the end of gestation, I have often been able to decide the point.

In the earlier months of gestation, you are sometimes requested to determine whether the woman be, or not, pregnant; and if you possess the requisite dexterity, it is generally easy enough to distinguish an enlargement of the uterus, but it is not so easy to determine whether the enlargement is to be attributed to pregnancy, or other causes; for the womb may grow in consequence of scirrhus, or polypus, or hydatids, or moles, or from a combination of these affections. An opinion in the earlier months, therefore, is always, more or less doubtful; but these cases of morbid enlargement, in general practice at least, are not very frequent; so that if the woman have been exposed to the causes of impregnation, a womb, as large as the foetal head, is a strong presumption in favour of gestation; and the presumption becomes strengthened, provided the patient have manifested, previously, no indications of uterine disease.

When anxious to ascertain with nicety what may be the bulk of the womb, in the earlier months, we may direct the patient to drink copiously of water a few hours before, so as to enlarge the bladder, which should then be evacuated thoroughly by the catheter, or the natural efforts, so as to relax thoroughly the abdominal coverings in the region of the pubes. The patient, prepared in this manner, is then to be laid upon the left side, the nearer the edge of the bed the better, and two fingers of the left hand being placed on the os uteri, the fingers of the right hand may be placed above the pubes, where, with a moderate share of manual dexterity, the fundus, and, at the same time, the bulk of the womb may be felt in most cases, unless the system be unusually loaded with adeps. This observation having been made with care, another may be instituted; the fore-finger of the left hand may be placed on the back of the womb, (for the rectum gives access to it,) the thumb of this hand may, at the same time, be rested upon the mouth of the uterus, while, as before, the fingers of the right hand may be applied to the fundus, where it lies above and behind the symphysis pubis; and by this method of examina-

tion, the bulk of the uterus may be again ascertained. Besides these nicer inquiries, which all patients may not be able to bear, two others may be essayed; and we may feel the large body of the uterus from the vagina, especially near the symphysis pubis; and we may throw the uterus from side to side, balancing it in this manner upon the finger; and we may place the patient in the semi-recumbent posture of this image, so that the plane of the brim may lie horizontally, afterwards ascertaining the weight of the uterus, by supporting it upon the summit of the index finger, inserted for this purpose a little way into the os uteri when by the weight, the momentum, the bulk of the uterus, where it is felt behind the symphysis, we may form a shrewd conjecture respecting its general size. Thus, then, by examining from the vagina, the rectum, and the coverings of the abdomen; by weighing, balancing, and from behind the pubis feeling the body of the uterus, proceeding in the way which I will now demonstrate, by means of this apparatus, the enlargement of the uterus may, in general, be made out. Do not, however, form your opinion too hastily. If necessary, let a second examination be made, at the end of a few weeks. If the womb be pregnant in the course of this time, it will acquire a considerable increment of bulk, and this may further help our diagnosis here. All patients may not be able to bear these examinations. The neck of the womb is, in some women, very flexible; so that while the body remains motionless, the cervix gives way with facility; thus, when the womb is heavy, the cervix may move with little momentum, and an opinion taken from this observation, would be liable to deceive.

And thus much, then, respecting the indications by which gestation is known; the ordinary, the anomalous, and those which are taken from manual investigation. Should all these signs prove indecisive, there is still one other which can scarcely fail us; but I deem it better not to mention it; and I should advise you, if it be doubtful, to wait till the end of ten or twelve months, when, unless the gestation is extra-uterine, or out of all rule, parturition must, sooner or later, occur.

Of the Means whereby we may ascertain the Age of Gestation, and the time when it may be expected to close.

Of the progress of pregnancy, we may judge in two ways, by the reckoning, as it is called, and by examination, and to the consideration of these methods we will now proceed.

As gestation advances, the neck becomes expanded, and the womb enlarging, there

is, of necessity, an ascent of the fundus, which, together with the dilatation of the uterine neck, bears a certain relation to the progress which the pregnancy has made.

During the first three or four months, the whole bulk of the uterus will be found in the neighbourhood of the pelvis, where the summit may often be felt lodging a little above the brim. As the fifth month approaches towards its close, the summit will be found about half way between the navel and the pubes; and a little below the naval in the close of the 6th. In the end of the seventh month, the uterine summit is elevated above the umbilicus, and lodges half way between the umbilicus and the point of the ensiform cartilage. In the end of the eighth month, while in the close of pregnancy, the fundus approaches very near to the sternum, unless it be sunk again in the abdominal cavity, in consequence of that preparatory contraction which occurs during the last week. These statements you may receive as approximations to the truth, though not, perhaps, as true in the strictest sense. I have verified them, in part, by my own observations; but never having turned my attention assiduously to this subject, I wish it to be considered, that I am not personally pledged for their accuracy. In different women, at the same stage of pregnancy, the elevation of the fundus may vary; nay, it may vary somewhat with the positions of the body in the same individual, and in the same stage of her pregnancy.

Further, the length of the cervix bears a fixed relation to the progress of pregnancy; for, during the first five months, unless dilated by a dropsey of the ovum, the neck retains its full length of an inch and a half; being at this time annexed to the body of the uterus, in the way of an appendix, as the preparation here exhibited demonstrates. Gestation, however, advancing, the neck expands, so as to form a part of the general receptacle for the ovum. In the end of the sixth month, its length is reduced to one inch; in the end of the seventh, to half an inch, and in the course of the two remaining months, the cervix becomes completely dilated, so that it can no longer be distinguished as a part forming an appendix to the great body of the uterus; all which these preparations so well show.

Now if the patient be recumbent, and the bladder be emptied, and the abdominal coverings be relaxed, and the abdominal surface be lubricated, the fundus of the uterus may, in some women of spare habit especially, be felt distinctly enough; and, by the elevation of it, we may, in many cases, judge not inaccurately of the progress of the pregnancy, remembering generally, that when the summit is above the umbilicus,

the gestation is in the latter months; when below, in the middle or the earlier, and that during the first three months, the body of the womb is lying entirely in the vicinity of the brim. Sometimes the elevation of the fundus will be made out more distinctly by placing the patient in the posture of parturition, and placing the fingers of the left hand on the os uteri, and those of the right externally, where the fundus lies. Nor is it difficult to form a judgment of the advancement of the pregnancy, by measuring the neck; for if this is wholly expanded, the woman is in the end of the 9th month; if to the extent of two-thirds only, she is in the end of the 7th; if of one-third, in the end of the 6th; and we may venture to infer that she is not beyond the middle, if the neck retain its full measure. Now, when it chances to be relaxed, the neck may sometimes be measured by passing the finger along its canal, so as to touch the membranes; but I would condemn this practice, as not unlikely to disturb the process of gestation; a safer measurement is afforded by passing the finger between the os uteri and the symphysis, so as to touch the body, when the length from the uterine body to the mouth may be ascertained, and with tolerable certainty.

But, independently of these examinations, the progress of pregnancy is often ascertained, and more commodiously, by that computation which is called the reckoning, than by these more difficult and uncertain observations on the length of the cervix, or the elevation of the summit of the womb.

Human gestation, it is asserted, is of forty weeks' duration, but I doubt the correctness of this opinion, and suspect, rather, that it lasts only thirty-nine weeks, plus one day. A friend of my own knew, from peculiar circumstances, when impregnation was accomplished; thirty-nine weeks, plus one day, from this time the delivery began. An acquaintance of M. Chambou made his observations on three pregnancies of his lady; in two of them, the delivery commenced at the end of thirty-nine weeks, plus one day, being accelerated some few days, in one of the three cases, in consequence of a fall. In the working classes of this town, deliveries frequently commence on a Sunday—for Nature does not scruple to make her creatures labour on that day; respecting the cause of this desecration, I leave you to draw your own inference—consult Sterne, if you like. I was surprised to learn that, in a late investigation before the supreme tribunal of the empire, nine months of the calendar and forty weeks, were, by some of the witnesses, used interchangeably, as if they were commensurate periods; the error will appear on a little calculation, as the period of nine months is

exactly equal to that of thirty-nine weeks, plus one day, provided of these nine months, five are of thirty days only, and four of thirty-one; and hence the duration of pregnancy, as here stated, is confirmed by the popular observation. This term of thirty-nine weeks, plus one day, may be measured by the lunar months or the solar, and the reckoning is called long or short, according as the long or short, in other words, the calendar month, or the month of four weeks, is employed in it. Our women generally use the long reckoning—the ancients seem, at first, to have used the short.

Roderer made his observations on as many as a hundred cases, and found that in four out of five of these, the quickening, formerly described to you, occurred in the fourth month. When pregnancy occurs, the catamenia are usually suspended from the first.

Now, with these data, it is by no means difficult to ascertain the date of delivery with useful accuracy, for I believe it will generally take place five months after the quickening, nine months after sexual intercourse, and about nine months and a fortnight after the last appearance of the catamenia, later or sooner by a few days.

A lady once told Lowder, that her delivery would occur on the civic festival, the ninth of November, and her decision was confirmed by the event. When the reckoning is grounded on the intercourse, its accuracy is sometimes surprising; the reckoning from the amenorrhœa and the quickening are not equally exact, yet women are in general compelled to adopt them. Sometimes, however, furtive intercourse, a separation from the husband, or peculiar sensations felt about the bladder, the sacrum, and, in general, the central parts of the body, a few hours after using our sex, are found to mark out clearly enough the congress by which impregnation has been produced.

I perceive, Gentlemen, that our time is expired, and I shall, therefore, abruptly conclude.

FOREIGN DEPARTMENT.

ON HYDROPHOBIA.

By DR. CH. MAYER, of Petersburg.

THE author points out two remedies to which the lower classes in Russia, from time immemorial, have attached the most implicit credit as preventatives of rabies; *Euphorbia Cyparissias*,* and *Anclusa officinalis*, they are taken in concentrated deco-

tions, and are even said to have cured hydrophobia, which, however, is doubted by Dr. Mayer.

As to the sublingual vesicles of Marochetti, he has never seen them, nor could they be discovered in any one of the fifty individuals affected with rabies, who were treated in the hospital of Moscow.

The swallowing of a large quantity of fresh blood has lately been recommended; and Dr. Mayer was informed that, in the southern parts of Russia, the blood of the *Anas Clypeata* is so universally employed in hydrophobia, that the bird is bred for this purpose alone. There exist, however, no proofs of the efficacy of this method.

Dr. Mayer relates two cases of hydrophobia, which, from their pathological and therapeutical interest, deserve the attention of our readers.

1. A man, forty years of age, was, in the month of May, 1820, bitten by a cat; the wound healed in four days. On the 19th of March, 1821, he was tormented by a violent venereal desire, which he, however, did not satisfy. On the evening of the same day he became morose, and had all the precursory symptoms of rabies, which first manifested itself on the 25th of May, by a violent shivering and terror at the sight of the holy water, in a church. He was immediately carried into the hospital, and soon exhibited all the symptoms of confirmed hydrophobia.† The contact of tepid water caused less shivering and convulsions than that of cold water, and there was no dread of bright surfaces. The cicatrix of the wound was scarified, and covered with a blister; five ounces of blood were taken from the arm; and, according to Magendie's plan, a pint of water, at 101 degrees, was injected into the cephalic vein of the right arm, during which operation the patient had a burning sensation in the left subclavian region: after it, the pulse fell from 90 to 60, and became very small. This injection of warm water was twice repeated in the space of about eight hours, and accompanied by nearly the same symptoms; the vein became, in its whole course, turgid and painful, and the patient complained of a very unpleasant sensation of heaviness in the region of the heart. At midnight a profuse perspiration came on, especially on the chest, without, however, being followed by any alteration in his state. On the 25th of May, the injection was repeated; to the dread of water, a perfect horror of wind, or any movement in the air, succeeded. At noon, he was prevailed upon to take some hot beer, of which he at last,

* A species of spurge.

† A bird of the duck kind, called the "shoveller."

by means of a long tube, succeeded in swallowing three ounces; it was, however, soon brought up again. On the 26th, tepid water was injected a fifth time, but tetanic convulsions supervened, and he died the same day.

On examination, the pia mater was found much infiltrated; the substance of the brain hard and injected; the vessels of the pons Varolii and medulla oblongata, particularly near the origin of the auditory, fascial, pneumogastric glossopharyngeal and hypoglossal nerves, were gorged with blood; the arachnoid of the spinal chord was injected, and contained a serous effusion; the salivary glands were filled with a dark liquid blood.

2. A young man had an ulcer on the left leg, which he suffered his dog to lick frequently; it healed within a short time, but the dog shortly became rabid, and six-and-twenty months afterwards the young man was, without any further assignable cause, attacked with hydrophobia. In this patient, also, dread of the least movement in the air was observed. He died on the eighth day of the disease.

On examination, the brain and medulla spinalis presented unequivocal signs of inflammation, which appeared to have had its principal seat in the coats of the cerebral nerves.—*Hufeland's Journal*.

ON THE PLAGUE IN ALEXANDRIA.

L'Ami du Bien, a Journal published at Marseilles, contains the remarks of an Italian physician, who, during a residence of five years at Alexandria, had a frequent opportunity of observing the plague.

"It manifested itself, (says he,) in 1815, at the time when the European inhabitants were enjoying the pleasures of the carnival. According to the custom of the country, every body kept, from this moment, at home. I could not, however, consent to shut myself up in the French quarter, and had but too soon sufficient reasons for regretting my obstinacy. On the 25th of April, I was requested to visit a female servant of the Austrian Consul-General, M. Godard. This gentleman assured me that she was not affected with the plague, and, to overcome my repugnance, touched her himself. Having carefully examined the patient, I found her labouring under violent pneumonia, and ordered leeches to the chest; but when I, shortly afterwards, returned to see her, she was dead, after an illness of no more than thirty-two hours. On her body neither buboes and pustules, nor the least eruption, were visible, so that, according to the general notions, she had not been affected with the plague. A few days afterwards, I was suddenly sent for to M. Godard, who had been seized with an

apoplectic fit. Leeches and cupping seemed to cause a remission of the symptoms, but they soon returned with increased violence, and he died on the same day. His body, also, exhibited no signs of the plague. On the 2d of May I was requested to see the widow, who, I was told, was slightly indisposed from excessive grief. I hastened to her house, but she had already expired. Thirty-six hours after this event I was myself seized with a violent fit of shivering and convulsions, which terminated in frequent vomiting. Within a few hours my body was covered with buboes, carbuncles, and petechiae. This dreadful disease continued for two months, and my recovery was not completed before a twelvemonth. Of my five servants, four were victims to their zeal, or rather their Turkish fatalism; the fifth escaped the disease altogether. Dr. Audriac, a French physician, who, with the greatest intrepidity exposed himself to the infection, without using any other precaution than frequent washing with aromatic vinegar, and wearing a dress of cere-cloth, paid me a visit: two days afterwards he died with a bubo. During, and after my recovery, I saw and came in contact with many patients, as I considered myself perfectly free from danger; and the observations which I had thus the opportunity of making, convinced me, that the plague is a much more varied disease than is generally believed. The following are the results to which I was finally led:—

1. The plague is endemic in Egypt, but its manifestation depends on several causes, which seem to prevail only from March to the end of July.

2. Contact alone is not sufficient to communicate the plague; and a certain predisposition is necessary for the infection.

3. For its propagation from one place to another, a peculiar state of the atmosphere, and the re-union of several circumstances, are necessary. During my stay in Egypt, Cairo was almost constantly exempt from it, in spite of the continual communication between it and infected places, by travellers, letters, and merchandise.

4. Negroes and foreigners, especially if recently arrived, are most exposed to the contagion.

5. In some years it rather attacks children, wounded and timid persons; in short, to all those who are of an asthenic disposition; quarantine is, in such years, of no use. Such was the plague in 1815 and 1818; the slightest indigestion, or excess in drinking, fright, accidents, the most trifling wound, even from bleeding, or the action of a purgative, was, almost without any exception, followed by the plague, in spite of the most rigorous quarantine.

6. In other years it rather attacks adults,

and persons of a robust constitution; and then quarantine alone is sufficient to protect them against infection. This was the case in 1816 and 1817.

7. In those years where the plague is of an asthenic nature, no medical assistance is of any effect; it can at best but aid nature during the crisis.

8. When it, on the contrary, exhibits a sthenic character, the strongest sedatives, especially emetics, digitalis, and prussic acid, in full doses, at the beginning of the disease, are of the most salutary effect; in such years the mortality is much greater, owing to the Turkish fatalism and indolence, than it would necessarily be if proper precautions were taken.

9. The plague not unfrequently attacks the same person more than once, but hardly ever in the same year.

EPIDEMY IN PARIS.

This epidemic, of which we gave some cases in No. 269, has by no means subsided, as appears from the French medical journals, and the discussions in the medical societies of Paris. At the time of our first report we observed, that there was a striking analogy between it and the disease called raphania; and it seems that the French physicians are now of the same opinion. A committee has been appointed by the Académie Royale de Médecine, to inquire into its causes and nature, and we shall give an extract of the report as soon as it appears.

SKETCHES

OF THE

MEDICAL SCHOOLS OF SCOTLAND.

No. XXV.

DR. MONRO.

"NEARLY twenty-five years," exclaims the learned professor, with whose name these sketches are resumed, "have I been employed in the composition of my work," alluding to his late book on the brain. In this heart-broken ejaculation, the predominant feature of Dr. Monro's character is faithfully embodied. Though obviously intended as a testimony of the labour bestowed on the volume, and of its consequent value, to all who are acquainted with the peculiarities of the author, this unguarded reflection sounds as the self-gratulation of indolence on completing a painful task. It must

have been written to the dreamy music of a yawn. The wonder is not, indeed, that he should have been occupied so long in an undertaking of the kind, but that he should have ever embarked in such a speculation at all. Not that he does not possess qualifications for the accomplishment of a much more extensive and better executed design than any of those which he has performed; but that his industry bears no proportion to his abilities and love of ease. Between his animal and intellectual properties, a perfect equilibrium seems to be established; or, as the phrenologists would express it, the cerebral organs are exactly balanced by the contents of the cerebellum. Had not this balance of the faculties kept him in some measure stationary on the road to eminence, he might, ere this, be occupying a place in the "temple of fame," along with his illustrious ancestors, instead of being an appropriate inmate for another "Castle of Indolence."

In person and manner, the Doctor looks his laziness to admiration. His magnitude confers a sort of corporeal dignity on sloth. Accurately measured, he stands about six feet; and is awkward in his movements in proportion to his bulk. In the extent of organisation included in this ample dimension, it would be difficult to discover one illustration of the laws of mechanical concord. The component parts of his frame seem as if they had run wild during their growth, in the indulgence of idleness and alimentary excess. His frame presents a "concors discordia" of members and motions, in which, though one side of the figure corresponds anatomically with the other, and each joint performs its duty correctly, yet symmetry has been preserved without beauty, and functional efficiency without harmony of action. He might sit for a frontispiece to Boyer on dislocations; his person being a personification of a luxation, and his gait of a civil war of muscular motions. To see this innocuous definition exemplified, (at which the Doctor himself will scarcely take the trouble to smile,) you should be a little behind him on the opposite side of the street, as he laboured on about one o'clock to the University, along the North Bridge, through one of those snow or sleet storms, which are much more frequent than agreeable in the capital of Scotland. Just about the middle of that "porta ventorum," the North Bridge, he appears to repent of having ventured abroad without a great coat, with which his robust constitution and national contempt for inclement weather, induces him to dispense. As he ascends the hill, the storm confined within the barriers of that vast chasm, which divides the old from the new town of Edinburgh, assails him with increased vehemence; he draws the skirts of his frock

around his knees with one hand, with the other he firmly grasps the collar across the neck; and with the head leaning to windward, and his motions thus impeded, he rocks from side to side up the steep, like a mast in a tempest. About the Tron Church coach stand, his vibration is partially steadied, by a speculation of saving a shilling, and the prudence of evading the hurricane by a drive to the College. The coachmen, who amuse themselves at this corner at the expense of passengers, knowing the Doctor's contempt for hard weather, and his respect for a fare, throw a glance alternately at him and one of the vehicles; but proof against the sarcastic invitation to shelter, he makes up his mind for the worst, and the propriety of sparing the expense, and so works on in a sort of oscillatory pace, in which a deficiency of motion in one side is compensated for by excess in the other.

Having gained his private apartment in the University, he spreads himself out before a fire, in an attitude expressive of the most comfortable obliviscence of the sleet and his pupils. While the moisture is thus evaporating from his garments, he is learning the heads of his lecture from his assistant, Mr. Mackenzie; to whose keeping he is in the habit of committing his recollection, as royal personages do their consciences to ecclesiastical remembrancers. This regal process of preparation for communicating instruction being completed, and a sufficiency of caloric being taken in for the next hour, he walks forth into the class room, his face beaming with that habitual good humour which, indeed, is essentially necessary, as it is always effective in conciliating the feelings of students delayed daily from a quarter to half an hour; and who, of all men living, move in the most regulated subjection to the despotism of the hour-glass. To his cheerful appearance on those occasions, I have rarely witnessed an exception, but with a fall in the funds, or a rise in the price of anatomical materials. Whenever, indeed, the *Edinburgh Evening Courant* announces a shade lower in the money market, or contains an account of the interception of a consignment of pickled Patlanders at the ports of Dublin, Belfast, or Greenock, not all the Doctor's happy indifference is able to dispel the gloom, with which the sad intelligence invests his countenance. Irritability, however, in any of its various forms, is not one of his permanent characteristics. Notwithstanding the daily provocations to displeasure with which he treats his class, by his neglect of punctuality, a mutual interchange of good feeling always exists between them. There is, indeed, running through the grotesque expression of his features, a shade of humour and good nature,

which is well calculated to allay any impulses of dislike which this conduct might excite, though rather irregular in its details, the general contour of the physiognomy pleases by its peculiarities. Like one of those rugged precipices or crags to be found in every part of his native country, whose rudeness is occasionally softened into beauty, by some scattered shrubs and wild flowers smiling in the sunshine, the otherwise harsh and angular lineaments of the face are corrected by the charm of combined effect, and made to awaken sensations of pleasure in the mind of the spectator. Upwards of fifty years have apparently denuded his head to nearly half its extent, leaving a broad expanse of forehead, rich in many of the most valuable eminences laid down on the craniological map of mind, and shaded by a thin fringe of hair, in whose fading hues may still be discovered a predominance of the sandy, or national colour. This rough but respectable pile of intellectual prominences rises on the solid foundation of a massy brow, underneath which a pair of small, greyish, and rather circular eyes, pour out on the beholder an incessant stream of keen, searching, sarcastic light, and approximating unusually close at the base of a nose flattened at its origin, and taking a direction upwards to its extremity, communicate to this region of the countenance a cast of Tartar acuteness, or Highland cunning, mingled with somewhat of its fierceness. The shortness of the neck, too, placing the head almost on a level with the shoulders, the latter being apparently elevated, and the former depressed by a habit of shrugging, in which he constantly indulges, assists materially in the production of this look of severe and crouching vigilance. Illuminated by the light of a smile, which diffuses itself from the lips over every part of the face, and softens all its asperities, the contour of the whole impresses you with the idea of one whose social and intellectual qualities, directed in a proper channel, are formed to please and to improve, but whose passions it might not be perfectly safe to awaken.

The singularity of the Doctor's person is more than rivalled by the eccentricity of his costume. He adheres, of course, to the professional vice of wearing white neck-cloths, with this difference, that his are generally of a dusky yellow, owing, I presume, to some peculiarity in the period, or the process of washing them. In defiance of the late improvements in the art of folding and knotting these articles, his is drawn round his neck with the simplicity of a coil of capel round a capstan, the tie being not unfrequently placed above one of his ears. The constant use of black is, however, not one of his foibles: an old blue coat, with brass

buttons, is, I think, his favourite for the lecture-room. The length of its services, I presume, entitle it to his respect, while the freedom of its make, particularly fits it for oratorical exertion. To me, at least, he never seems so happy in mind, or felicitous in his diction, as when arrayed in this venerable relic of the wardrobe. There is another part of man's apparel, which common consent has rendered anonymous in print, but which, spoken of in the plural number, I imagine will be very generally understood. These anonymous articles throw much light on the Doctor's taste in toilet arrangements. Their original tint is also usually blue; but, in the advanced stages of their existence, such as they are commonly seen in on the Professor, they come under the denomination of what, I believe, clothiers call "mixtures." Whether, owing to the fault of the maker, or the philosophic indifference of the wearer, one side of them is generally higher than the other—at *sifas visa loqui*; I have, more than once, seen a remarkable, but indescribable part of their structure open during a whole lecture. But, to quit these unapproachable premises,—he sometimes reverses the order of fashion, and wears one of their extremities in the Hamlet style, twisted within a Wellington boot. Yet has he his own ideas of neatness: in his demonstrations, he sports a pair of gloves through which his fingers appear; and though not quite so awful as the gauntlets of Dares or Ektellus, they were never better bespattered with blood and brains. A cotton checked apron, the string of which pretty well defines the clerical rotundity of his waist, completes his anatomical costume, arrayed in which, and wielding a rusty scalpel in one hand, and a bloody forceps in the other, he presents, if I may be allowed the use of an illustration entirely destitute of intentional offence, a tolerably accurate personation of the genius of the shambles.

The Professor of Anatomy, in the University of Edinburgh, invariably commences and concludes by a profound bow; it is a magnificent specimen of the good old school of politeness to which he belongs. He puts, indeed, his whole heart and soul into this transaction, at least; his venerable head making a profound sweep through the air, and his lips and eyes closing as if with the intenseness of his humility. Recovered from the effects of this deep obeisance, he proceeds, and, like most men who say what comes first, he is a fluent speaker. The current of his conversation is never for a moment interrupted by the qualms of sentence-making; he seems to have no definite notion of periods, but, like the prophets and other writers of the law, he unites, by a scriptural use of copulatives, the most

heterogeneous ideas into one continuous discourse, for an hour. No matter which member of a phrase presents, the lubricity of his colloquial organs affords the conception a facile delivery; whether matured or monstrous, redundant or deficient, it is hurried into being without a pain, and, like the young bear, is afterwards licked into shape. He comes at it again and again; rounds off its asperities here; supplies some defect there; until, by this process of rhetorical moulding, he at length succeeds in reducing a proposition, if not into an elegant, at least into an intelligible form. The machinery, as it may be not inaptly called, by which this patch-work species of monologue is elaborated, is singularly curious, but certainly well adapted for the purpose. To understand it, you will perceive that the Doctor divides his discourses into no less than four kinds of "Observations,"—"Observations general," "Observations very general," "Observations particular," and "Observations very particular." Commencing, of course, with the first of these divisions, he runs an idea through the whole series, until, like a piece of manufacture submitted to different processes in a mill, the proposition is evolved fit for use, having undergone the necessary labour through all these devices of definition. He is, in fact, for ever making "observations;" they are the mould into which he casts whatever information he has to communicate; the very pronunciation of this talismanic word, like the muttering of a charm, conjures up in his memory the precise facts which he may require. While making the "observations," he looks listlessness itself, and his voice sounds the very murmur of ennui. His muscles scarcely evince a consciousness of the force of his own expressions; while his tones, loud, broad, and Scottish, follow each other in a booming undulation of alternate cadence and emphasis: accompanied by the drowsy symphony of a storm beating over the dome of his splendid theatre, they present an irresistible provocation to sleep; and I have seen many of the class, poor lads! so overcome by the Doctor's duet with Eolus, and the fatigue, I presume, of study, that they fell, one after the other, into as profound a repose as if they had been listening to a sermon.

Notwithstanding his habitual apathy to effect, he is capable of strong emotion, animating delivery, perspicuous phraseology, and lucid arrangement. On favourite subjects, and with his energies thoroughly roused to action, he commands and carries along with him the whole attention and feelings of his auditory. On those days when he mounts from the demonstrating table, to a sort of rostrum overlooking the benches of the theatre, and not inappropriately called

the "Doctor's Palpit," his talent rises with his ascent, and, on surgery and philosophy, he is often deeply interesting. It is here, on these topics, that the masculine power of his mind, and the resources of study, may be best witnessed. Each of these subjects he amply illustrates by a copious display of fact and anecdote, with the soundest arguments to support his opinions. For the elucidation of his discourses on these occasions, his splendid museum affords every necessary preparation; it is rich in the accumulated treasures of three generations of an anatomical family. In the application of the arts of painting and engraving to scientific purposes, he is partial even to enthusiasm, and he consequently possesses many of these productions of a very superior description. The occasions, however, on which he happens to shake off the lethargy of indolence, and to show the strength of his mind, are of rare occurrence; and, with all the talent and information necessary for a first-rate lecturer, his discourses are desultory, inanimate, and imperfect; he passes from theme to theme, quite insensible of the consequences which must ensue to his pupils. The University of Edinburgh is, therefore, as yet without a regular course of surgery; for, from the manner in which it is confounded with the anatomical course by Dr. Monro, no student could possibly comprehend the nature and extent of that science. By this absurd confusion, both courses, indeed, are incomplete, for the one is for ever interfering with the other; every thing about him, his manuscripts, papers, and penmanship, bear marks of this indomitable propensity to slovenliness. I have heard him, during a whole lecture, demonstrate an artery for a vein; confound the symphysis pubis with the symphysis menti; and read a case nearly to the end, without perceiving that it had not the slightest reference to the matter under consideration. His various published writings, too, bear ample proofs of this negligence, not only in composition, but in facts, a copious "errata" of which, as occurring in his late work on the Brain, was sometime back supplied by the critical acumen of Dr. Mackintosh, in this Journal. With his pupils he is, however, a general favourite, to whom he is invariably affable and communicative, and lenient, I understand, as an examiner. I have repeatedly seen him, with a condescension which does him honour, go over a whole demonstration a second time, to the junior and more attentive part of the class, pointing out each object to their notice, and explaining away difficulties with the patience and affection of a parental instructor. For this characteristic trait, his celebrated ancestors were also remarkable, who were not only in the

habit of cherishing, by supererogatory instruction and encouragement any symptoms of extraordinary industry in their pupils, but of rebuking inattention by a personal address to the offender during lecture. This manly and generous exercise of the authority of a honest teacher, is but ill exchanged for the cold reserve and politeness of our modern preceptors. In the sciences which are considered collateral or subsidiary to medicine, as well as in classical learning, he is considered to be learned. He certainly speaks the Latin language with much fluency and correctness, and quotes from an extensive acquaintance with the philosophy and literature of the ancients. The possession of a large fortune, of which he is frugal in proportion to its extent, places him beyond the necessity of the practice of his profession. To an interference in the clinical duties of the Royal Infirmary, performed conjointly by all the other Professors, with the exception of himself and Dr. Hope, he has relinquished his right. Except where invited by some pathological novelty, or consulted in some case of difficulty, he never interferes with the concerns of that Institution but in his capacity of Governor. Though never an operator, he ranks high among the surgeons of Edinburgh in consultation, and is generally advised with in difficult cases. It is to be regretted that he is likely to be the last to represent the hereditary talent of his illustrious progenitors in the University of Edinburgh, to whose fame, if he has not added a professional contribution of splendour, he has certainly not diminished its lustre.

SCOTUS.

Edinburgh, Nov. 1828.

LONDON MEDICAL SOCIETY.

December 8, 1828.

Dr. HASLAM, President, in the Chair.

Mr. LLOYD read a paper on the following case, which he considered well calculated to elicit some important information:—

Mary Kent, *ætat.* 35, was admitted into St. Bartholomew's Hospital, Nov. 20, 1828, with a small tumour in her left mamma, which she had observed about a year before; she was then suckling, but could not discharge that office with the affected breast. In the early stage of the growth, no pain had been felt, but, five months before her admission into the Hospital, the parts surrounding it swelled, and became tender to the touch, which was the period at which

Mr. Lloyd first saw the patient. Under mild antiphlogistic measures the swelling and tenderness subsided; but, as the tumour remained as before, and appeared to him to be a newly-formed part—not an indurated portion of the gland itself, consequently not to be got rid of without an operation—he proposed that she should go to the Hospital. The different surgeons upon consultation, advised that further attempts should be made to disperse the tumour. The means proposed were tried for several weeks, and, as they produced no effect, the operation was resolved upon, which the patient cheerfully complied with. She was nearly three months advanced in pregnancy, and was anxious to get rid of the tumour before parturition, lest it might become worse at that period, and also in the hope that she might be enabled to suckle with that breast. For a fortnight previous to the operation her general health was particularly attended to. Mr. Lloyd removed the tumour on Saturday, Nov. 22. It was encysted, the size of a small walnut, and contained a sort of cheesy matter. No difficulty occurred in the course of the operation; it was borne well; the mammary gland was but very little injured by it; scarcely any blood was lost; one artery taken up; the lips of the wound brought together by adhesive straps; and the patient walked from the operating theatre to bed. As the bowels had been well relieved in the morning, no medicine was administered till the following day. She passed the remainder of the day comfortably, but the night restlessly. On the following morning had slight symptoms of fever, and complained of a little pain in the breast. Took two doses of aperient medicine, and the haust. efferves. c. mag. sulph. ℞i every six hours. She had no pain in the abdomen nor in the back. On Monday she stated that she had again passed a restless night, and was evidently suffering from increased fever. Countenance flushed; skin hotter than natural, though not dry; tongue white and furred; pulse quick, and had had several slight shiverings. Had slight tenderness in the breast, which was a little swollen, and rather redder than natural, but the wound looked well, and had begun to discharge. Had still no bearing-down pains, nor uneasiness in the abdomen. Ordered to be bled to ten or twelve ounces. The dresser not having done this immediately, and the feverish symptoms having increased, pain also being felt in the abdomen, when he performed venesection he took away eighteen ounces. The blood was much buffed, but not cupped; she did not faint. In the evening of the same day some bearing-down pains were felt for the first time, and between ten and

eleven at night the patient miscarried. The nurse stated, that then she could not have lost less than three pounds of blood. After this the hæmorrhage, except an occasional slight oozing, and the pain, ceased. She was much exhausted, but, on the administration of twenty-five drops of the tincture of opium, she quickly rallied. When visited next morning her countenance was anxious; pulse 120; skin hot, but perspiring; tongue moist, but furred; and complaining of pain and some tenderness on pressure being made on the abdomen; the bowels freely opened; had taken some biscuit and tea, but had occasionally vomited. Ordered hydrarg. c. creta, gr. v.; opii, gr. ss. 4ta quaque hora sumed.; and some light farinaceous food. In the after part of the day she became better. On the following morning stated, that she had had some sleep, but that she had experienced slight rigours, which were succeeded by increased pain and tenderness of the abdomen. The sickness had increased; fullness and tension of the abdomen supervened; pulse full, and 138; skin hot, but perspiring freely; tongue furred, and moist; great anxiety of countenance; the bowels moved, and the symptoms of intestinal irritation greatly subsided. Twenty leeches to be applied to the abdomen, and the dose of opium to be increased to a grain. At five p.m. worse than in the morning. The temperature of the skin lower, and the perspiration more profuse; pulse quicker, and abdomen tympanitic. Oppression at the chest, breathing difficult, and slight cough. The leeches had materially diminished the pain, and some sleep had been procured. The abdomen to be kept constantly fomented. At ten p.m., breathing with great difficulty; the abdomen very much distended, and extremely tender; pulse excessively rapid, but regular; tongue moist; perspiration most profuse; the mind not at all deranged, nor had it been affected. A turpentine enema administered, which afforded some comfort. Died in an hour afterwards.

On the following day, at three o'clock, Mr. Lloyd examined the body in the presence of another gentleman. The omentum, stretched over the intestines, extended in to the pelvis, was in a state of high vascularity; it was slightly adherent to the convolutions of the intestines, the bladder, and fundus uteri. The lower border, when drawn out of the pelvis, appeared as if it had laid in a mixture of pus and lymph. The convolutions of the intestines, redder than natural, adherent to each other, but very easily separated. The peritoneal coverings of the uterus, and its appendages, likewise inflamed, and coated, apparently, with pus and lymph. The peritoneal investments of the liver and spleen in the same condition. The

uterus containing purulent fluid. In the cavity of the peritoneum, were three ounces of a sero-purulent fluid, containing some flakes of lymph. A very small quantity of fluid in the different cavities of the chest. The pleura pulmonalis and costalis adherent to each other. In the right lung, the marks of acute peripneumony. The lungs, externally, more livid and more solid than natural; they had a doughy feel, but were in some degree crepitous; the texture easily broken down between the finger and thumb; the cut surface also of a very livid colour, and the whole ejected a frothy, serous fluid, of a reddish hue. The left lung and heart healthy.

From the detail of this case, Mr. Lloyd conceived the important questions arising for discussion to be, whether the miscarriage was to be considered as the consequence of the operation. If so, was the particular condition of inflammation of the uterus the result of the miscarriage? Was the peritonitis the consequence of the operation, or only consequent upon the inflammation that occurred in the uterus? Was the diseased state of the lung, evidently of very recent existence, produced by the same cause? If there was a risk of abortion consequent upon an operation about the mamma during pregnancy, was an operation performed in any other part of the body, not to be considered as attended with the same risk?

Mr. SALMON, as far as he had been able to understand the case, considered it not at all an uncommon one under such circumstances, and doubted the efficacy of the treatment.

Mr. SHEARLEY looked upon the peritonitis as consequent on the puerperal state and the treatment seemed to have been any thing but efficient. He should at least have bled ad deliquium.

Mr. PROCTOR, notwithstanding the great sympathy that existed between the mamma and uterus, could not bring himself to believe, that the operation had caused the abortion. The reduced, and, indeed, almost collapsed state of the patient after abortion, and where peritonitis was going on, was exceedingly deceptive. When the patient seemed to have been very much exhausted, he had often applied a *hundred* leeches to the abdomen, and found the pulse and patient immediately rally.

Mr. WILLIAMS wished to know whether there was any thing of a malignant nature in the tumour, which induced Mr. Lloyd to perform the operation during pregnancy?

A Member considered it always highly necessary to avoid giving a shock to the nervous system during gestation, particularly through any thing done to the mamma.

Dr. RYAN thought there could be but

little doubt that the abortion arose from the operation, and that the subsequent inflammation and peritonitis were consecutive of the abortion.

A MEMBER apprehended that it would not have been possible for this woman to have carried the fetus to the full period of gestation; and where there was a disease likely to produce serious mischief from being allowed to go on, and which could be removed by the use of the knife, he did not think the circumstance of pregnancy ought to prevent the performance of the operation.

Dr. BLICK had never seen any active disease attack the breast during pregnancy; on the contrary, where disease existed in the mamma before pregnancy, it almost always disappeared as gestation came on and proceeded.

Mr. DERMOT held this to have been a simple tumour, and that no cause had been shown why the operation should have been undertaken during pregnancy. In his opinion it was improper.

Mr. LLOYD conceived, that if he had bled largely after the dangerous symptoms appeared, the patient's life would have been cut shorter than it was. He was exceedingly anxious to have the operation performed before she approached the full period of gestation.

The discussion was here concluded on an intimation being given, that it should be allowed to be renewed at the next Meeting.

Dr. RYAN exhibited a specimen of diseased uterus, which he conceived to be an excellent specimen of *ulcus exedens*.

Mr. SALMON showed a beautiful preparation, too, of a diseased rectum, in conjunction with disease of the urethra and mortification of the stomach, of which the patient had died.

The debate upon these cases is to take place at the next Meeting.

PRACTICAL REMARKS ON PNEUMONIA.

By HENRY PERRY, Esq. Surgeon.

PNEUMONIA has, throughout the past, and still occupies at the present season, the attention of the medical practitioner. The observations I have to offer on this disease are chiefly intended for the junior members of our profession, the majority of whom are in the habit of perusing your admirable journal of medical science. Pneumonia is most frequently produced by exposure of the body, when heated, to wet, or cold, or by sudden atmospheric changes. The cuticular circulation, generally speaking, becomes primarily affected, when, from constriction

of its vessels, the blood is directed inward to the more vascular parts of the body, and it usually happens that the lungs become the seat of congestion. The bronchial vessels, derived from the arteries of that name, which freely inosculate with the ramifications of the pulmonary artery, are everywhere distributed throughout the structure of the lungs, and which, with the latter, become engorged with blood; a sense of oppression is experienced at the epigastric region, attended with great difficulty of breathing, the number of inspirations varying from twenty-eight to thirty-five in the minute; the pulse is generally *slow*, and *greatly oppressed*; an acute pain is commonly felt, either in the left or right hypochondrium, sometimes shooting backwards to the spine; febrile symptoms, characteristic of synocha, follow in quick succession, and unless speedy relief be obtained, the individual falls a victim to the disease, or its sequel. It frequently happens that the pleura participates in the inflammation, in fact, so intimately allied are the symptoms of pleuritis to those of pneumonia, that a nice discrimination is sometimes necessary to distinguish the one from the other disease. The treatment in either is very similar, and it matters but little whether we arrive at the knowledge of this point or not. The pulmonary mucous tissue does, in some instances, become highly inflamed, irritable, and thickened, in a similar way as the pituitary membrane of the nose in common catarrh, so that the air, in its egress from the lungs, is retarded, which necessarily gives rise to a sense of great oppression in the chest, and under such circumstances the blood cannot be de-carbonized as in health, which is evidenced by that purplish hue of the lips and countenance, most usually attendant on this disease. When the mucous membrane is thus inflamed, one or other of its vessels is found to give way, and, by the action of coughing, a discharge of blood ensues. The difficulty of breathing, as well as pain, complained of at each inspiration, is frequently of a compound character, for, as the serous membrane commonly participates in the inflammation, each time the thorax expands, the pleura, which is reflected over each lung, and which lines the chest throughout, is, by the action of the respiratory muscles put upon the stretch, which must of necessity from its state of irritation, cause very acute pain. The disease, when not so violent in its attack, goes on, if not arrested, to an indefinite period laying the foundation of *phthisis pulmonalis*. That febrile affection at first set up, which has been styled the *vis medicatrix naturæ*, gradually subsides, in the above instance, and is succeeded by what is termed *hectic fever*. Hectic is not a fever of idiopathic character, but is occasioned by na-

ture being weary of itself in making attempts to subdue disease, or in repairing those wastes which disease may have produced. When hectic supervenes to acute disease, we have a quick, enfeebled pulse, sunk and pallid countenance, but which is frequently flushed in the capillaries of the cheeks, nocturnal sweats, pale urine, depositing a brick-like sediment, &c. Having thus briefly considered the leading features of pneumonia, I shall proceed to its treatment. In all diseases of the inflammatory character, depletion is the first and chief indication, and, in abstracting blood, we are not to be governed by the state of the *pulse*, for, in some instances, the heart's action is full and powerful, whilst in others a feeble and depressed condition ensues. We shall most commonly find the pulse rise very considerably in the latter case, even after the abstraction of but a few ounces of blood, which I have known occur in numerous instances of *pneumonia*, as well as *enteritis*. Writers on *enteritis* almost invariably lay it down as a rule, that you have a *very quick and small pulse*, whereas, in the majority of cases I have met with, and it has fallen to my lot to have had a great number, and of the very severest kind under care, the pulse has been *full*, and *exceedingly oppressed*, scarcely beyond fifty beats, in others, even as low as forty in the minute. In such cases the pulse has invariably risen, frequently to ninety, in others to the natural standard, after the abstraction of blood. The pulse, then, I repeat, should never govern our conduct where we suspect active inflammation exists. By letting blood we diminish the power of the brain, and necessarily that of the nervous system; the heart becomes sensible of the impression, and is secondarily affected, by which means, if bleeding, *ad deliquium*, shall have been pursued, its action is, for a time, suspended, and, consequently, the circulation is arrested, not only in the inflamed part, but throughout the body generally; and thus it is evident a direct effect must be produced on the disease. Although a new supply of blood goes to the seat of inflammation, on the renewal of the heart's action, yet its quantity becomes diminished, and should we see it necessary to repeat venesection, it is, naturally, very considerably reduced. Local bloodletting, either by means of cupping or leeching, is strongly to be recommended in the treatment of pneumonia, for by such means we unload those vessels of the *cutis* which anastomose with others of the *pleura*. Counter irritation proves highly useful, which is effected by means of vesicatory remedies. By blistering the skin, its blood vessels become powerfully stimulated, when the exhalants pour out that increased quantity of serum met with beneath the distended cuticle.

I now come to speak of internal means to be employed; I shall advert chiefly to those which come under the denomination of *expectorants*, and, perhaps, a view of their *modus operandi* may not be objectionable to the student. Previous to the employment of expectorant medicines, we are to endeavour to reduce the inflammatory condition of the organ, or otherwise it would be vain to expect they could be productive of the least good, for, as long as inflammation exists, secretion diminishes, or ceases altogether. When the inflamed part has been thus acted on, and when we shall have ascertained that the vessels of the mucous tissue are at the point of secretion, then is the precise period to commence with expectorant medicines, and, at this stage of the disease, *tartarized antimony*, or *ipecacuanha*, will prove of infinite service, carried so far as to keep up a continued nausea, without producing actual vomiting. By nauseating the system we produce relaxation, not only of muscular fibre, but likewise of the vascular system in general. Squill may be considered as a useful expectorant, but it certainly must give place to those I previously named. Italian physicians have exhibited tartarized antimony to the extent of five or six grains a dose, and they contend its effects are extraordinary in subduing the disease; I have given it to very nearly the same extent, which the stomach has retained, yet not with any apparent advantage, for as large and repeated bleedings were resorted to as in ordinary instances. I consider it important, where the system will bear it, to carry mercury so far, at this stage of the disease, as to produce a gentle pyalism, for we very well know that this medicine has a peculiar action on mucous surfaces, by increasing the activity of their secreting vessels which is instanced in that form of deafness occasioned by an inflammatory condition of the mucous membrane lining the eustachian tube, and which not unfrequently restores it to a healthy state. When the pulse continues frequent and the cough troublesome, after the more urgent symptoms have abated, digitalis, either in the form of powder or infusion, may be given with advantage, great caution, of course, is necessary to be observed during its use, and likewise its action to be narrowly watched. Colchicum has, by some practitioners, been greatly extolled, and, in their estimation, it promises to supersede the use of digitalis, when the latter is indicated, yet I must confess myself sceptical on that point, and with a fair proportion of reason, never having seen it, except in a solitary instance, answer the proposed end, namely, that of reducing the action of the heart and arteries. I have seen it prescribed generally in the form of powder, which is by far the best mode of giving it.

Great care is necessary in preparing it, as the heat should never be allowed to exceed 104 degrees of Fahrenheit, for, should a greater temperature be used, its mucilaginous property becomes destroyed, on which its principal action is said to depend. I must, of course, be understood to apply the above observations to its use as a *substitute* for digitalis, since very few can dispute its good effects, which are found to arise when exhibited either in *rheumatismus* or *podagra*. There can be no impropriety in giving our patient, provided they may have previously passed restless nights, an opiate at bedtime; the better form is that of Batley's Anodyne which rarely produces disturbance of the head. Purgatives of the saline kind should be repeated occasionally throughout the disease, and the diet of the patient be strictly antiphlogistic. In regard to the use of mucilaginous drinks they are rarely found productive of the least good; they ought, indeed, to be expunged from practice. The same observation may be applied to oily emulsions which are frequently made the menstrua for conveying more active remedies.

Henbury, near Bristol, Dec. 1, 1823.

RICHMOND SCHOOL OF ANATOMY.

To the Editor of THE LANCET.

— O ye gods! think I, what need we have any friends if we should never have need of them? They were the most needless creatures living, should we never make use for them, and would most resemble sweet instruments hung up in cases, that keep their sounds to themselves. — TIMON OF ATHENS.

SIR,—Before proceeding with my notice of the individuals concerned in the management of the Richmond School of Anatomy, and connected with the House of Industry in this city, I must be allowed the privilege of shortly replying to a writer in your 273rd Number, signing himself "Richmond," who has taken up the cudgels, both to defend Mr. Carmichael and to belabour my unfortunate shoulders. My quotation proves the value of friends, and the use of their music; and, doubtless, Mr. Carmichael will, like the credulous Timon, laud the zeal that plucked the instrument from its case, to perform so sweet a strain in his vindication.

Richmond, Sir, is a hard hitter, and I may say with Dromio, of Ephesus, "he struck so plainly, I could too well feel his blows;" although, to continue the metaphor, "so doubtfully, that I could scarce understand them." But truth is a strong armour, and needs no invincible coat, like his friend Jack the Giantkiller, to protect

its wearer from the whip, with which he is desirous of arming every honest hand, to lash him from the east to the west. However, he may spare whipcord for the use of his friends, since he belabours so creditably himself, and rather strive to direct his means of offence to a vulnerable point, instead of raining down stripes so thick and confusedly, that there is no making out where he means them to fall, or what his object is in their application. His first blow is a positive denial of the statement, that Mr. Carmichael neglects his hospital; and he has the hardihood to affirm eleven times, as the maximum of that gentleman's absences, from November 1827 to November 1828. This is cracking the whip with a vengeance; but, unhappily for him, I am furnished with a triumphant proof of the facts I stated, by his reference to the surgeon's signature book. I am quite willing to admit, that Mr. Carmichael's name may not be missing more than eleven times during the space alluded to; but as eight o'clock happens to be that gentleman's hour of visiting the hospital, when the pupils are waiting for him, I should hardly imagine that the common-place obligation between surgeon and pupil, of having given a sum of money for a quantum of instruction, could be redeemed by the appearance of Mr. Carmichael at any subsequent hour of the day, when his attendance was unexpected, and unbested upon a single patient, unless at the request of his resident pupil, who might wish to be relieved of the responsibility of treating an important case. I again assert, that Mr. Carmichael was "frequently, far too frequently, absent," during the year 1827-8, on Mondays and Fridays, from his expectant pupils, who were treated, instead, to the exhibition of Mr. Belton, who, as the friend of Richmond, (*par nobile fratrum*,) is so well qualified for the exercise of his brother-in-law, Mr. Carmichael's duty. Let us, however, consult the signature-book, and we shall find that, although Mr. Carmichael's name may be found pretty constantly in it, the truth of my assertions will be manifest, by counting the few days on which Mr. Carmichael visited his hospital at eight o'clock,* the regular and stipulated hour for meeting the apprentices and pupils. The plea of ill health will not suffice here, available as it may have been since November. The hospital was visited, it seems, by Mr. Carmichael, but at the hour most convenient to himself. Under this explanation, what becomes of Richmond's fairness of conclusion? Truly, is it like the lash of his whip,—lost?

* Each surgeon, on entering the hospital, signs his name, and the time of his arrival.

As to Richmond's remarks upon Mr. Carmichael's rare qualifications as a lecturer, and his stricture upon my opinion, this blow is one from which, indeed, I cannot flinch. I wish him, and the competent judges with whom he classes himself,—joint admirers of Mr. Carmichael's lectures and Mr. Belton's surgery,—joy of their penetration; and strongly recommend Mr. Carmichael to read his whole works to them at his next lectures, and Mr. Belton to give them an hour's attendance at the hospital every other morning: it would be a great pity for their admiration to be wasted. I repeat, Mr. Carmichael is a good clinical lecturer; he addresses his class in a conversational style, and without any of the painful effort apparent in his *surgical readings*. I also repeat, that Mr. Belton is a very lame apology for Mr. Carmichael, and one which the pupils have no right to put up with.

And so, Mr. Editor, Mr. Carmichael will, in his great condescension, after having parted with his share in the school to Dr. M'Donnell, admit the class to his clinical lectures on the venereal disease. In the prospectus of the winter course of the Richmond School of Anatomy, Mr. Carmichael is represented as a lecturer on the theory and practice of surgery, and his name has, I am confident, drawn many strangers to the school this season; and *they will kindly be admitted to his clinical lectures!* Messieurs Professors, Mr. Ex-Professor, infinitely are your pupils indebted to you! They have been assembled by the tinkling of a kettle, and now you would take away the queen bee. Your decoy-duck has done his part, and your market is stocked with as fine a brood of ducklings as your hearts can desire. Well! Heaven help your morals, says your friend Lennox. I never suspected Mr. Carmichael's resignation; Richmond, however, establishes it, and his information atones for his next blow, (a word and a blow, Mr. Editor, they generally come together,) that the class, instead of losing, is gaining ground this season. This certainly appears to be the fact, and may be accounted for, both in the influence which Mr. Carmichael's name carries with it, and in a promise since amply realized, of erecting certain gymnastic apparatus, for the improvement of the pupils in practical anatomy; * but what, in the name of all the halt and blind, does Richmond mean, "by the advantages afforded the pupils by the House of Industry," and which induced several of

* I wonder who would listen to Dr. M'Donnell, and his cofounded *corpora alivaria* and *pyramidalia*, now, quoth a youngster, seizing the rope of a huge whirligig; give me the study of the muscles.

them to flock to the Richmond snare? If any of them have a grievous infirmity, or bodily affliction, I dare say the governor of that immense poor-house might extend its benefits to them; but what they have to do in a work-house, as gymnastic or medical students, I really cannot comprehend. Really, Richmond, you wore out the lash before you ventured that last blow; put up the whip, then, as it is useless, and be advised by your friend Lennox not to meddle with it in future; the heavy whip is alone formidable, and this you cannot wield; the little sixpenny child's toy you handle, might startle by its crack, but cannot injure by its fall.

The motives of this writer, however, Mr. Editor, are worth analysis; he wishes to defend Mr. Carmichael from what he considers an unprovoked attack, and, so far, displays his gratitude for the assistance and attention afforded at the Rutland-Square Dispensary; but the gratitude of one will not gloss over the act of injustice to many, and I think I have made it apparent, notwithstanding the assertions of Richmond, that Mr. Carmichael's duty has been neglected.

Now, Sir, to show the value of your publication, if alone to one institution, Mr. Carmichael has, unfortunately, laboured under a fit of illness for some weeks past, from which he is now only recovering. During his unavoidable absence from the hospital, who has attended the wards for him—Mr. Belton? No! Thanks to your pages, Dr. M'Dowel has been appointed in his room, and he, at all events, is vastly superior to Richmond's well-qualified house-surgeon, to whose instructions the pupils would have been otherwise consigned. In my remarks on Mr. Carmichael's conduct, I was influenced by a love of my profession, and by an attention to the welfare of my fellow-countrymen. The pupils have paid their money on the guarantee of Mr. Carmichael's name, and he has no right to disappoint them of one iota of instruction—"tibi seris—tibi metis." I may say to this gentleman, his conduct was the text, and my remarks have been the lecture; nor do I think he can feel indebted to Richmond for again bringing him before the medical world, in order that his neglect might be more fully exposed. His friends are certainly the most needless creatures living, if they perform such odes in his praise; odes in which discord and falsehood strive for the mastery. My pen has hardly been dipped in gall, as Richmond imagines, and for which I will excuse him, in the supposition that he labours under an attack of icterus, seeing every thing through a yellow medium; but it has been directed by truth. Not one syllable of my former letter can be disproved, and I will go on

with my task, in defending the rights of my fellow-countrymen, at an establishment possessed of singular advantages to the student, if they are only secured by attention, and I may add *honesty*, in spite of his lashings, which can hardly penetrate the armour I before boasted of. "Richmond! I know you."

I am, Sir,

Your obedient servant,

LENNOX.

Dublin, Dec. 13, 1828.

ROYAL INFIRMARY FOR THE DISEASES OF CHILDREN.

To the Editor of THE LANCET.

SIR,—We beg the favour of the insertion of the following reply to the observations respecting the above charity contained in your 275th Number, and signed "One of the Monthly Committee."

Sir, your obedient servants,
THE PHYSICIANS AND SURGEONS OF THE
INSTITUTION.

With the author's remarks on the "philanthropic views" of the founder of the charity, we have nothing to do. The profession are capable of forming a correct estimate of them. But,

First, as to the alleged instance of neglect on our parts, we must remark that, if the Member of the Committee had been as anxious to discharge his duty to the charity, as he seems desirous of influencing the public and professional mind against the medical officers, he would have had the case in question inquired into at the Committee. But not a single instance of neglect, on the part of the medical officers of the charity, has ever been before this body. As to the instance in question, the following is an abstract of the particulars connected with it, furnished by the house-surgeon, who is a well-educated, experienced, and able member of the profession. It should be kept in recollection, that no patients are yet received into the wards of the building.

"Edward Cole, aged eight months, was admitted on Tuesday, 21st of October, 1823. As he was brought from a distance, and early in the day, I entered him in the register-book of the Institution, and prescribed for him immediately. The child had some irritative fever: the belly was tumid and hard, indicating mesenteric obstruction, and he appeared disposed to rachitis. The gums were much swollen; they were, therefore, lanced. The medicines prescribed were, an aperient powder to be taken immediately, *hydrarg. cum creta*

every night, and the diaphoretic mixture every three hours. Seeing no immediate danger in the case, sufficient medicines to last till Saturday were given, on which day the mother was told to attend. She came, however, on the Friday, and I prescribed for the child, as she had come out of the regular order of attendance. I found the blood oozing slightly from the gum; the chief disease existing in the child's constitution generally, and in the abdominal viscera in particular. An active styptic was ordered to the gum, with the necessary directions, and aperients and astringent tonics prescribed. The mother returned again on Saturday, (one of the days in the regular order of her attendance,) when the physician of that day saw the child. Blood, or rather bloody water, continued to ooze from the gum. Petechiæ had now appeared on the body, and the mother was made acquainted with the danger. The muriated tincture of iron was directed to be constantly applied to the gum; and nitric acid, with Cascarella bark, were prescribed internally. I saw no more of either the mother or child."

With reference to the long paragraph of puerile declamation in which the author indulges against the medical officers of the Institution, it is unnecessary for them to make any remark. It is only where he refers to alleged facts or circumstances, that he requires to be noticed.

2. He alludes to the tearing out of a leaf in the house-visitors' book. This occurred some years ago, under circumstances of misconception on the parts both of a medical officer and house-visitor; but, as the matter was explained at the following meeting of the Committee, and long before the writer of the letter had the honour of being one of that body, it could in no way promote the interests of the charity now to refer to it.

3. The author of the letter next alludes to a motion carried in the Committee, respecting a book, in which they wish the medical officers to sign their names, with the day and date of their attendance, and the time of their arrival at, and departure from, the institution. This the medical officers, without a single exception, have refused to comply with. The motion was brought forward by the author of the letter, and was treated by them with the respect it deserved. It should be remarked, that proper register-books of patients, with the diseases, &c., are always kept at the Institution; and the medical officers preserve full details of the more important cases.

4. We have nothing to do with the directing or providing for the accommodation or comforts of the patients; this rests with the Committee themselves. It surely cannot be expected that, in addition to gratuitous

attendance, we are to furnish a room and provide it with coals, when it is the duty of the Committee themselves to do so; and, where one dispenser only is kept, a number of patients cannot always be provided with their medicines in a short time. The physicians and surgeons are in no way the cause of the delay the patients experience in obtaining their medicines.

We have now adverted to all that requires notice in the Committee-man's letter; and we have no hesitation in stating, that it has been written in opposition to, or without the knowledge of, the body of which he is a member. In conclusion, we unhesitatingly declare, that, with the exception of periods of illness, our attendance has been uniformly regular; and, whilst we have endeavoured to advance the medical reputation of the Institution, we have avoided compromising our own character by acts which, however they be veiled by the gloss of benevolence or philanthropy, are neither compatible with professional duties nor professional respectability.

Infirmary, 8th Dec. 1828.

UNION OF BONE.

To the Editor of THE LANCET.

SIR,—The following I consider a beautiful instance of the union of bone by the first intention. Should you think it worthy a place in your valuable Journal, I shall be happy in having had the opportunity of communicating it.

Your obedient servant,

F. WILSON.

Bourn, Lincolnshire, Nov. 10th, 1828.

Oct. 14th, J. Cawthorn, a labouring man, was feeding a patent chaff-cutting machine; but his foot slipping, his left hand came in contact with one of the blades, which completely divided the middle finger from its extremity to the base of the second phalanx, the bones being equally divided. On presenting it to be dressed, the wound appeared very wide, the upper portion being much elevated. Strips of plaster were immediately applied, and the two parts brought into close contact. A bandage was applied rather firmly over the plaster, and the finger allowed to remain for two days without dressing, no inflammation supervening. On the 16th, the wound seemed to be firmly uniting, and the plasters were renewed. On the 18th, there appeared a little tendency to separation, owing to his having used his hand; but a small compress of lint restored the connexion, and from that time it rapidly united. On the 9th of November, the union was completely restored, and the finger firm and sound.

THE LANCET.

London, Saturday, December 27, 1828.

WE call the attention of our readers to a Report of the Proceedings which took place at the Freemasons' Tavern on Tuesday last, in consequence of an Advertisement calling on the Friends of Surgical Reform, the supporters of a Free Medical Press, and the humane contributors to our Hospitals and Infirmaries, to assemble for the purpose of taking into consideration the propositions which, as will be seen, were discussed and adopted at the Meeting. The Meeting was advertised for seven o'clock, and, shortly after that hour, was numerously attended; but, by the time the chair was taken, the room was crowded to an overflow; nearly three hundred persons being present.

We are not insensible to the mark of approbation spontaneously bestowed upon our public conduct by the numerous and highly respectable meeting assembled on this occasion, but we consider the proceedings at that Meeting more especially entitled to attention, as affording a proof of the state of public feeling with respect to the corrupt system which prevails at our charitable institutions—a system which must, ere long, undergo a complete reform. We are too thoroughly persuaded of the advantages of *opposition* in all cases, and under all circumstances involving matters of public interest, not to be well pleased at finding, that the Resolutions proposed at the Meeting were opposed; nor have we much reason to be dissatisfied at finding, that they could not be resisted on any stronger grounds than those which were offered against them by Dr. SHEIL. If the Corruptionists are not likely to profit much by the talent which Dr. SHEIL has displayed in their behalf, they are, at any rate, indebted to him for his intrepidity; for this gentleman has volunteered his disapprobation of a work which,

it is plain, upon his own showing, that he does not read. The readers of this Journal will require no stronger evidence of this fact, than that Dr. SHEIL has ventured to repeat the charge, that the Courses of Lectures published in THE LANCET, have been published without the consent of the Lecturers, a charge, which even Sir JAMES SCARLETT, we apprehend, must by this time admit to be utterly false and unfounded. We refer Dr. SHEIL to the last Number of THE LANCET, or to the Preface of our present volume, (No. 266,) or to our 275th Number, in which the *demonstration* of the falsehood of this charge was published, "in order that this calumny, if it were again repeated, might be as much contemned in all other quarters as it has been uniformly contemned by ourselves." With respect to the remark made by another gentleman at this meeting, charging us with having published an inaccurate report of the trial, we have only to repeat what was indeed said in our defence by another speaker at the meeting, that the report in question was taken from the newspapers, and that we gave sufficient notice to our readers that we were not responsible for any errors or omissions with which it might be chargeable. Let the gentleman, who supposed us capable of suppressing any thing that might be said against our reporter, or against ourselves, wait till we publish an authentic report of the trial. The bitterest enemies of this Journal have never imputed to it a want of courage. The CHAIRMAN of the meeting, (Mr. PATY,) adverted to the cross-examination of Mr. BRODIE, in the course of which we proved from the mouth of that gentleman that he had paid part of the expenses incurred by Mr. ABERNETHY, in the proceedings which the straightforward and independent surgeon of St. Bartholomew's instituted against us in the Court of Chancery, and also that he had contributed to defray the expenses of a person who had published a wretched imita-

tion of this Journal. Mr. PATY remarked that the evidence of Mr. BRODIE, though it went incontestibly to prove that a combination had been formed against THE LANCET, was given in a manly and straightforward manner; and in this remark we entirely concur. We shall not be suspected of any desire to flatter Mr. BRODIE, but we must say that his evidence might be, in many respects, most strikingly and honourably contrasted with that given by some of his colleagues, and that we consider him by far the most honest and conscientious of the BATS which winged their way, on the late occasion, to Westminster Hall.

SURGICAL REFORM.

A Meeting was held on Tuesday evening, at the Freemasons' Tavern, in pursuance of an advertisement calling on the "Friends of Surgical Reform, the Supporters of a free Medical Press, and the humane Contributors to our Hospitals and Infirmaryes," to meet there, in order to adopt measures for presenting Mr. Wakley, the Editor of THE LANCET, with some decided mark of their approval of his spirited conduct, in his late trial in the Court of King's Bench, at the suit of Mr. Bransby Cooper, and of the principles which he so powerfully advocated on that occasion."

At half past seven o'clock, Mr. PATY was called to preside over the Meeting, which consisted chiefly of members of the medical profession.

The Chairman said he would gladly have avoided the honour they had conferred on him, but for two considerations. The advertisement represented the meeting to be for the advancement of the cause of medical reform, and for the support of a free medical press. He owned that he was a friend to both. He was aware that there were some who were opposed to them. In the few words he should say, he trusted that nothing would be construed into offence by either party. The friends of the liberty of the press, should be also the friends of order and decorum. They were met on a serious subject, and he hoped they would go into it with temper and decency. There could be no doubt that Mr. Wakley had rendered great assistance to the cause of medical and surgical reform, and for that reason, it was the duty of the profession to support him on the present occasion. He was aware that some objections were made to the meeting.

It happened that the first advertisement, by an error of the press, was headed "Wakley against Cooper;" the word *ats* having been mistaken for "against," instead of being, as it was, merely an abbreviation of "at suit" Cooper. Nobody could be blamed for being tender of the reputation of others, and it was far from his intention to make or permit any attack on the character of any individual. But it was necessary to draw a line of distinction between men in public life, and those who were strictly private individuals. He knew that many members of the profession objected to the liberty of the medical press, though they were friendly to the general liberty of the press on all other subjects. The reason clearly was, that they were sometimes apt to be wounded by it; but though this was occasionally disagreeable to individuals, the truth was, that it was the barb only that made the weapon stick. (Cheers.) The liberty of the press was not the enemy of good character, but its best and surest safeguard. If anybody in this country considered himself aggrieved, he had three means of redress. He could challenge the defendant to a public trial, before a tribunal, where the evidence as to the libel, would be sifted and examined by either side. If the complainant was not content with this mode of redress, he might appeal to a criminal prosecution, in which the truth of the libel was not considered, but it was regarded merely as a public offence, because it was likely to stir up the individual libelled to revenge and bloodshed. But the other mode was certainly more just and honourable in its nature—he meant that of a trial for damages, by civil action, in which the accuser brought his evidence fully before the Court, and proved whether the defendant was right or wrong. This was that trial of which Englishmen boasted, and of which no man had reason to complain. There was yet another mode of redress, which he thought the most honourable of the three—namely, to contradict the accusation through the same channel that published it, without having recourse at all to an action. In most cases, public men found this remedy sufficient; and in that which had called them together, if Mr. Bransby Cooper had openly and distinctly stated that the report in THE LANCET had been false, he, for one, had such confidence in the honesty and integrity of Mr. Wakley, that he believed that gentleman would have been the first to give him redress. (cheers.) He felt that the late trial was a subject of great delicacy. The parties were both well known to him. Mr. Bransby Cooper had been one of his fellow-students, and was a man for whom he had the greatest regard, and of whom he had the highest opinion. But there was

a difference between his character as a public man and a private individual. Every one who held a public station embodied himself with his works, and could not fairly complain, after asking for the public praise, if he received its censure. (Cheers.) The Chairman then proceeded to comment on what he deemed the essential points for the consideration of the meeting. There was a great and striking difference between the conduct of the parties, in one respect, on the late trial. On one side, the evidence was given by persons who had seen the operation, and, on the other, by those who had not seen it. A question had arisen out of the proceedings, as to the character of the plaintiff. If that had been the only question, he would have been proud to bear his testimony to Mr. Cooper's great merits. But he considered that too much stress was laid on the motives of individuals, where the public were concerned. Many acts, useful to the community, might proceed from a paltry desire to gratify very discreditable feelings. Men were frequently prompted to do their duty, in order to satisfy their pride or vanity, or seek their emolument. The real question for the public was, whether the statement was true? He might as well ask the reporters who were taking notes of what he was saying, what their motives for so doing were? They would, he had no doubt, and very properly, answer him, "What's that to you?" (A laugh.) If the public good was promoted, it mattered not what was the motive of the man who did it. He could not refrain from alluding to what was called Brodie's combination, as it appeared on the late trial. That gentleman had given his evidence in a manly and straightforward manner. When asked whether he had contributed towards the expense of a proceeding in Chancery against *THE LANCET*, he owned at once that he had; and it was known that those expenses had been raised by a subscription among certain gentlemen who wished to suppress the publication of Medical Lectures. That was, in his opinion, a private combination against the public good. (Cheers.) The next question was, how was this combination to be opposed? He thought it must be by another combination. (Cheers.) The only difference between the two would be, that one was for private emolument, the other for the public good. Before he concluded, he felt it his duty to state, that Mr. Wakley had, on many occasions, advocated the cause of Medical Reform, in his valuable publication, and had given wings to their words, and substance to their ideas. Surgical Reform would have been a bye-word but for his exertions. He had always been found

ready to print any document free of expense connected with that subject, and on that ground alone he deserved the support of the profession. *THE LANCET* had been highly useful also in publishing Hospital Reports, which formed a strong inducement to the professional man to do his duty, because he knew that he was watched over by an impartial judge, and which were equally advantageous and satisfactory to the patient, because he knew that an improper treatment of his case would become the subject of public inquiry. In conclusion, the Chairman said he would hear with pleasure the observations on either side, and he hoped the business would be conducted with order and regularity. He was, by his own view, fully convinced of the respectability of the Meeting.

Mr. Waller, in proposing the first Resolution, adverted to the terms of the advertisement, and remarked, that the question for them was, not whether they would support Cooper against Wakley, or Wakley against Cooper, but whether they would have a free medical press or not. (Cheers.) Every body must admit, that there was only one medical publication that was entitled to be considered free—only one that dared to tell the truth. Another had been attempted to be set up against it, but this wretched rival was gagged and manacled, and its reports were only a medium which distorted truth, and were almost unintelligible. It was not, however, to support any particular man, or publication, that he came to that Meeting, but to support the general cause in which they were all interested. He concluded by moving the first Resolution, that "the best interests of the Medical Profession, and of the Public, are identified with the cause of Medical and Surgical Reform; and that Mr. WAKLEY, as EDITOR OF *THE LANCET*, having given the first impulse to that cause, and having subsequently advocated it with undeviating firmness and fidelity, is entitled to the cordial thanks and support of this Meeting."

Mr. Mills seconded the Resolution.

Mr. Hensley expressed the gratification he felt, that so numerous and respectable an auditory should evince, by their presence, that they were the friends of Mr. Wakley. Certain it was, that by his undaunted conduct, and irresistible arguments in *THE LANCET*, Mr. Wakley had proved, that no combination could thrust him down; and the late trial had demonstrated that he was not to be crushed. (Cheers.) He (Mr. Hensley) had a second Resolution to move, which, he was sure, they would cordially approve, and which he would presently submit.

Dr. Sheil said, this was an important Meeting, in his opinion, for, if this Resolu-

tion were passed, it would identify the Medical Profession with the Editor of *THE LANCET*. If the principle embodied in that Resolution went forth to the world, it would be attended with consequences deeply injurious to the profession. He knew neither Mr. Bransby Cooper nor Sir Astley, and therefore he was perfectly impartial. The first question was, how far the Medical Press was conducted with advantage to medical science and the members of the profession? Now, he contended, but with great respect, and disclaiming all personal hostility, that *THE LANCET* had nowise contributed to the progress of medical science, or the improvement of the profession. (Loud hissing, and some cheers.) He trusted that the Meeting had not been got up by a few of the friends of Mr. Wakley, and he was sure that that Gentleman was too respectable, and too dignified in his proper person, to need any such attempt. (Applause.) He trusted that the Meeting was before the British public, to ascertain how far *THE LANCET* was useful or advantageous to Medical Science; and he hoped that, however partial the Gentlemen present might be to Mr. Wakley, they would be governed, in what they should do, by the real interests of science. (Hear, hear.)—The question was one of great interest, for it was one that embraced, not only the freedom of the press, but the advancement of medical science. With respect to the freedom of the press, they lived in a country where the law always maintained that principle. When Mr. Abernethy had applied for an injunction against *THE LANCET*, Lord Eldon said, that there could be no doubt, that *THE LANCET* was a most useful publication. (Applause.) He did not know whether that observation had been brought forward at the late trial; but taking the case, what was it? It appeared that the operation was one of peculiar difficulty, as stated upon oath by some of the most experienced surgeons of the day. This operation was laid hold of by *THE LANCET*, and published, not as a medical, but as a tragical performance, in which all persons without science or knowledge were appealed to, and no opportunity afforded to Mr. Cooper to vindicate himself. Here, then, was a low and pitiful attempt made, through the medium of malice and calumny. (Loud hisses and uproar.) Here was a rude and pitiful attempt by malice and calumny (renewed signs of disapprobation,) and yet it was contended that this had advanced the medical profession. The evidence on the trial went to show, that the dangers by which the operator had been surrounded were not small, and that there was no just reason to accuse him of unskilfulness in what he did; and was it then to be said, in the face of the British public,

that a Meeting had been held at the Freemason's Tavern, to offer praise and reward to the individual whose conduct had, by the verdict of the Jury, been stamped with the accusation of untruth. (Hear, hear, and hisses). He would not deny that there was a degree of talent displayed in *THE LANCET*; but neither could it be denied, that it was a public depredator by means of reports surreptitiously obtained; and the title of "Literary Raven," which had been applied by Sir James Scarlett, appeared to him to truly depict its character. (Great hisses and uproar). Was it to be contended that any one had a right to come into a private lecture-room, and catch up all he could hear, and then to publish what he had thus surreptitiously and fraudulently obtained? (Immense uproar and hisses). As far as the Medical interest was concerned, he looked upon *THE LANCET* as one of the most injurious publications that had ever appeared. (Hisses). All the best writers on the subject had dwelt, with peculiar emphasis on the necessity of secrecy among the Members of the Profession; but *THE LANCET* broke through this good rule, and made public whatever came within its notice; and he had no doubt, that if it could get at the cases that occurred in private practice, it would give them without any scruple. (Uproar).

The Chairman begged to remind the speaker, that at all events Mr. Wakley had not as yet done so.

Dr. Shee: I am arguing on the principle which appears to actuate Mr. Wakley.

Mr. John Elliott rose to order. He could not allow Dr. Shee to be going upon suppositions. The thing that he supposed had never been done.

Dr. Shee was sure, that whatever turn might be given to the subject in England, at all events the conclusions that that Meeting appeared to be coming to would be resisted abroad. The weight of Sir Astley Cooper's name abroad would overpower any such attempt, and, in fact, would render it contemptible; so that any attempt to prop up so low, pitiful, and mean an attack, must inevitably be attended with disgraceful failure. (Hisses).

Mr. Stevens observed, that he was much surprised at what had fallen from Dr. Shee. He had been induced to suppose that *THE LANCET* possessed talent, as he had heard it praised in so many directions, and he certainly had never heard, till that evening, that it was only to be found in the hands of the illiterate. (Hear, hear! and a laugh). He had always understood, that it was destined for the use of students and other members of the Profession, and that it was likely to be of great use in reforming the abuses of the Medical Practice. (Hear, hear! and cries of "So it will!"). For his own

part, he was glad that Medical men were occasionally cut up, because, when they did what was wrong, it was proper that they should be told of it; and when they did what was right, it added a fresh stimulus to their exertions. (Applause.)

Mr. Thomas observed, that he had not intended to say any thing at the present Meeting; but, as *Dr. Sheil*, in the course of his speech, had thought proper to make some remarks, tending to calumniate *Mr. Wakley's* witnesses on the trial, of which he was one, he felt called upon to say a few words. (Hear, hear!) *Dr. Shee* seemed to consider them all as the mere scum of the earth—as a miserable band, collected together to support *Mr. Wakley*, whatever might be the consequence; as though he was desirous of going the whole length of a publication, which stigmatised them for what it called “their deep laid contrivances—their rankling enmities, and their bitter revenge.” For himself, he could say, that it was not till the evening previous to the trial, that he had been subpoenaed, and that he had, previously to the trial, never seen *Mr. Wakley*.

Dr. Sheil said, that he could not have alluded to the gentleman who was speaking, as he did not even know his name.

Mr. Thomas: But you spoke of the witnesses in general.

Dr. Sheil: Only of some of them.

Mr. Thomas then went on to observe, that as *Dr. Sheil* appeared to be the advocate of the opposite party, he also supposed that he was a contributor to an opposition work. (“No, no!” from *Dr. Sheil*). If he were not, at all events he had put forward ideas that were quite consonant to the sentiments expressed in that Journal. In giving his testimony, he had not spoken of the instruments employed in the operation, but of his own impressions on the subject, having been present thirty-five minutes, and that impression certainly was, that the operation had been performed in a bungling and unscientific manner. (Loud applause, mingled with hisses). Was he, then, because he happened to be a witness on the occasion, to be put down, pell-mell, by the unfounded imputations of any one? The highly-principled, honourable-minded, Editor, who had determined never to publish any personalities, had loaded *Mr. Wakley* and *Mr. Lambert*, with all sorts of abuse. Was this what they intended to call acting on principle? (Applause, and cries of “No, no!”). He certainly had heard that *Mr. B. Cooper* was an amiable man in private life; but what had that to do with the question at issue? What had they to do with the private character of a man in a public office? (Cheers). Surely the witnesses of *Mr. Wakley* were as competent to speak of the manner in which the operation was performed,

as those who had not been present (applause); and as he had seen many operations performed, he conceived that he was a competent judge of the skill of the operator. (Applause.)

Mr. Erans, who appeared to be a student, thought that the introduction of any attack upon the witnesses, or, indeed, of anything that occurred at the trial, was irrelevant. (Hear, hear.) The way to answer a speaker was not by hisses, but by disproving his arguments, and rebutting his facts. (Applause.) If questions were to be settled merely by strength of lungs, he was afraid that instead of the right side prevailing, success would uniformly attend those whose physical powers, probably, much exceeded their mental. (Laughter and applause.) He could not agree with the Gentleman, who had stated that the law of England was the protector of the freedom of the press, for it was well known that the judges had decided, over and over again, that truth was a libel. (Applause.) It was only the vehicle that conveyed public sentiment, and not the force that impelled it forward. He was convinced that any attempt to connect medical reform with *Mr. Wakley* should be studiously avoided and disclaimed. As a friend of free discussion in every case, and anxious to uphold the principle, whatever he might think of the instrument, he intended to propose, as an amendment, “That the latter part of the Resolution, relating to *Mr. Wakley*, should be omitted.” This would save the cause of medical reform from being identified with *Mr. Wakley*, of whose impartiality he would give a specimen. In the last Number of *THE LANCET*, the report of the late trial was given from *The Times*, but with a remarkable omission. The Lord Chief Justice had rebuked one of the defendant's witnesses for not answering the questions in a straightforward manner, and this passage was omitted. If *Mr. Wakley* would do this on such an occasion, would he be more candid when the public eye was less upon him? He, therefore, wished to have the question of medical reform kept separate from *Mr. Wakley* individually. The first part of the Resolution would be carried without a dissenting voice, as on that principle they were all agreed, whatever they might think of the conduct of individuals.

The Chairman said, he was informed that *Mr. Wakley* meant to publish a very full and correct report of the trial.

A Gentleman, from the lower end of the room, said, the last speaker had been somewhat hasty in blaming *Mr. Wakley*, as it was not yet known whether the report in *THE LANCET* was taken from *The Times*, or some other paper. No charge was more unfounded than that against *THE LANCET*,

that it was an uncandid or partial publication. It might be true that there were attacks on individuals in furtherance of the cause of surgical reform, but the pages were as open to their replies, as if it were their own Journal. The very Number quoted by the last speaker, proved the candour and impartiality of *THE LANCET*. Mr. Callaway, on the trial, denied that he had thrown reflections on Mr. Bransby Cooper's character; and Mr. Wakley had inserted a letter in complete vindication of Mr. Callaway's statement. The speaker then adverted to the remarks made by Dr. Shee on the defendant's witnesses. Nobody would naturally be more disposed to defend himself, than a person whose credit, vouched on oath, was impeached. The witness did right to repel the imputation, for otherwise the report might have gone forth that it was uttered in his presence, and he had not dared to rise and answer it. (Cheers.) He did not believe, however, that it had been meant as an attack on the witnesses, thought the Gentleman who made it had come amongst them avowedly as the champion of the other party. (Cheers, and cries of "Question.") He would not be put down by clamour, as what he was saying, was relevant to the business of the meeting. He had heard the term "mob" used. He suspected that those who used it, did not know where to draw the line which separated the mob from the anti-mob. As to the circulation of *THE LANCET*, it did not belong to the mob. That meeting, it could not be denied, was respectable; and he had no doubt that two-thirds of it were subscribers to *THE LANCET*. (Cheers.)

Nobody having seconded the Amendment, it was about to fail to the ground, when Dr. Shee stepped forward for the purpose.

Mr. Steel said: He did not belong to the medical profession; but as the advertisement invited the friends of medical reform, he had come in that capacity, and would offer a few remarks. The question was as to the conduct of Mr. Wakley. They might take the evidence of his opponents as a test for him. What had they done? Why, truly, they had established a publication of exactly the same kind as his, but inferior in talent and integrity. That there was a party warfare in the medical profession he rejoiced, because advantages would arise from it, and the public welfare would be promoted. Mr. Wakley deserved the thanks of the community; he might, perhaps, sometimes go further than he could justify; but out of the very evil, benefit would accrue. The medical world had gone on till recently, and nobody knew what was doing, even in the public hospitals; but Mr. Wakley has thrown all open. But his enemies said he

had no right to publish the Lectures. They had since, however, acknowledged its necessity, by following the same course in their own publication. (Cheers.) Mr. Wakley's object tended to meliorate the condition of society, by exciting the diligence of the medical profession, and rendering it necessary that he should bestow adequate care and attention on his patients. For those reasons he should support the original Motion.

The Amendment was then put, and negatived; and the Resolution, as it was originally moved, carried by a very large majority.

Mr. Hensley then, after observing that Mr. Wakley's conduct was highly praiseworthy, because it tended, in every way, to the benefit of humanity, moved the second Resolution, which was to the following effect:—

2d. That the purposes for which the Hospitals and Infirmarys of the metropolis were founded, and that the views of the humane contributors to their funds, are materially promoted by the weekly publication of *REPORTS*, detailing the medical and surgical treatment of the unfortunate patients, and that Mr. WAKLEY having originated the practice of publishing *HOSPITAL REPORTS*, has conferred important benefits on medical science, and on the cause of humanity.

Mr. Smith seconded the Resolution.

Mr. Evans said it was really impossible for any man who wished to promote charities, not to approve of this Resolution from beginning to end. He would not, therefore, attempt to oppose it.

The Resolution was then carried unanimously.

Mr. John Elliott, on moving the third Resolution, said that he did not come there to interfere in the quarrels of Wakley and Cooper. They had acknowledged that Mr. Wakley's exertions had been very conducive to medical reform, by the last Resolution they had passed. Indeed, there could be no doubt that he had greatly served the cause of humanity, by preventing idleness on the part of medical persons, and compelling attention to the poor placed under their care. It was his opinion, that the editor of *THE LANCET* ought to be indemnified for the whole expense entailed on him by the late trial, including the damages awarded against him. This would not be a private subscription, like Brodie's, but one open to the world, and not to be questioned in a court of justice. He would not support Mr. Wakley, if he had attacked private character; but he would, as the editor of *THE LANCET*, and the Representative of the Medical Free Press. He concluded by moving:—

3d. That the independent and impartial principles on which *THE LANCET* was first established, have been preserved by Mr. WAKLEY at all risks; and as it was acknowledged at the late trial, that the legal expenses of some of his opponents, on another occasion, were defrayed by certain hospital physicians and surgeons, it is further resolved, That a Subscription be opened for the purpose of defraying the expenses of the late action.

Dr. Sheil said, it was peculiarly unpleasant to address the meeting a second time, when he knew they heard him with reluctance (cheers and hisses). The greater part of the meeting were the friends of Mr. Wakley. He was not his opponent. He was not acquainted with Mr. Cooper, nor had he any undue motive for opposing the Resolutions; but he was afraid when they went abroad, they would give an unfair idea of the state of the medical profession in England. As to a subscription for Mr. Wakley, if he had suffered any loss for defending the liberty of the Press, he ought to be reimbursed. But in this case, though the Chief Justice had told the Jury if they thought the report in *THE LANCET* *bona fide*, they should find for the defendant, the verdict of twelve honest men was against him. The subscription, therefore, would be in the teeth of the Jury, and of the Lord Chief Justice of England. If Mr. Wakley had suffered loss in publishing *THE LANCET*, by vindicating boldly, and, he would admit, with some degree of talent, the interests of the Medical Profession, his claim to the subscription might be enforced. But when they heard that he gained a large income by publishing other men's lectures, they could not fear that a fine of 100*l.* would bring him to distress. Was it necessary, then, for the friends of Medical Reform to come forward? What would they do but cast a stigma on Sir Astley Cooper (hisses, and some faint cheers)?

Mr. J. Elliott remarked that this was not to be treated as a party question.

Dr. Sheil resumed, after a while, to state, that so far was he from being opposed to liberal feelings, that he himself, at the Westminister Society (great disorder ensued, and cries of "What have we to do with the Westminister Society?")

The Chairman said, certainly that Meeting could have nothing to do with the Westminister Society.

Dr. Sheil resumed: Last Saturday night, said he, the President proposed to send round the ballot-box to expel Mr. Lambert for his conduct relative to this affair. I alone opposed it, and it was carried, at my instance, that a fortnight should be allowed him before the ballot was carried into effect.

Mr. Childs said, that he knew nothing of Mr. Wakley, and was not even of the me-

dical profession, but he had watched the progress of this case, because he was, in all instances, a firm friend of the liberty of the press. His opinion was, that under all the circumstances, Mr. Wakley was entitled to a new trial, but, at the same time, he would not advise him to apply for one. (A laugh.) Mr. Childs then proposed to read a letter, but the hand-writing was too impenetrable for him, and he handed it to Mr. Elliott, who, after getting through half a line, was obliged to declare the case desperate, and called in Mr. Hensley to the consultation. Both the doctors having resigned, Mr. Childs tried once more, but there was so much laughter occasioned by the bandying about the paper, and the stumbling over half-legible words, that he thought it better, after a while, to abandon the attempt.

A discussion then arose about the question of whether an account of a second operation for lithotomy by Mr. Cooper (in which he had been successful) had been sent to Mr. Wakley? It was stated, that such was the case; but as the action for the present libel was then pending, Mr. Wakley thought that he perceived something in that second report that might tend to aggravate the damages, and which, at the same time, would be further injurious to Mr. B. Cooper.

An elderly GENTLEMAN said, that he certainly did not agree with the verdict that had been given by the jury. (Applause.) In his opinion, a justification of the statement in *THE LANCET* had been made out, and he thought Mr. Wakley was entitled to the approbation of every honest man who was desirous of supporting the freedom of the press. (Loud cheers.) He knew well enough how a jury was managed. One bad sheep was enough to corrupt the rest of the flock; and he had known instances at the Old Bailey, where some of the jurymen had said, "Well, what is the verdict to be?"—"Oh! it must be guilty."—"Well, I did not exactly feel that; but if you think so;" and so a verdict of guilty was returned. (A laugh.) He could not help feeling that the late verdict was not in unison with the evidence that had been adduced of the protracted and unscientific performance of the operation. (Cheers.)

The third resolution was then carried by an immense majority, only five hands being held up against it.

Mr. EVANS moved, "That the statement of professional facts in an unprofessional form,—such as the dramatic instead of the narrative,—is highly reprehensible in the individual, and detrimental to the best interests of science."

This resolution, after some turbulent discussion, was withdrawn.

Mr. STEVENS then moved, as the fourth resolution. That, "in accordance with the feelings this meeting has expressed, Mr. Wakley be invited to attend a public dinner and that a committee be nominated to arrange the same."

Mr. Rogers seconded the Resolution, and it was carried unanimously.

The members of the committee were then named, and power given to add to their number.—The Chairman then vacated his office, and the meeting separated.

LONDON MEDICAL SOCIETY.

December 15, 1828.

Dr. HASLAM, President, in the Chair.

CASE OF STRICTURED RECTUM, URETHRA, AND GANGRENOUS STOMACH.

THE Minutes of the last Meeting were read.

Mr. SALMON was consulted in the month of October, 1825, by a gentleman, *ætat* 52, who had for many years previous, been subject to stricture of the urethra, and very repeated attacks of retention of urine, so frequent, that he could not leave home without carrying with him a catheter in his walking-stick. He had also been treated for many years, as having had a diseased liver; for this he had taken mercury till he had become extremely emaciated. He had gone to Cheltenham, and various parts, for the advantage of change of air, and taken medicine, which he thought had formed, or might have converted, his stomach into an apothecary's shop. Latterly, had had desire to pass his motions three or four times in the course of an hour. Small quantities of fluid passed on those occasions, accompanied with a sort of burning sensation, and crampy pains of the lower part of the gut. When Mr. Salmon first saw him, it was under a request that he should attend to tap the bladder, retention having existed for three previous days. On examination, found the rectum loaded with hardened feces, which, when removed, so relieved the patient, that he passed his urine freely very soon afterwards, without the introduction of any instrument whatever. There was a stricture at about four inches from the anus, and another at the sigmoid flexure of the colon. He attended him till December, and was able to introduce No. 7 only. He subsequently saw him occasionally, and the patient went on recovering, till he was again sent for to see him on the 19th November last. He was then labouring under acute inflammation, as appeared by the mucous

membrane of the mouth, state of the tongue pulse, &c. There was great pain over the surface of the abdomen. Intended to take only 18 ounces of blood from the arm, opened the vein, but could not stop the blood, though the finger was applied to the orifice for 40 minutes, until 30 ounces were lost; did not faint; ordered simple saline, with small doses of hydrarg. c. creta every four hours. Went on apparently recovering for a few days; then blood was ejected from the mouth, nose, and anus, when food was taken into the stomach, and, in a short time afterwards, expired suddenly.

The morbid parts were shown to the Society, and very beautiful illustrations they were. The gut was immensely coated with fat, though the patient, a corpulent man, and a very free liver, had not been a very fat subject. The rectum was considerably contracted at about three inches from the anus, the coats much thickened, but the mucous membrane sound; immediately above, the rectum very considerably dilated. Another contraction at the sigmoid flexure for about four inches up. The caput coli much distended. The liver, though formerly suspected to have been diseased, was perfectly healthy; and all the viscera, except the stomach, which bore most extensive marks of acute inflammation, with extensive marks of ulceration throughout a considerable portion of it. The inferences Mr. Salmon drew from these appearances were, first, that those of the rectum established some parts of the doctrine laid down in his work, the disposition of the strictures being between the mucous and muscular coats; next, how much such a case might be mistaken at the commencement, the man having been treated for many years, under a notion that he had diseased liver, whereas no such disease had existed; and, lastly, that examination ought to proceed beyond the first appearances met with, if many persons had had this case to have examined, on finding the gangrenous state of the stomach, they would have considered it sufficient to have accounted for death, and proceeded no further.

The discussion upon the case occupied the evening, in which many useful remarks were made by different members; but want of space prohibits our giving them. The discussion to be resumed at the next Meeting.

December 22.

TUBERCULATED SCIRRHOUS UTERUS, CARCINOMATOUS LIVER, AND CONCUSSION OF THE BRAIN.

THE Minutes of the last meeting having been read,

THE PRESIDENT read a letter addressed to

him by Mr. Wansbrough, of Fulham, requesting the favour of his exhibiting to the Society a stomach pump, the age of which had been traced to twenty-five years, and also a trocar, which Mr. Wansbrough had been in the habit of using eight or nine years. He referred to a Number in *THE LANCET*, for a full description of the stomach pump.

Mr. SHEARLEY exhibited to the Society a uterus containing a series of tuberculated scirrhus tumours, taken from a female who had died of hydrothorax. Also a small poly pus which grew from the os tincæ. The patient had never complained of any inconvenience from the state of the uterus. Within the pericardium six or eight ounces, and, in the cavity of the chest, a pint and a half of fluid were found. She died suddenly, after experiencing a considerable shock in hastily sitting down upon a chair, after having been walking. Hence the inference, that great care was to be taken, that patients labouring under hydrothorax, should avoid shaking, or bodily agitation.

Mr. SMITH related a case of carcinomatous liver most extensively diseased, and exhibited the preparation.

Mr. CALLAWAY related the case of a gentleman, who, by being thrown from his gig, received a violent blow on the os occipitis. On the day after the accident, he regained all his mental faculties, he continued in full possession of them for about four days, insensibility then again came on, and he expired in two days afterwards. The *post-mortem* examination exhibited the dura mater lacerated, and a great portion of the anterior lobes of each hemisphere literally smashed; the brain was soft, and presented much of the appearance of strawberry milk.

WESTMINSTER MEDICAL SOCIETY,

Saturday, December 20th, 1828.

Mr. CÆSAR HAWKINS in the Chair.

EXTRA-UTERINE FŒTATION.

Mr. JEWEL in rising to relate the particulars of a case, agreeably to the announcement at the preceding Meeting of the Society, I take the opportunity of expressing my regret at observing the very few obstetric subjects which have been brought before the Society for discussion during the past or present sessions; a circumstance, I conclude, quite accidental, as it must be acknowledged, that no subjects, generally, have created more animated, or more interesting discussions, than those connected with this department of medical science. The case,

(the particulars of which I will relate to the Society,) is, I presume, a case of extra-uterine fœtation. A tall, healthy woman, 27 years of age, had been married two years, and had once aborted. In the month of September 1827, she quitted her husband, who resides in London, having accepted a situation in the country. At the expiration of a few weeks, she received permission to come to town for a day to see her friends, and, as a natural consequence, passed the night (November the 8th) with her husband, the following morning returning to her situation in the country. Soon afterwards, the various sympathetic affections of pregnancy manifested themselves; the morning sickness, and heart-burn, were not only present, but occasioned, at times, much suffering; the breasts were enlarged and painful; the catamenia, however, returned at the regular periods, but the secretion was scanty, and of a paler colour, than formerly. She now quitted her situation, and came to town to her husband, and engaged an intelligent midwife to attend at her approaching confinement. The circumstance of quickening occurred at the latter period of February, and, as is not unfrequent, it was accompanied by a paroxysm of fainting. The abdomen gradually enlarged, and the movements of the child (as imagined) could not only be easily detected with the hand, but were visible. On the 9th of August, making a period of 274 days, she was seized with the usual premonitory symptoms of labour. There was pain in the back, a frequent inclination to void her urine, and a mucous discharge from the vagina. The midwife was sent for, and soon arrived. She found the patient walking the chamber, and concluded, from her general appearance, and the presence of all the phenomena of parturition, that the process had made some progress. Several distinct uterine contractions occurred after the arrival of the midwife, the last of which, from its severity, caused the patient forcibly to grasp the back of a chair. Upon its subsiding she became very faint, and, from that period, no further parturient effort took place.

It is necessary to remark, that no examination *per vaginam* was made, neither was any sanguineous vaginal discharge observed. A few days after this event, I first saw the patient, and, upon examination *per vaginam*, found the os uteri and cervix had not undergone any change. Her general health was, of late, rather improved, although it is still much disordered. The catamenial discharge, still pale, now scarcely exceeds, at each period, a few drachms in quantity. The breasts are rather more flaccid than before, but occasionally painful, and she complains of pain in the left hypo-

gastrium, particularly towards night, or when the abdomen is compressed by the hand, or by her stays. She complains also of a weight in the abdomen, which is increased when she leans forward. There is a strong impression on her mind that there is "something to come away," or that she might be relieved by an operation.

I am fully aware that some females, more particularly at the period of life when the catamenia are about to cease, and when they are very desirous of having a family, occasionally imagine themselves pregnant, and that certain morbid symptoms may arise, somewhat analogous to the various sympathetic affections of pregnancy; but I am not aware that the uterus ever takes on an expulsive action, unless conception, uterine, or extra-uterine, had actually been effected, or unless it had to get rid of some extraneous substance. The subject of this case was a young healthy woman, who had miscarried once, and there was every probability of her having a numerous family.

Strictly speaking, there are four species of extra-uterine fetation:—1st. Graviditas ovaria; 2nd. Graviditas tubaria; 3rd. Graviditas abdominalis; 4th. Graviditas in uteri substantia; the latter being rare in its occurrence. Judging from the symptoms, I should think it more than probable that the case related is one of ventral pregnancy, as, when the ovum is lodged either in the ovarium or the fallopian tube, the sac very commonly bursts at about the second or third month of gestation, and the woman dies from internal hæmorrhage; or, if she survives, certain phenomena would indicate what had occurred. These would, I presume, also arise, if the ovum had escaped from the uterine into the abdominal cavity in consequence of laceration. The nature of the case may be questioned, from the uterus not having furnished and expelled its deciduous membrane. The absence of this membrane would not be sufficient proof that my surmises were erroneous. Mr. Burns says that, in most instances, decidua is formed. Dr. Blundell, whose researches have been extensive, examined two cases, in which the decidua was wanting; Mr. Langstaff also examined a case, in which there was no decidua.

This case will suggest very ingenious observations; and I am not without a hope that some important facts will be stated, which may ultimately tend to throw some little additional light upon this hitherto obscure, but interesting, part of human physiology.

[The Independent Members of this Society will do well to attend on Saturday, Jan. 3rd, when a proposition of a most infamous nature is to be submitted to their consideration.]

PHRENOLOGY.

ALTHOUGH I should be unwilling to make your valuable Journal the medium of a Phrenological controversy, yet I trust you will allow me to make a few observations in reply to "Remarks on Phrenology," by Δ, and which appear in No. 272 of THE LANCET. The author, after alluding to some of the metaphysical writers, (whose works, he says, are now consigned to a well-merited oblivion,) informs us, that "a sect has recently arisen, which, under the appellation of The Phrenologists, is busily propagating absurdities derided by the wise; but, from their novelty, and the resolute quackery by which they are accompanied, not ill-calculated to catch the ignorant and unwary." This savours pretty strongly of the same spirit which characterised the *Edinburgh Review*, in 1815, and clearly proves, (though this may be the era of common sense,) that good-breeding is still not so common as could be wished.—Some allowance might, perhaps, be made for the *Edinburgh Review*, when we consider that at the time when that most abusive article was written, the nature and objects of phrenology were very generally misunderstood, and consequently misrepresented. At this time of day, however, when thousands have openly avowed their belief in phrenology; when Phrenological Societies have been established in almost every large town in the United Kingdom, containing, among their members, many, very many, who hold a distinguished rank in the scale of intellect; at this time of day, I say, to attempt to refute phrenology by vilifying its supporters, is an act disgraceful to a man of sense; an act, to which no man of sense, who feels confident in the strength of his argument, would ever condescend; an act, in short, which can only result from a peculiar mental feeling, manifested in Δ's opinion, very generally, by phrenologists, viz., "*matchless impudence*."

But as calling names is not argument, I willingly leave to him this part of the subject, and hasten to see "the shallowness of the reasoning by which this doctrine is supported." Phrenology professes (to use the language of Δ) "to trace, by observation, the connexion between certain alleged developments of the brain, and certain mental emotions and impulses, and intellectual operations;" and I must confess, I am not aware of any "circumstances of uncontrollable force," that can make it impossible to trace this connexion. It will be necessary, however, before we advert to the "various and blended emotions by which the mind of man is liable to be agitated," to endeavour to ascertain, if possible, the *different funda-*

mental powers of the human mind; and which, I have no hesitation in saying, may be effected by observing human nature, and by comparing mental manifestation with cerebral development. Such observations, however, must be made with accuracy, without prejudice, and with the sole view of arriving at the truth. Δ should have paused at the "very threshold," for the purpose of acquainting himself with the elementary principles of the mind, before he attempted to write upon the subject. Surely this would, at least, have been an act of *prudence*, if not of *positive justice*. But, to the point: are we born with similar, or with different propensities? Is the mind originally like a sheet of blank paper, as supposed by Locke, upon which any characters we choose may, by education, be imprinted? Or is a different bias originally impressed upon each mind by the omniscient Creator of all things? The most superficial observation will enable us to answer this question.—Every one who regards human nature with attention, cannot fail to remark, that children, even of the same family, who associate together, and are educated together, manifest, from their earliest years, different feelings, capacities, and propensities. Aken-side has long ago observed, that

"Since the claims
Of social life to different labours urge
The active pow'rs of man, with wise intent
The hand of nature on peculiar minds
Imprints a different bias, and to each
Decrees its province in the common toil."

Again: is the brain the instrument, through the medium of which the mental powers are manifested? This, I take it for granted, will not be denied. With the view, then, of proving the connexion that exists between different portions of this instrument, and the various mental powers, I proceed, at once, to state the result of my own observations. I invariably find that all persons who manifest in their manner, deportment, and conversation, a more than usual degree of self-importance, pride, and egotism, have that portion of brain which is situated at the posterior part of the vertex, largely developed; and that all who are remarkable for their want of confidence and unassuming manners, have the same part of the brain deficient. I invariably find, that all persons who are remarkable for *taking care* upon all occasions, who are prudent in conduct, and circumspect in action, have that portion of brain which is situated near the middle of each parietal bone, largely developed; and that all random, thoughtless, and imprudent characters, have the same portion of brain deficient. I invariably find, that all persons who manifest great fortitude and determination of character,

(notwithstanding Δ denies the existence of firmness as a quality of the mind,) have that portion of brain which is situated at the posterior part of the coronal surface, largely developed; while all those who are remarkable for vacillation and indecision—those, in short, who appear to have no will of their own, have the same portion of brain deficient. These are facts, not aided by *imagination*, but plain facts, which, to the unprejudiced mind, may be demonstrated as clearly and indisputably, as that two and two make four; and which must, unquestionably, be admitted to be better evidence than a series of shallow, though, apparently, ingenious theoretical reasonings. Let Δ adduce one single instance subversive of one of these facts, and I give up phrenology for ever. But facts are, probably, beneath the notice of Δ , otherwise I might enumerate many more; yet these I trust are amply sufficient for my present purpose, which is simply to prove the possibility of ascertaining by observation, the fundamental faculties of the mind. The grand objection, however, to phrenology, in the mind of Δ , appears to be the difficulty, the "insurmountable difficulty" of judging of the motives which may have prompted to any particular action; and he asks, with the most perfect *naïveté*, "how it is possible, as no one particular action is significant of any one particular emotion, for the phrenologist to affirm, that whenever he finds a particular development of more than ordinary magnitude, he also finds a particular passion in excess." Now this assumption is directly contrary to fact, and proves, at once, that he knows as little of the mode of action of the faculties, as he does of the existence of the faculties themselves. Let him learn, then, that each faculty being in a state of activity, desires to be gratified; and that such activity may arise either from simple internal excitement, or from the excitement of external circumstances. That our feelings are frequently produced by simple internal excitement, must be evident to any one who has ever reflected upon the subject. Who has not, at times, felt involuntary emotions of hope, or fear, or of veneration, for which he is not able to assign a cause? Who, with largely developed idealty, does not often feel disposed to wander in the regions of creative fancy, and delight his imagination, with contemplating scenes of ideal beauty and perfection, without being sensible of any other cause than an *internal impulse*, for the production of such feelings? How numerous are the instances on record, of persons, even of good education, wealthy in circumstances, and, in other respects, of strictly moral conduct, who manifest the most unconquerable propensity to steal? A physician is mentioned

by Lavater, who seldom left the room of his patients, without taking with him some article or other; but upon which he scarcely bestowed a thought, after it was transferred to his pocket. His pockets were regularly searched by his wife, who carefully restored each article to its respective owner. We hear also, not unfrequently, of murderers, who have not been instigated to the perpetration of their crime, either by the hope of plunder, or by feelings of hatred or revenge, and who have assigned, as their only motive, an irresistible propensity to shed human blood. These instances of inordinate excitement in the organs of acquisitiveness and destructiveness, are merely mentioned as additional proofs, that our faculties may be excited by internal causes,* and that any act performed from the simple impulse of excited feeling, cannot be said to be done from a motive. If a man be prompted to commit a theft solely by inordinate activity of the organ of acquisitiveness, he gratifies an excited propensity, but there is no motive; if, however, he steal with a view to relieve his wife and children who are in want of bread, then there is a clear and distinct motive. The term *motive*, necessarily implies a certain co-operation of the reasoning powers, without the exercise of which, there can be no motive.

Having said thus much of the primitive mental powers in a state of simple and uncombined activity, let us now proceed to the consideration of the more complicated emotions of the human mind. I fully admit the difficulty with which all investigations of the human mind have been hitherto attended; but must it consequently be inferred, that the difficulty is insurmountable? On the contrary, if metaphysical writers, in every age, have failed in their endeavours to develop the varied and complicated emotions of the mind, does it not seem to prove that there was something wrong in the mode of investigation? If in our search after truth we are guided by erroneous principles, is it probable that we shall ever arrive at the object of our pursuit? Now metaphysical writers have recommended us, as the only mode, to reflect on the subjects of our consciousness; consequently, each writer admits as elementary that mental power of which he feels conscious, and denies that of which he does not feel conscious. It follows, therefore, as a necessary consequence, (as no two minds are ever found alike,) that all who attempt the analysis of the mind by reflections upon consciousness, must for ever differ in their views. Some, for instance, have admitted

as innate, a certain principle in the mind, a sort of internal monitor, which gives us the sense of right and wrong, and prompts us to approve or condemn any particular action; others deny it as an innate feeling, and consider it entirely as the result of cultivation. It is possessed, in fact, by all; but, in various degrees by various individuals, according to the development of the organ in which the feeling resides. I repeat, therefore, (and I assert it with that degree of confidence which can only result from conviction,) that before we can possibly judge of the combinations and modifications of the various emotions of the mind, it is absolutely necessary to have a clear and accurate perception of its elementary powers. With this knowledge, (which may be attained by a careful and *phrenological* observation of human nature,) I fearlessly maintain that every variety of character may be satisfactorily analysed. Thus let us fix upon any particular action, or any prominent point of character, in either of the distinguished individuals mentioned by Δ, and compare it with the development of brain, as indicated by a genuine cranium, or an accurate cast, and I feel assured that the coincidence will be confirmatory of the truth of phrenology. By this test, we shall have little difficulty in understanding whether Cromwell was a hypocrite or an enthusiast, a patriot or a tyrant, bloody-minded or humane.

Δ, however, does not seem to be aware that the same individual may be alternately cruel and humane, according to circumstances; yet such was Cromwell, and such is his character, as depicted by Sir Walter Scott, in his novel of Woodstock.* Man is, indeed, "an assemblage of contradictions," which phrenology alone is able to explain. Moreover, the same action may be performed by different individuals, from the excitement of different feelings. An act of charity, for instance, may be performed either from pure benevolence, from love of approbation, or from a sense of duty. Now, if such an act be performed by an individual with largely-developed love of approbation, small conscientiousness, and small benevolence, we may, without fear of error, place it to the account of the first of these feelings; and if, in addition to such development, we observe large acquisitiveness, be assured such an individual will never be

* This internal and involuntary activity of the cerebral organs, is beautifully illustrative of the phenomenon of dreaming.

* A medical gentleman, who resides in the neighbourhood of London, has in his possession a skull, the history of which leaves little doubt of its being the identical skull of Cromwell; and I am assured by a most acute phrenologist, who has seen it, that it corresponds, in every respect, with the character of that extraordinary man.

renowned for the practice of benevolence; add to these, large cautiousness, and I will answer for it with my life, that what such a man gives away will never bring him to poverty.

With regard to the illustrious Hampden, it is easy to conceive a development of brain, the possession of which would render it highly improbable, if not impossible, that the devoted patriot should ever become the fawning courtier.

The phrenologist, however, never ventures to assert that certain actions must necessarily result from a certain development of brain, being fully aware that the feelings are often excited and modified by external circumstances; still he maintains that every act will be in perfect accordance with such development. But, although the phrenologist cannot say which way a feeling may be directed, or to what degree it may be excited, by external objects, yet he has no hesitation (after having examined a head, and observed its relative proportions) in pointing out the powers which will have the strongest tendency to action, and consequently the motives by which the conduct will most probably be influenced.

The phrenologist is fully sensible of the influence of education on character; in proof of which I might refer to Dr Spurzheim's "Elementary Principles of Education;" a work which he might read with singular advantage, and which would have the effect of enlightening his crude and undigested ideas, if, during the perusal, he would, for once, suffer his self-esteem to lie dormant. In admitting, however, the influence of education, and the excitement of external circumstances, let it be distinctly understood that they never did, and never can, create a faculty, although they may strengthen it, and afford opportunities for its action. Napoleon Buonaparte never could have assumed the mighty attitude which he so long sustained, had he not been gifted by Nature with gigantic powers of mind, such as rarely fall to the lot of man. These powers were, doubtless, improved and directed by education; and the "spirit of the times" afforded an opportunity for their display. Dugald Stewart speaks of "powers, or capacities, which are generally formed by particular habits of study or of business. Such are the power of taste, a genius for poetry," &c. &c.; and, in another place, he says, "what we call the power of imagination, is not the gift of Nature, but the result of acquired habits, aided by favourable circumstances." But can it for a moment be supposed that John Locke, by any particular habits of study, and aided even by the most favourable circumstances, could ever have acquired that power of taste, and that sublimity of imagination, which he displayed

with such overpowering effect in Milton's *Paradise Lost*? Impossible: however trite the old adage, '*Poeta nascitur non fit*,' may be considered, its truth is not to be disputed.

—"Fruitless is th' attempt,
By dull obedience and by creeping toil
Obscure, to conquer the severe ascent
Of high Parnassus. *Nature's kindling breath*
Must fire the chosen genius; *Nature's hand*
Must string his nerves, and imp his eagle
wings."

(To be concluded next week.)

ST. BARTHOLOMEW'S HOSPITAL.

PHLEGMONOUS ERYSIPELAS OF THE HAND, FOREARM, AND ARM.

ISAAC MUSGROVE, ætat. 28, a brickmaker, and a man of spare habit, was admitted into Luke's Ward, under the care of Mr. Vincent, Sept. 17, with considerable swelling and inflammation of the right hand, forearm, and arm, extending to the shoulder, occasioned by a slight scratch on his thumb, inflicted by his wife with her nail, about ten days previous to his admission. Stated that he went to work the day after he received the scratch. In the evening the thumb began to inflame, and the greater part of the hand and forearm the day after. By the time he was admitted into the Hospital, the inflammation had gradually extended to the shoulder, and ulcerated openings were formed about the hand and finger for the discharge of pus. Tongue brown, and dry; skin hot; pulse 100; full and hard.

Calomel and jalap, with house-phlegm in a few hours afterwards, and the saline mixture with antimony every four hours; a bread and water poultice, and fomentations, to the arm.

19. Complains of less pain in the arm; has less heat of skin; tongue moister; pulse 90, and less full; bowels open; fluctuation was discovered on the outside and middle of the forearm. Mr. Vincent made an opening of about an inch in length, and let out about an ounce of pus. In a day or two subsequently, Mr. Vincent made two more small openings, one on the inside of the forearm and another on the inside of the arm, and pus was evacuated. Afterwards matter formed in the axilla, which was also let out. Although pus was evidently fluctuating within the integuments covering the triceps muscle, Mr. Vincent, unwilling to encourage the incising practice, forbore to make an opening for its exit; it therefore made one for itself, and sloughing of

the skin and cellular tissue followed, to the extent of rather more than a crown-piece.

23. Has little or no pain in the arm; tongue moist; pulse feeble; perspirations; appetite bad; pus is discharged from the different openings in the arm.

Omit the saline medicines, and take infus. cascari, with tinc. cinchon. ʒss., ter quotidie. ʒiv. of wine daily, and nourishing diet.

30. Mr. Vincent, thinking there was a want of tone and action in the arm, ordered the lotio zinci to be applied, and Dover's powder, grs. ix. to be taken at night, the patient having been rather restless the night before; otherwise he seems stronger and better than when we last saw him. The arm discharges but little pus.

Oct. 9. The patient has been going on well till within these last few days, during which the arm has again begun to inflame, and all his former symptoms to return.

Discontinue wine and meat. Take milk diet; cal. and jalap, saline mixture; bread poultice, with fomentations.

14. Much relieved by the antiphlogistic measures. Very little discharge from the arm; pulse natural; tongue clean, and appetite good; no perspirations.

18. The granulations of the arm appearing to want vigour, the ung. zinci was used.

23. The ung. zinci was discontinued after a day or two's use; simple dressing is now applied, the arm rolled, and the patient doing well.

WESTMINSTER HOSPITAL.

LITHOTOMY.

JOSEPH GREEN, ætat. 74. admitted with symptoms of stone in the bladder, from which, he says, he has been suffering for the last eight years. He is a hardy and muscular man, has served twenty years in the army, chiefly in the East Indies, and has been addicted to drinking. He now complains of severe pain in the hypogastric region, which is almost constant, and he cannot pass his urine without the previous introduction of a bougie, and then only in a small quantity. His general health appears good. On the introduction of a sound, a large rough stone could be distinctly felt. Mr. White proposed operating on the ensuing Saturday, which was, however, objected to by the patient, and it was, therefore, deferred till the following week.

Saturday, Oct. 11. The patient was placed on the operation table, where he struggled so violently, as almost to render nugatory the efforts of the assistants to restrain him in a proper posture. The thighs

could not be kept sufficiently apart, and the consequent laxity of the perinæum rendered it difficult to make the first incision. Mr. White, however, guided by an exact anatomy, succeeded, after some delay, occasioned by the continued insubordination of the patient, in making an opening into the urethra; a large opening into the bladder was completed with the lithotomie cachè.

The operator having introduced the straight forceps, experienced a little difficulty in grasping the stone, which was rather larger than a hen's egg, of the ammoniaco-magnesian phosphate; and in the efforts to extract it, reduced it to a number of fragments. The large pieces were removed with great care and some difficulty, with the forceps, and the smaller ones were removed by repeated injections of tepid water. A piece of oiled lint was carried along the wound, so as to plug* up the orifice into the bladder, for the purpose of preventing the immediate escape of urine, and its infiltration into the cellular tissue.

Mr. White visited him at eight in the evening, when he complained of pain in the hypogastric region; the lint was removed from the wound, and was followed by a considerable discharge of urine, and cessation of pain. Numerous particles of stone escaped with the urine. Pulse 80; at eleven o'clock he was very restless, countenance flushed; tongue furred.

Manna, ʒ oz.;

Infusion of senna, 1½ oz.; ft. haustus statim sumendus et repetatur, itis horis donec alvus responderit.

12. The patient continued restless till about three o'clock, when he fell asleep, and awoke about eight o'clock this morning. He has now severe pain in the hypogastric region, with great tenderness of the abdomen. Pulse small, hard, and intermittent; tongue furred; bowels have not been acted upon. Continue the aperient draughts. Forty leeches to be applied to the hypogastric region.

Twelve o'clock, p.m. The leeches have drawn well. Bowels have been twice acted upon. Much relieved from pain.

Four, p.m. He can now bear considerable pressure upon the abdomen, without producing pain. Pulse small and weak. At his own urgent request, he was allowed spirit of juniper, 1 oz., in a glass of water. At six he had a shivering fit, which lasted about a quarter of an hour. Pulse very weak and intermittent. Repeat the juniper.

13. He has passed a good night. Pulse 76, natural. This morning he had another rigour, from which he recovered in about ten minutes.

* This practice is objectionable in the highest degree.—ED. L.

14. Complains of pain in the wound; pulse 80, more full. Bowels regular; skin moist.

15. Going on well.

18. Improving. Allowed nourishing diet, with wine, &c.

Dec. 1. He has been gradually gaining strength; the wound is nearly healed, but a small quantity of urine still passes, whenever he essays to empty the bladder; a flexible catheter is daily introduced, and suffered to remain for a few hours.

GLASGOW INFIRMARY.

WE have received a long and able letter from Mr. THOMAS CARTER, in confirmation of his report of the case of "No. 5 Nurse," and in refutation of some contradictions to it, which have appeared in Macleod's Fungus. Mr. CARTER need not write another word on the subject; his report is believed to be true by the whole profession, and the Cowans, Coupers, and Mac Lachlans, are now classed with the Joe Burnases, the Stanleys, and the Simon Pures, by every intelligent surgeon in the kingdom. Mr. Carter should know, that Macleod's thing has neither influence nor circulation. Mr. Brodie, in his evidence the other day, acknowledged that he advanced money "to set the man up;" but that "he now knows nothing of the concern." As soon as gangrene appeared, Mr. Brodie left the poor excrescence to slough quietly under the care of its natural nurse Roderick.

THE LANCET.

To the Readers of the Stamped Edition.

The stamped edition will, in pursuance of a recent announcement, be discontinued after the present Number. Orders, forwarded to THE LANCET Office, will ensure an expeditious supply of the unstamped Numbers.

SUBSCRIPTIONS

FOR THE DISTRESSED MEDICAL GENTLEMAN
AND FAMILY.

Subscriptions already advertised	£ 275	16	6
John Haines, Esq., Hampstead ..	1	0	0
W. H. Stephenson, Esq., ditto ..	1	0	0
Thomas Horner, Esq., ditto	1	0	0
S. E. Clarke, Esq., ditto	1	0	0
James Gillman, Esq., Highgate ..	1	1	0
B. G. Snow, Esq., ditto	1	1	0
Samuel Taylor, Esq., Crown Row, Walworth	1	0	0
James Landels, Esq., 22, Northampton Square	1	0	0

Dr. Shirroff, Deptford	1	0	0
William Holt, Esq., Tottenham ..	1	1	0
Edward C. May, Esq., ditto	1	1	0
Josiah Fletcher, Esq., ditto	1	1	0
William Huxtable, Esq., Hackney ..	1	1	0
John Mordaunt, Esq., ditto	1	0	0
D. Hacon, Esq., ditto	1	0	0
Frederick Barff, Esq., ditto	1	0	0
Joseph Toulmin, Esq., ditto	1	1	0
Frederick Toulmin, Esq., Clapton ..	1	1	0
Messrs. Butler and Son, Woolwich	1	0	0
Henry Hawkins, Esq., Hackney Road	1	1	0
Edmund Sankey, Esq., ditto	1	1	0
Edgar Cockell, Esq., ditto	1	1	0
J. A. Welch, Esq., Kingsland Road	1	0	0
George Maybery, Esq., Chelsea ..	1	1	0

ERRATA

In our last Number.

For "Xen" read "Xpn."
For "Troad: 515" read "Androm. 100."

CONTENTS.

Dr. Blundell on the Gravid Uterus, and on the Diseases of Women and Children.—Lecture VIII. Signs of Pregnancy; Means whereby we may ascertain the Age of Gestation, and the time when it may be expected to close	385—387
On Hydrophobia	389
On the Plague in Alexandria	390
Epidemy in Paris	391
Sketches of the Medical Schools of Scotland—Dr. Monro	391
London Medical Society, Dec. 8.	394
Practical Remarks on Pneumonia.—By Henry Perry, Esq., Surgeon.	396
Richmond School of Anatomy	398
Royal Infirmary for the Diseases of Children	400
Union of Bone	401
Meeting at the Freemasons' Tavern ..	402
Surgical Reform.—Meeting at the Freemasons' Tavern	403
London Medical Society, Dec. 15.—Case of Strictured Rectum, Urethra, and Gangrenous Stomach	409
Dec. 22.—Tuberculated Scirrhus Uterus, Carcinomatous Liver, and Concussion of the Brain	409
Westminster Medical Society.—Extra-Uterine Fœtation	410
Phrenology	411
Phlegmonous Erysipelas of the Hand, Forearm, and Arm	414
Lithotomy	415
Glasgow Infirmary	416

THE LANCET.

Vol. I.]

LONDON, SATURDAY, JANUARY 3.

[1828-9.

LECTURES
ON THE
GRAVID UTERUS, AND ON THE DISEASES
OF WOMEN AND CHILDREN.
DELIVERED AT GUY'S HOSPITAL BY
DR. BLUNDELL.
LECTURE IX.

Of some of the Diseases of Pregnancy.

By the diseases of pregnancy, Gentlemen, you are to understand those which arise from pregnancy as their cause, or which, from their accidental connexion with gestation, require a modified form of treatment, and of some of these I now proceed to treat.

Among the diseases, which are either referred to pregnancy, or which require a modified treatment in consequence of their connexion with it, one, not the least troublesome, is the irritability of the bowels and stomach, producing, in the earlier and middle months, both vomitings and purgings. Sometimes both those symptoms are occurring together, but more frequently they alternate; where there is diarrhœa, there may be less excitement of the stomach, and there may be vomitings where the diarrhœa is suspended. In those cases, in which there is much irritability of the stomach and bowels, of course the patient becomes a good deal reduced by it, and she may die perfectly exhausted in consequence of the inanition, produced by the vomitings and purgings, and the incapability of taking food; or again, when much reduced, she may be carried off by a flooding, occurring, perhaps, during premature delivery.

It is not always in our power to put a stop to these vomitings and purgings; but, by resorting to the following measures, I think we may, in many instances, conduct our cases to a favourable termination. In the first place, then, if suspicious that there is any thing offensive and irritating in the stomach and bowels, ascertain whether this be

so or not; and if there is, be careful to purify the stomach and bowels by some mild evacuants.—Chamomile tea, warm water, ipecacuanha, and so on, may be used, if emetics seem proper; and of the milder laxatives, you may employ manna, senna, rhubarb, and the like; or if you wish to purge more actively, perhaps senna and salts may be preferred.

Again, it is very desirable that you should diminish the irritability of the stomach and bowels. The irritability of the bowels is sometimes restrained by means of the *mistura cretæ*, the *confectio aromatica*, the preparations of opium, of kino, of catechu, of hæmatoxylor, all in their operative doses. Where there is a great deal of irritability of the stomach, the effervescent draught, strong coffee, opium, charcoal powder—perhaps, too, that potent agent, the hydrocyanic, may be advantageously tried. An invaluable remedy in gastric irritability is the effervescent draught; four scruples of the citric acid, dissolved in five ounces of water, may be put into one bottle, and five scruples of the carbonate of potass, in four ounces of distilled water, may be put into another; then a table spoonful of the solution from each of those bottles respectively, when put together, will effervesce smartly, and may be taken in this condition every half hour, for several times in succession, unless the vomiting previously ceases. Often the first two or three quantities will be thrown up, but the medicine must not, on that account, be rejected in a pet. Opium is not very effectual in cases of this kind, when taken into the stomach. A piece of lint, dipped into the tincture of opium, and laid over the *scrobiculus cordis*, has appeared to me, in some cases to be of great apparent service; it is recommended by Heberden.

It seems, *à priori*, not very probable that powdered charcoal can be of use in these cases, but learning from a friend that, in the hospital at New York it had been tried in vomiting, with advantage, I was induced to give it an *essai*, and I can at least aver that I have seen no ill effects from it, not to add that it has seemed to be of real efficacy. The method of administering it, is in the form of a very fine powder, 20 grains every two or

three hours, till it has produced an effect. I ought to observe, that it makes the stools very black. Of hydrocyanic acid I have had very little experience in these cases. Some of my medical friends think it of much efficacy in quieting the stomach, and I would, therefore, recommend it to your attention. Recollect, however, that the remedy is not without its dangers, and beware. Five or six minims in the day I would not rashly exceed.

If there is an inflammation about the conjunctiva of the eye, there is an irritability of the other parts of the organ; if there is an inflammation of the inner membrane, the bladder and the urethra become irritable; and, in like manner, the stomach and bowels become irritable also, in consequence of inflammation of the membranes which line them. That such is the state of the mucous tunic of these parts, you may suspect, if the tongue is red and swelled; if the evacuations are emitted with impetuosity, and with heat at the anus; or if, lastly, the pulse is at 100 or 105, and the abdomen is somewhat tender under the touch. When the irritability of the bowels is caused by inflammation of the mucous membrane, it may, perhaps, be cut short by the antiphlogistic plan, more especially by applying leeches to the abdomen, to be followed by a large blister, the practitioner not forgetting cautious venesection. The cases which are the best adapted for this sort of treatment are those in which you have the symptoms here enumerated, and where the patient, though still labouring under the disease, has a moderate share of strength remaining. I was requested by my friend, Mr. Sterry, to see a patient who had a good deal of irritability of the stomach, commencing in the middle period of pregnancy, and continuing till after her delivery. When I saw her, there were about ten or twelve watery evacuations in the course of the day, the tongue was swelled and red, the anus was sore, there was tenderness and heat about the abdomen, and the pulse was about 100 in the minute. In this case, ordinary remedies having failed, about twelve leeches were applied to the abdomen; other remedies had been tried, without effect; a large vesication was afterwards produced, and the cure, of consequence, was sudden and complete. The evacuations became more solid in a few days; and this woman, who seemed to be in great danger of sinking under the discharges from the alimentary tube, was completely re-established, and afterwards became the mother of another child.

There is a third method of treatment, from which great advantage has sometimes been derived, and that is *abstinence*. Where the woman throws up every thing she takes,

it is not to her nourishment, but an emetic. Now if, under these circumstances, she will remain for a few days, two or three, for example, without food, the irritability of the stomach may subside somewhat; and food, afterwards given with caution, may be retained. And here it is worth your knowing,—as, no doubt, most of you do know,—that when you wish the patient to abstain from taking food into the stomach, she may be supported by nutrient injections into the bowels. By my friend, Dr. Hull, of Manchester, a case is narrated, in which a hypochondriac, cutting his throat with a razor, inflicted a wound on the œsophagus, without, however, destroying life. By the advice of this distinguished practitioner the patient abstained entirely from food to be taken into the stomach, and, during three whole weeks, he was supported entirely by nutrients injected into the bowels. *Hildanus* has reported the case of a woman who, from irritability of the stomach, rejected all food during a space of five weeks; but she was supported the whole time in the way above intimated, being cured, and becoming, at length, the mother of a vigorous infant.

By Dr. Friend, in his eloquent letter to Dr. Mead, another case is recorded, in which, from a stricture in the œsophagus, the food was prevented from entering the gastric cavity into the stomach; and, in this case, it is added that, for weeks together, the patient, a nobleman, was supported in the manner mentioned by *Hildanus*. In short, when the bowels are not very irritable, and you wish the stomach to be perfectly quiet, you have it in your power to supersede the operations of this organ, for days, or even weeks, in succession, by a judicious administration of intestinal nutrition. Preparation of eggs, strong broth, or, perhaps, the serum of animals, may be found to answer the purpose, as well as most kinds of nourishment; but I have had but small experience here.

Again, should all these remedies fail, you have yet another, and that is the induction of premature delivery; for, when delivery occurs, there is reason to hope that this vomiting will cease. In determining on the use of this remedy, however, remember, in the first place, that, if the woman is very much reduced, there is always a danger in these cases, lest the patient should sink under accidental flooding; this ought to be mentioned to the friends before the operation is performed. Further, provided the delivery be brought on before the completion of seven months and a fortnight, the child will frequently die, but if after the seventh month and a fortnight complete, it may be expected to live; and, therefore, when the remaining strength of the woman permits, it may be better to delay the deli-

very till this term is completed. Nor, in the third place, is it to be forgotten, that, where premature delivery is thus brought on, children are often presenting preternaturally,—the leg or the nates, the arm or the shoulder, being placed over the centre of the pelvis, instead of the vertex; nor that the child may perish, under the best management, in consequence of this unfavourable position.

When, from irritability of the stomach and bowels, women are in a high degree of weakness, it becomes of great importance to nourish the system; and this, provided all or the greater part of the food taken by the mouth be rejected by the stomach, is by no means a very easy task. In cases of extreme emaciation, in consequence of this gastric or intestinal irritability, you will not suppose that I design rashly to advise you to nourish the patient by the injection of blood into the vessels; I cannot, however, forbear remarking on this occasion, that this mode of treatment is not altogether impracticable. I remember once, many years ago, taking a dog, and nourishing the animal for three entire weeks, merely by means of blood, which was injected into the external jugular vein; every day, or every other day, several ounces were injected, and, in this manner, without the help of any food, the system was sustained; water only was allowed this dog; and, though repeated observations were made, it is remarkable, that no voracity of appetite could be observed, during his three weeks' abstinence.

I have observed to you already, that where the stomach fails altogether, the system may, to appearance, be supported by intestinal injections; nor must we ever lose sight of this; every four or five hours, in cases of this kind, the injections may be thrown up, say to the measure of six or eight ounces; and, in those cases in which the rectum is irritable, perhaps its retentive power may be assisted by opiates—by the small measure of the injection, and by the cautious manner in which it is infused. Reid's excellent syringe answers admirably for these purposes.

But wherever the stomach is not totally disabled from acting, gastric nourishment is, I think, to be decidedly preferred, and the following hints may not be without their use. Throughout the whole four-and-twenty hours, the stomach may not be equally irritable; and thus some may bear nourishment in the earlier, some in the middle, and some in the latter period of the day; the tendency to morning vomiting, during pregnancy, is notorious to all. Now, in patients labouring under the disease which we are now considering, you ought carefully to inquire into the state of the

stomach, and ascertain at what part of the four-and-twenty hours the irritability appears to be the least excited, in order that the food may be, at these times, administered. Again: solids may sometimes be retained by the stomach, where fluids, which give rise to more dilatation, may be speedily thrown off; and therefore you should ascertain, from observations, which of those two kinds of nourishment may suit best with the gastric cavity. Solids have the advantage of lying in a smaller compass, within that compass they contain a much larger supply of nourishment, nor are they so apt to produce gas. To these two remarks you may add a third, which is, that much depends, in cases of irritability of the stomach, upon the mere bulk of the food taken. A woman, may, perhaps, be able to bear two or three table-spoonfuls of some fluid, as milk, for example, where she would not be able to bear half a pint. Now it is to be recollected, that if your patient is lying quiet in bed, a very small quantity of nourishment, either of solid or fluid, may be amply sufficient to support the system. Accordingly, patients lying in bed, who could not bear the larger quantities of food without rejecting them, have done very well, when they have merely taken two or three table-spoonfuls of milk every three or four hours. In their state of quiescence, this nourishment was enough.

Causes.—Upon the more immediate causes of irritability of the stomach and bowels, in these cases, it is not my design to enlarge; for, on the subject of proximate causes, though important, we are all apt to talk nonsense, but the following hints may not be misplaced. A principal disposing cause to the disease, seems to be pregnancy in so much, that though we find the disease, it is true, continuing sometimes after delivery, yet, generally, it is relieved by it. Pregnancy may be supposed to operate by a sort of sympathy subsisting between the stomach and bowels upon the one hand, and the gravid uterus, and its appendages, upon the other; and by *sympathy* here, I mean, as on all occasions when I use this term, a combination of unseen causes, whereby an impression on one part is enabled to operate on another, with which it has no obvious connexion in the way of cause and effect, and which causes may certainly not the less exist and operate, although we are unable to point out distinctly in what they consist; like the principle of gravity, their existence and operations may be demonstrated by facts and observations.

In some cases of gastric and intestinal irritability, certainly the disease seems to be kept up by mere irritability of the surface of the bowels, and of the stomach, independently of any inflammatory excite-

ment; but though this may be true, I am persuaded, that what I stated before will be found to be correct, in many cases, namely, that the irritability of the stomach and bowels, is itself sometimes referrible to a certain inflammatory state, which exists in the mucons membrane; and of this I am the more persuaded, because in dissection I have found in children, labouring under a similar affection, the marks of inflammation, or of incipient ulceration on the intestinal surface, to be seen, indeed, in this preparation. Redness of the tongue, soreness and heat of the anus, sub-obsure tenderness of the abdomen, and a pulse of 105 or 110 in the minute, all sometimes observed—strongly tend to confirm our suspicions of an inflammatory irritation.

Effusions of water during pregnancy. are not uncommon in women, even when in high health. Of these effusions, the most frequent is, œdema of the limbs, sometimes of the right leg, sometimes of the left, occasionally of both, and more or less extensively, for the disease may be confined to the ancles merely, or it may reach to the knees. But besides this œdema, which is so frequent and unattended with any danger, there is a dropsical affection which is noticed by others, and which I have myself seen in two cases, where the woman, during pregnancy, has a tendency to a general effusion, water exuding in all the principal parts of the body, the legs, the arms, the peritoneal sac, the chest, the head; the disease sometimes predominating in one part of the body, and sometimes in another; but all the principal parts being affected at once. Nor am I speaking here of general dropsies arising from shattered health, and combining with pregnancy by a mere accidental concurrence; but of those general dropsies, in the course of her gestation, which may assail the woman, though in all other respects she appear to be healthy enough, nor in any way the probable subject of such an attack. Now where the patient labours under ordinary œdema of the legs, the disease is of no importance; but where, which seldom happens, the effusion is general, as in the case under consideration, there is much to be apprehended; for the water may accumulate so largely, as to interrupt the great functions of the body, and in that manner destroy life.

Treatment.—If a patient labour under one of those general effusions of dangerous consequences, of course your treatment should not be inactive. The most powerful hydropic remedies, including elaterium, you are justified in using; you will find this to have a various effect in different patients; 8 or 10, or 12, or 14 watery evacuations being sometimes produced by one-sixth of a grain, and powerfully promoting

absorption. But besides the ordinary remedies proper in dropsical affections, I should, in these cases, feel strongly disposed to make trial of blood letting, first, because, as a matter of observation, I think I have seen it useful, and, secondly, because I strongly suspect, that those effusions are not produced by debility of the woman, but rather by an increased action of the exhalent vessels, approaching to inflammation. If, indeed, a woman is very pale and thin, and weak, and apparently of dropsical diathesis, the dropsy may be considered as accidental, rather than the result of pregnancy; and I should not be inclined to recommend the lancet here; but if a patient, previously in the full vigour of health, becomes impregnated, and afterwards in the early, or middle, or even in the latter period of gestation, is suddenly seized with effusion, I should consider that the use of the lancet was proper enough. Burns, who has written so well on midwifery, has, I think, made the same observation.

There is, too, yet another remedy peculiar to this form of dropsy, and not to be lost sight of, and that is, the delivery of the woman; for the disease being connected with pregnancy, and evidently of danger, in the more pressing cases, we are justified in bringing the gestation to a close as soon as may be. Now in the middle and latter months, this acceleration of delivery may be accomplished without any greater risk than would be justifiable under the given circumstances, by introducing a proper instrument along the neck and mouth of the womb, puncturing those membranes, and discharging the water, all which might be done without the introduction of more than one or two fingers, for as to the forcing a delivery in these cases, by turning, or instruments; in the present state of knowledge, this is quite out of the question.

A woman, of vigorous constitution enough, (for I will relate one or two illustrative instances,) was seized, during pregnancy, with general effusion; parturition, however, came on, and the complaint ceased. Becoming pregnant again, she was a second time seized with an effusion, which took place in the legs, the chest, and the abdomen. A very eminent practitioner was called in consultation with myself in this case; nothing very active was attempted; we did not see our way clearly to bloodletting; the water continued to accumulate, and the woman ultimately died, apparently from hydrothorax. Now here is a case, then, which illustrates the danger of those effusions occurring during pregnancy, say in the earlier or middle months, even in women, to appearance, of very vigorous constitution. Sometime afterwards, I was called to another patient, also of a constitution tolerably

sound; in this case, effusion of water had taken place into the legs, the abdomen, and probably the head; for at the time when I saw her she was insensible, and had occasionally convulsive fits. This woman was very freely bled to the amount of 40 or 50 ounces at least, in the course of two or three hours; premature delivery was intended, but parturition came on of itself in the course of the four-and-twenty hours; the next day I found the patient a great deal better; the day afterwards she was so much improved, that she appeared to be in a state of speedy convalescence; unfortunately, however, she was seized with the puerperal fever, a complaint very prevalent and fatal at the time, and though she was in the hands of a very excellent practitioner, she sunk under the disease. Her improvement under the dropsical attack had been so great, that I had taken my leave of her; nor did I see her under the puerperal fever, till some three or four hours before she expired. Now here is a second case, in which you have an example of a patient on the whole tolerably healthy, seized under pregnancy with a general effusion, productive of the most alarming symptoms; in this case, too, you have an example of the effectual relief derived from the active use of the lancet, and the evacuation of the uterus; therefore, it seems, that, in addition to the ordinary remedies of dropsy, the abstraction of blood, and the induction of premature delivery, are, in these cases, the principal remedies, and on them, without neglecting other measures, I should feel strongly disposed to rely.

But what is to be done in those slighter attacks of sickness, or dropsy, during pregnancy, of more ordinary occurrence, for the more active practices cannot be required here? why, in the œdema of the legs, a bandage, a laced stocking, a little purging, the horizontal posture, patience, time, and delivery, will be of service, and in œdema of the labia, pressure with a T bandage, and compress. In both cases, puncture of the skin might be serviceable, but I never yet found it necessary. In morning sickness, time, patience, and the advance of the pregnancy beyond the fourth month, will usually cure the disease: bleeding from the arm may be useful to the plethoric; the horizontal posture is proper to prevent the bearing of the uterus. If any offensive smell, or other obvious cause, excite the stomach, this should be intercepted. Dr. Lowder had a patient who was effectually relieved, by removing from the factory of her husband, a coach-maker, for when she became pregnant, the smell of the paint continually excited the stomach.

Syphilis, in connexion with pregnancy, is, so far as I know, not to be found among the upper and middle ranks of our country-

women, but in the lower orders of large number; and, in this town, at least, not wholly averse to debauchery, these syphilitic pregnancies are of occasional occurrence, though still, perhaps, on the whole, not very common.

I have not ascertained, by my own observations, that the administration of mercury, in cases of pregnancy, has a tendency to bring on the premature expulsion of the ovum; but such is the opinion which has been held by men who are very competent to decide on the point; and I have heard our surgical Coryphæus, Sir Astley Cooper, assert, that in the wards of this hospital, in former days, the administration of mercury in the higher doses, agreeably to the ancient practice, has been observed by the sisters to induce miscarriage, at least where aptitude existed. The administration of mercury, therefore, in cases of pregnancy in the earlier or middle months, must be used with corresponding caution.

In modern surgery, there are three principal modes in which syphilis is treated; by the fuller action of mercury—by its milder action—and by remedies of which mercury forms no part. If the latter remedies are really as efficacious as it is contended, and as all who wish well to mankind have reason to desire, these remedies would be peculiarly fitting in gestation; and surely in syphilitic pregnancy, if not in syphilis generally, the milder mercurial action is to be preferred to the violent; and instead of salivating the patient, you ought to content yourselves with producing merely a soreness of the mouth.

Again: there are two ways in which the mercurial action may be managed in the syphilis of pregnancy—I mean, either in such manner as may completely cure the disease, by extinguishing or destroying the poison, or in such manner, as may effectually check any pressing symptoms under which the patient may labour, so as to suspend and mitigate their violence; the remedy being laid aside, when this purpose has been obtained, to be resumed afterwards, should the symptoms require it. If a woman were in health, and not prone to miscarriage, I should be inclined to give the mercury, if I began it at all, in such quantities as to destroy the poison altogether; but in women more weakly, and who have repeatedly aborted before, the best indication of an aptitude to these expulsions, I should incline to try the administration of mercury in smaller quantities, and in suspensive doses, as it is our duty to save the child, if circumstances will permit; always, however, in British midwifery, recollecting the maxim, that the life and health of the woman are paramount to every other consideration. This suspensory practice,

however, it must be owned, is both difficult and delicate.

If a delivery occur after seven months and a fortnight, should the child be duly taken care of, it may live; if, however, on the other hand, the parturition occurs before this term is completed, it may be no easy task to rear it; and, certainly the earlier and the younger the fœtus, the smaller the chance of its surviving. Now this is a principle, of which you ought to avail yourselves, in treating syphilitic affections by mercury; and if you have an option, you certainly ought to delay—I do not say the mercury, but the pytalism, till the seventh month and a fortnight are completed; so that if the child be expelled, it may still live; and the longer you delay your mercurial action on the system, the greater will be the chance of survival, should premature expulsion occur. Nor can I accede to the opinions of those, who think that if mercury is to be given, it should rather be given in the earlier period of gestation, under the fear, that if delivery should occur while the patient is in a state of salivation, ill consequences may be produced by it. You will remember, in the present mode of administering mercury for syphilis, the remedy is much less violent in its operation, than when given according to former maxims. In the general, I believe, (but you, as surgeons, must decide this,) it is quite sufficient to produce, and to keep up for six or eight weeks, or a little longer, a decided soreness of the mouth, produced, for example, by the hydrarg. cum cretâ. Now, I will not say that a high state of salivation, concurrent with delivery, might not give rise to some danger, though I do not know of any ill consequences that have ensued in such cases, for opportunities of observing are not frequent; but I am satisfied that there is no immediate danger resulting from a slight soreness of the mouth, which is all that may be requisite, in order to subdue the syphilitic affection. With respect, therefore, to the use of mercury in cases of syphilis, these are my opinions in summary: as mercury is liable to produce miscarriage, use it with caution, and soreness of the mouth is, in all cases, to be preferred to an active pytalism; in all cases, mercury ought to be used sparingly; but caution is more especially necessary, if the aptitude to miscarriage be manifest; provided a disposition to miscarriage is known to exist, it is desirable not to induce the soreness, before the seven months and the fortnight are accomplished, as the child, if expelled prematurely, can scarcely be expected to survive; yet should the security of the mother demand an earlier administration of the remedy, her safety must be made paramount to every other consideration.

When we meet with syphilis, in conjunction with pregnancy, we are, of course, led to inquire, whether much benefit might not be derived from any other anti-syphilitic. And the nitric acid has been so much recommended, that it ought not to be overlooked. Of the efficacy of this remedy, I forbear to pass a personal opinion; but I will give you the sentiments of a man of large opportunities, and very capable of judging—I mean the late Mr. Pearson. He says, that in using the nitric acid, he has found that the primary symptoms were not infrequently cured—rarely, however, permanently, for they were apt to return, and yet sometimes even permanently. He says further, that where patients have been labouring under the secondary symptoms of the disease, the primary symptoms have sometimes been cured altogether, and the secondary have sometimes been cured also, but for a time only. He adds, respecting the acid, that it seems to improve the strength, and that it may be given in conjunction with the mercury, but that this combination does not diminish the quantity of the mercury, which may be necessary for the cure. Now these are properties which may very reasonably recommend the acid to your attention, in the cases under our consideration; if it will sometimes cure the primary symptoms—if it will, in many cases, really suspend the symptoms, both primary and secondary, even for a few weeks only, cases of syphilitic pregnancy may now and then occur, in which it may do effective service, in place of a less desirable, though a more certain, remedy.

In cases of syphilis, we have been advised to make use of the woods, guaiacum, mezereon, sassafras, and particularly the compound decoction of sarsaparilla. In this country, the woods have, I believe, been very generally rejected by the regular practitioner as cures for the affection, though an opinion is again gaining ground, that syphilis may be cured without mercury—certainly good news for the human race. In the warmer climate, the woods, it has been surmised, may be of greater effect; and, owing to a greater virulence in the disease, they may lose their effect in the colder climates; for there is a lurking suspicion that the venereal poison becomes more violent in our colder altitudes, than in those regions which lie nearer the line. Now, if it really be the case, that the woods possess a greater power in the warmer countries, if any of you should be practising in the East Indies, for instance, as many of our countrymen do, it might, perhaps, be worthy our while to give a fuller trial to the woods there, though I deem it right to add that, by Mr. Mansell, who has practised much in the Indian Peninsula, I am informed that in

syphilis, mercury is the remedy on which the European practitioners rely.

In the syphilis of pregnancy, there is another palliative which deserves our attention, and that is the caustic. For it is a curious fact, that the malignity of the local poison of the chancre is so great, that if left to itself, it will go on committing its ravages, till at length it has destroyed the genitals to a great extent, and yet the whole of this malignant topical power resides in a mere film of structure, probably not thicker than the finger nail, so that if you can but get down, through this structure, upon a healthy organisation, you may obtain a complete cure of the disease; the constitution remains affected still, but topically the disease may be cured. Now, for this purpose, the destruction of the morbid organization, the stronger caustics may be employed; but I have myself seen, by means of lunar caustic applied ten or fifteen times, such a complete destruction of these morbid films as occasioned a complete cicatrization. Now, in a woman labouring under chancre, small and manageable, it would be for your consideration, whether you had not better heal by caustic, and refrain from the use of the mercury until the latter months, or till delivery was effected, when you might have recourse to such administration of the mercury as would completely destroy the disease in the constitution. A friend of my own was telling me, some two or three years ago, that in the early period of his life, being seized with a chancre, he thought to heal it by the application of caustic; he attacked the disease very early, indeed on its very first appearance, and he had persuaded himself that it was completely subdued by this treatment, but, though the ulcer healed, in nine months afterwards he was seized by a regular attack of constitutional symptoms; the disease appeared on his skin, throat, and nose, and he was obliged to use mercury very largely, not without fumigation, to get rid of this troublesome affection. This case proves, what, probably, you all knew before you entered the theatre, that though you may heal a chancre by caustic, even when the first speck of ulceration is manifested, still you cannot prevent the constitution from being affected; but observe, what is here to our point, namely, that where a chancre is healed in this manner, the disease may lie, to all appearance, quiet in the system for nine months, perhaps, in some cases, for a longer time; and, in the syphilis of pregnancy, to gain time is a point of primary importance; for, by this means, we may be enabled to prostrate the use of mercury till after delivery is accomplished, or, at all events, beyond the term of seven months and a fort-

night, that critical period of gestation which gives sufficient strength to the fœtus to enable it to support an independent existence. When the mother is infected with syphilis, the fœtus may be affected also; but this subject has been considered before. It is not to gonorrhœa, but to the chancrous form of the venereal disease, that the preceding remarks are designed to refer.

FOREIGN DEPARTMENT.

DOUBLE UTERUS, AND DOUBLE IMPREGNATION.

L. B., ætat. 30, of a robust constitution, had been in labour for two days, when Dr. Geiss, who describes the case, was sent for. He observed that the pains were confined to the right side, where the uterus reached almost to the true ribs, while, on the left side, it did not rise higher than the navel. The external genitals were regularly formed; and it having been found that the shoulder presented, the operation of turning was resorted to, and a healthy female child extracted. Soon after delivery, the right side of the abdomen collapsed, the left half retaining its size. An hour after the birth of this child, the labour pains returned, and, on examination, it was found that, at the side of the os uteri, and quite distinct from it, there existed a circular opening, through which the distended membranes of another child protruded. It was a full-grown boy, and, after its birth, Dr. Geiss, having introduced his hand into the left cavity, convinced himself that it had no communication with the right half of the uterus, which had already contracted. The left uterus contracted rather slowly, and the patient lost much blood from it. Two months afterwards, both children, as well as the mother, were perfectly healthy. Two years afterwards she was again delivered, but of one child only.—*Russ's Magazine.*

TRANSFORMATION OF THE SUBSTANCE OF THE HEART INTO A FATTY MASS.

A young girl, whose father had been affected with constitutional syphilis, had, until her nineteenth year, enjoyed good health, when she became subject to rheumatic pains, and to enlargement of the glands of the neck. It soon became evident that she was affected with a chronic disease of the heart for she slept very little, and frequently started up in her sleep; the least exertion caused the greatest exhaustion, and even syncope; she complained of violent lanci-

nating pain in the left side of the thorax, incapability of lying on either side, a troublesome cough, with bloody expectoration, and a very oppressive burning sensation in the region of the heart. The pulse was weak, frequent, and unequal; the extremities cold; the cheeks and fingers of a blue colour; the pulsations of the heart were very feeble, and could hardly be felt, &c. She died, after an illness of ten months. On opening the thoracic cavity, the lungs were found adherent to the pleura and the pericardium, the internal surface of which was covered with whitish yellow, solid filaments, about one-third of an inch in length, and some of them attached to the heart, the external surface of which was also covered with villous excrescences, and two-thirds of its substance were changed into a fatty mass of a greyish yellow colour. The other organs were found healthy, with the exception of the spleen, which was somewhat enlarged.—*Heidelb. klin. Annal.*

PRESERVATION OF LEECHES.

M. Hamgre has, by the following method, succeeded in preserving leeches for a considerable time:—They are kept in small barrels, the internal surface of which has been reduced to charcoal, the bottom being covered by sand, moss, and charcoal. In summer-time the water must be changed every eight days; during winter, it is sufficient to renew it every sixth week.—*Journ. de Chim. Med.*

[From THE TIMES of Monday.]

THE LATE HORRIBLE MURDERS IN EDINBURGH, TO OBTAIN SUBJECTS FOR DISSECTION.

(Abridged from *The Edinburgh Evening Courant* of Thursday.)

THE High Court of Justiciary, at Edinburgh, proceeded on Wednesday to the trial of *William Burke* and *Helen M'Dougal*, indicted for murder. No trial that has taken place for a number of years past, has excited such an unusual and intense interest; all the doors and passages to the Court were besieged at an early hour before day-light, and it was with the greatest difficulty, and by the utmost exertions of a large body of police, that admission could be procured for those who were connected with the proceedings.

The Judges present, were the Lord JUSTICE CLERK, Lord PITMILLY, Lord MEADOWBANK, and Lord MACKENZIE.

The indictment charged the prisoners with murder. The first charge preferred against Burke, accused him of having, in the month of March, April, or May, 1828, in a house in Gibb's Close, in the Canongate, in Edinburgh, murdered Mary Paterson or Mitchell, by placing or laying his body or person, or part thereof, over or upon the breast or person and face of Mary Paterson, when she was lying in the said house in a state of intoxication. It then went on to charge him, that by the pressure thereof, and by covering her mouth and nose with his body or person, and forcibly compressing her throat with his hands, and keeping her down, notwithstanding her resistance, or in some other way to the prosecutor unknown, preventing her from breathing, did suffocate or strangle her; and this the indictment charged him with doing, with the wicked aforethought intent of disposing of or selling the body to a physician or surgeon, or some person in the employment of a physician or surgeon, as a subject for dissection.

The second count charged Burke with having, in September, October, or November, 1828, in a house in Tanner's Close, Portsburgh, or Western Portsburg, in or near Edinburgh, attacked and assaulted James Wilson, commonly called Daft Jamie, by leaping or throwing himself upon him, when the said James Wilson was lying in the said house, and that he having sprung up, Burke did struggle with him, and did bring him to the ground, and by laying his body or person across Wilson's face, and by compressing his mouth, nose, and throat, did suffocate and strangle him in the same manner that he murdered Mary Paterson, and with the intent of disposing of his body for dissection.

The third count charged Burke and Helen M'Dougal with having, in the month of September, October, or November, 1828, in the before-mentioned house in Portsburgh, murdered Madgy, or Mary M'Goosegal, or Duffie, or Campbell, or Docherty, by suffocating and strangling her in the manner that Burke was charged with the murder of his two first-mentioned victims. It also charged them with the murder of Madgy, for the purpose of disposing of her body for dissection.

In answer to the indictment, Burke submitted that he was not bound to plead to, or to be tried upon a libel, which not only charged him with three unconnected murders committed each at a different time, and at a different place, but also combined his trial with that of another person, who was not even alleged to have had any concern with two of the offences of which he was accused. On the merits of the case, he had only to state, that he was not guilty;

and he rested his defence on a denial of the facts set forth in the indictment.

Helen M'Dougal made a similar defence.

Mr. P. ROBERTSON, in support of the defence, made a most eloquent address to the Court, on the evil of comprising so many offences in one indictment. Such an accumulation of charges was not consistent either with the practice or the principles of law. The three offences were totally separate and distinct; they did not appear to have all formed a part of one foul and nefarious transaction, but they were committed at different times and at different places, and might have been done for different ends—for private revenge, or for robbery. The crime of murder incurred the highest punishment of the law, and the danger to which the prisoner was exposed in this junction of cases, even of having prejudice excited against him in the minds of the Jury, who could not separate the evidence applicable to one, from the evidence applicable to another, and who could not fail, notwithstanding all the precautions that could be adopted, to borrow evidence from one section, in order to convict upon another. The case of the other prisoner was even worse. She was brought to trial on a charge of murder, which was combined with two other charges, with which she was not alleged to have had the slightest connexion.

The LORD-ADVOCATE said, he had placed the woman in the same indictment with Burke, in order that she might derive advantage from it. If he had tried the other prisoner first, the whole of the evidence adduced on that trial, would have been published and universally read, and her case, therefore, would not have been heard by the Jury in an unprejudiced state. He thought he was bound, in fairness to her, to include her in that indictment. He would consent, since her advisers thought it beneficial to her, to delay putting her on her trial at present. He, however, expressed his determination to proceed against Burke upon the indictment for the three offences. The murders were all committed within the last six months. They were all done in the same place, and they were all charged as being done with the same intent.

The DEAN OF FACULTY enforced the arguments of Mr. Robertson, and pointed out the great prejudice that would accrue to the prisoner from crowding into one indictment three separate acts of murder.

After a short consultation, the Judges delivered their opinions *seriatim*, to the effect, that the public prosecutor should select out of the three acts of murder, the one on which he should go to trial; and with this understanding, that, if he failed in the first charge, the prisoner was not to complain that he was again tried under another.

The LORD-ADVOCATE said he should proceed upon the last charge, and therefore the woman must be detained, and put upon her trial with the man.

The prisoners were then called upon to plead, and they said they were "not guilty."

The first witness proved the accuracy of the plan of the house at Portsburgh, where Burke resided.

Mary Stewart proved having seen Madgy, or Margery Campbell, at Edinburgh, in October, and she said she came from Glasgow to look after her son; she afterwards saw her dead body at the police-office: she was between 40 and 50 years old.

Charles McLean gave similar testimony.

William Noble, shopman to Mr. Rymer, of Portsburgh, said that, on the 31st of October, a woman, similar in appearance to Margery Campbell, and who said her name was Docherty, came to the shop asking charity; Burke was in the shop, and, hearing her name, he said she was some relation of his mother's, and he took the woman away with him, saying he would give her breakfast. On the next day Burke purchased some groceries, and an old tea-box, at the shop. Witness added, that he had seen a man named Hare in company with Burke, and Hare's wife called for the tea-box.

Ann Black, or Connaway, who lived in Western Portsburgh, said that Burke and M'Dougal resided in the same house as herself. On the 31st of October she saw Burke enter his house, with a woman following him; in the afternoon she went into Burke's apartments, and saw the same woman sitting by the fire, supping porridge and milk; she had scarcely any clothes on, and they said they had been washing; M'Dougal said that she was a Highland woman, a friend of her husband's; some time after dark the woman appeared very intoxicated; Mr. and Mrs. Hare came in with a bottle of spirits before supper, and Hare insisted on drinking; they all tasted, and were merry; and Hare, Campbell, and M'Dougal danced; between 10 and 11 o'clock Burke came home, and a disturbance soon afterwards took place, as if Burke and Hare were fighting. In the morning witness asked M'Dougal what had become of the old woman, and she replied, that Burke and her had been too friendly together, and she had kicked her out of the house; adding, at the same time, "Did you not hear it?" She saw a bundle of straw at the bottom of the bed; it had lain there most of the summer, but it appeared to have been recently turned.

Janet Lawrie, or Law, who lived in the same passage with the former witness, corroborated her statement.

Hugh Alston, who lived in the same house

with Burke, heard a noise on the night of 31st of October, and a woman called out "murder!" he also heard a noise of two men, as if wrangling and struggling, and the woman crying "murder!" That continued for about a minute, and then he heard a cry, as if a person had been strangled; he heard no noise of struggling; he was often alarmed by cries, and was afraid of fire, but never thought of murder; he returned a second time, and heard the sound of the men's voices, who were speaking in a lower tone, and the woman had ceased crying; he then went into his own residence.

David Paterson, keeper of the museum belonging to Dr. Knox.—Knows the prisoner by sight. Witness went home on the 31st of October, about twelve o'clock, and found Burke knocking at the door. He said to witness that he wished to see him at his house, and he accordingly went there with him. He found in it two men, including Burke. There might be more, but he did not recollect. There were also two women. After he went in, Burke said he had procured something for the doctor, and pointed to the head of a bed, where some straw was lying. The observation was made in an under voice, but not in a whisper. No observation was made by any of the other persons. Nothing was shown to witness; but he understood, when Burke said he had procured something for the doctor, that he alluded to a dead body. His words were, he had procured something, or there was something for the doctor, and he used the expression "to-morrow." There was a sufficiency of straw in the corner to have concealed a dead body. *McDougal* was one of the females. Witness sent his sister about nine next morning for Burke. (Witness was here shown Hare and his wife, whom he identified as the other persons that were in the house along with Burke, on the 31st of October.) Burke came next morning about nine, and witness said, if he had any thing to give Dr. Knox, to take it to him, and settle with himself. He meant a subject to dispose of: and Burke went away. He saw him again, in one of Dr. Knox's rooms, in Surgeon's-square, along with Hare, Mr. Jones, Dr. Knox's assistant, and the Doctor. Heard either Burke or Hare say they had a dead body, or subject, which they were to bring at night, and witness was instructed by Dr. Knox to receive any package which they might bring. Witness and Mr. Jones were in the way about seven o'clock, when Burke, Hare, and a porter, named *McCulloch*, came with an old tea-chest. It was put into a cellar, the door locked, and Mr. Jones went to Dr. Knox's house and informed him the men had brought what was expected. The men and the porter followed, or had preceded

witness and Jones, for when he came out he found them at the end of Newington. Dr. Knox gave witness 5*l.*, which, to prevent disputes, he was to divide; and having gone to a house and obtained change, he laid the money on a table, and each took his share, leaving the sum to the porter that had been bargained for. Five pounds was not the whole price understood to be paid; the balance was to be paid on Monday, when Dr. Knox saw what had been brought. The price he believed generally was to be 8*l.*, but no bargain was made. On the Sunday morning, Lieutenant Patterson, of the police, and Serjeant-Major Fisher, called on him, and he went with them; opened the door of the cellar, and gave the package to them, which had been left the night before. It was given up in the same state in which it had been left the night before. The package was fastened with ropes. He assisted in opening the box, which was found to contain the body of an elderly female, who did not appear to have been interred. The extremities were doubled up on the chest and thorax. The head was pressed down as if for want of room. At the request of the Lieutenant of Police, he examined the body externally, stretched on a table. The face was very livid, and blood flowing from the mouth. In his opinion the appearance of the countenance indicated strangulation, or suffocation, by being overlaid. He found other external marks upon the body that would be supposed to cause death; he was not present at the dissection of the body; the eyes were not started, nor did the tongue hang out; the head was a good deal pressed down for want of room; observed no mark about the throat; the lips and nose were dark-coloured, and a little tainted with blood.

By the DEAN OF FACULTY.—His reasons for saying death had been caused by suffocation was, that the blood, in a strangled or suffocated person, rises in the head, and gives the face a livid appearance. He had seen the man Hare before, and knew that Dr. Knox had dealings with him for the procuring of dead bodies; he also had had dealings with Burke; they seemed to act jointly; had seen both assume the principal part; they frequently brought subjects to the lecture-rooms; had heard of a class of persons who provided bodies which never had been interred; had known of young men attending poor patients who did give information of that fact to Dr. Knox, who handed over the direction to such persons to endeavour to make a purchase; in one instance a note was given to himself, and he handed it to these men, but the purchase was not then made.

James Gray and his Wife were next examined.—They said they were acquainted with the

prisoners, and had lodged about five nights in their house. They recollected the old woman coming there on the night of the 31st of October; and on the following morning M'Dougal said she had been impudent, and they had turned her out of doors. They, however, suspected that all was not right, and when Burke and M'Dougal left the room they examined the straw, and found the body under it; there was blood on the face and about the mouth. They immediately took up their small bundles, and were quitting the house, when they met Mrs. Burke, to whom they mentioned what they had seen. She told them to hold their tongues, and she would give them 2s. or 3s., and it might be worth 10s. per week. Gray replied, "God forbid they should make money by dead people," and immediately gave information to the police.

John McCulloch proved having been employed by Burke to convey the body from his residence to Dr. Knox's house. It was taken out from among the straw, tied in a sheet, and put into the box. They had great difficulty in getting the body into the box; they had to rack it to get it forced down. When he arrived at Surgeon-square with his load, he was joined by Burke and M'Dougal, and Hare and his wife.

The police officers proved having apprehended the prisoners, and finding the dead body at Dr. Knox's house.

William Hare was next examined.—He was cautioned by Lord Meadowbank to speak truth. He said he understood he was called only as a witness in the case of the woman Campbell (he emphatically said, "the old woman.") Having been sworn in the common form, he said he was a native of Ireland, and had resided in this country about ten years. He was asked if he were a Catholic? He answered, he was. He was then asked if he wished to be sworn in any way? He said, he did not know; he never had taken an oath before, and the form was all one, he supposed.

The examination proceeded.—He had been acquainted with Burke about a twelvemonth; M'Dougal lived with Burke, then, as his wife; witness lived in the Westport, not far from Burke; was in a public-house in the Westport on the forenoon of the 31st of October, when they had a gill; he asked witness to go down to his house, to see the *shot* he had got to take to the doctor's; he said he had taken an old woman off the street, and wished witness to go and see her, and see what they were doing; understood by the word *shot*, that he was going to murder the woman. He went to Burke's house, and found there was a strange man and woman, (their name was Gray,) the old woman, and Helen M'Dou-

gal. The old woman was washing her short gown; it was white and red striped, (identified the bed-gown.) Witness remained in the house about five minutes, and then went home; was in Connaway's between eight and nine o'clock on Hallowe'en night. There were Connaway and his wife, William Burke, and John Broggan, and another lad whom he did not know, the old woman, Helen M'Dougal, and witness's wife. They had some drink there. Burke, Broggan, and the lad, went out; but witness remained later, and went into Burke's, leaving the old woman in Connaway's; was not long there till Burke himself, and the old woman, came in. She was so much the worse of drink as hardly to be able to keep her feet. There was some dancing in Connaway's. At this time he did not think that any harm was to happen to the old woman that night. When in Burke's, some words took place between him and witness, and blows ensued. He asked what had brought him there, and he replied he had been invited by M'Dougal. While they were struggling, the old woman ran twice into the passage, and called out either "murder," or "police." Helen M'Dougal brought her back both times. While witness and Burke were struggling, he (Hare) pushed her over a stool; she got up so as to rest upon her elbow, but was so drunk as not to be able to regain her feet; she was always calling on Burke to quit fighting, and he did so: having stood for some minutes on the floor, Burke stood stride legs over her, and laid himself down above her—his breast being on her head; she gave a cry, and then moaned a little; he put one hand upon her nose and mouth, and the other under her chin, and stopped her breathing; this was continued for ten or fifteen minutes; he never spoke while this was going on; after he had risen from above her, he put his arm upon her mouth for some minutes; she appeared quite dead; witness was sitting all the while on a chair; he stripped the body of the clothes, put it into a corner, doubling it up, and covering it with straw; witness's wife and M'Dougal, when they heard the first screech of the old woman, ran into the passage, and did not come in again until the body was covered with straw; before this they were lying in the bed, and witness sat at the head of the bed; did not observe blood on the floor, or on the woman's face, at the time; did not observe the women, in the passage, cry; but nobody came to the door during the time. Burke had not been above the woman a minute or two, when the women started out of bed, and ran to the door; none of them attempted to save or assist the old woman, and such could not have happened without his seeing it; saw them

come again, and Burke go out, when he was absent a few minutes; the women asked no questions, and he made no remark; the women went to their beds again; neither asked for the woman Docherty; when Burke returned, he brought the Doctor's man with him—a person who lived a little down the West Port. Burke wished the doctor's man to look at the body, but he said it would do well enough—to get a box, and put it into it; the women were in the bed while the man was in the house, but he could not tell whether they were awake or not; witness fell asleep himself; he was rather the worse of liquor, but he knew well enough what he was about; he awoke about seven o'clock in the morning; he found himself on a chair, with his head on the bed; the women were in the bed, and a lad named John Broggan, who was lying beyond his aunt; Burke was at the fire-side; he and his wife got up and went home, when they found Gray and his wife there; Burke called witness into Rymer's shop, and wished him to go with him to Surgeon Square, which witness agreed to do, after he fed the swine; they went to Surgeon's Square, where Burke inquired for a box, but they did not get one; he said, he bespoke one from Mr. Rymer's shop-boy; this box was brought into the passage by the porter, (McCulloch,) but there was nobody in the house when they went in; they took the box in, and waited at the back door till Burke came, who said, "You are worth little that have not put it into the box;" witness assisted to put the body into the box; the porter pressed it down, and observing some of the hair over the side of the box, put it down inside, saying, it was "a bad thing to have it hanging out." The box was roped, and the porter instructed to carry it to Surgeons' Square; witness and Burke accompanied him, and met the women in the High School Yards; could not say whether Burke, or the porter, went in first; witness accompanied them; the body was put into a cellar, and witness and Burke proceeded to Dr. Knox's, at Newington, but did not go into his house. Mr. Paterson, who was to pay the money, took them into a public-house, where he got change, and paid the porter 5s., Burke 2l. 7s. 6d., and witness 2l. 7s. 6d.; understood that 5l. more was to be paid on Monday. Saw the women both in going to and returning from Newington, but neither of them went into the public-house.

Cross-examined by Mr. COCKBURN.—Had been a boatman on the canal; had also had a horse and cart, and sold fish; had been concerned in furnishing medical lecturers with subjects; was never concerned in carrying any other bodies to surgeons

than that of the old woman, but had seen it done; had never been concerned in raising dead bodies. He was warned not to answer questions that might criminate him. Was asked how often he had seen them doing it? Declined answering the question. Was this of the old woman the only one in which he was concerned? Declined to answer. Was murder committed in his house last October? Declined answering the question. Understood that the use of the term *shot*, was used by Burke as meaning a person for a subject, in order to murder them; heard him use it when he did not mean to murder, but understood that to be his meaning at the time; said so to him in the forenoon; was dancing in Connaway's; the old woman was there, but, at that time, had no notion that there was to be mischief that night, from Burke's words. First entertained the opinion that there would be mischief, when he saw Burke standing over the old woman. They had quarrelled, and therefore had no thought till he saw Burke in that situation; saw the body of the old woman in the police-office; he then said he had never seen the body of the old woman before, and denied that he had seen the woman alive; it was on the Sunday when he saw it, and denied it then. Have you had several transactions with Dr. Knox, or his assistant? Declined to answer the question. Burke had received money from Dr. Knox, but witness never did, nor from any of his assistants. Burke received 5l. for the body from Dr. Knox, and they were to receive more on Monday; Dr. Knox's man said they were to get 5l. more; thinks it was Burke who paid the porter, but is not sure whether it was Burke or Mr. Paterson; Burke threw two notes across the table along with the change; is certain that Mr. Paterson did not pay the money to him, though he folded up the two notes and divided the silver; had never any quarrels with Burke about the payments, nor no quarrel with him about money matters. Witness pushed the woman over a stool, and she was so drunk she could not rise; before that, she had gone to the door, and called "police!" when Burke got on the old woman she gave a shriek, which could be heard some short distance; at that time did not hear any one call for the police; Burke and he were fighting before the woman shrieked; Broggan and the two women were in the bed; he was sitting at the side of the bed, and Burke was at the fire; thinks that it was ten minutes before Burke had murdered the old woman; never attempted to prevent him, but remained in the house all the time; sat by, and looked at the transaction; did not go next day to the police, and inform them of it; but, when examined by the police, he denied all

knowledge of it. [Hare removed, in the custody of the police, to the Outer-house.]

Margaret Laird, wife of Hare. Lord Meadowbank informed the witness that, whatever share she might have in the murder of Mrs. Campbell, she would not be called upon, or brought to trouble, for such share of it, if she spoke the truth.—Remembers last Hallowe'en night, when two persons, Gray and his wife, slept in witness's house; they came from Burke's, who asked that she should give them a bed; this was in the course of the day; thinks it was day-light at the time; went out that night, about nine o'clock, to seek her husband; found him in Connaway's; Connaway and his wife, and Burke and his wife, were there; had spirits there; saw an old woman in Burke's; stopped till her husband rose, and she asked him to go home, but he said he would come soon; they went to Burke's house, where there was a quarrel between her husband and Burke, and they fell a-fighting; the old woman called out murder, when she got a push, and she fell; saw Burke get upon the old woman's breast, when M'Dougal and she ran out to the passage, and remained there some time; she did not cry out, for she was powerless; thinks it was a quarter of an hour till she came back to the house; did not see the old woman, nor did she inquire, as she had a suspicion that she had been murdered; M'Dougal did not ask any question at the time Burke lay down on the old woman; witness thinks she was standing near the door; Burke had not lain many minutes on the old woman, when witness ran out; does not recollect where M'Dougal was standing at that time; was alarmed at the sight; did not see Burke do any thing else but lying either on the mouth or breast of the old woman; had some suspicion of what Burke was about, as she had seen some tricks of the same kind done; in the course of the afternoon M'Dougal came and said to witness there was a shot in the house; she did not say what she meant by a shot, but she said that her husband had fetched her from a shop; M'Dougal told her at the same time she used the term *shot*, that it was a woman; she did not say expressly they were to murder the woman, but witness understood that to be her meaning, as she heard such a meaning used to the term before; Burke had given the woman drink before, but he did not press liquor upon her; she seemed rather the worse of liquor; stopped in Burke's till between four and five o'clock in the morning; saw Mr. Paterson come in shortly after the woman was murdered; did not know where the body was put; saw the box in which the body was placed; got it from Rymer's; understood where the body was to be sent; followed Burke and her hus-

band, as she was afraid they would fall a-fighting, and went with them to Newington, and afterwards came in along with M'Dougal; did not make any answer to M'Dougal when she spoke of the *shot*, and does not recollect talking with her about the body when going to Newington; when in the passage, she and M'Dougal were speaking about the woman, but does not recollect the words; thinks it was, that it might be the case with them two—that they might be murdered; did not alarm the neighbours, as she had left her house three times before, as she had not been living a contented life, and she could not inform against her husband, as it was not natural to do so.

By the COURT.—The old woman only went to the door of the room, and thinks she got a push when she fell down, and immediately after that, Burke fell upon her, and saw him lying either upon her mouth or on her breast. Did not hear the old woman cry or scream, and went away, as witness was afraid to see her murdered. Did not expect that night that the old woman was to be murdered.

By the DEAN OF FACULTY.—Could not say whether it was Hare or Burke who pushed the old woman. The door at the outer end of the passage latches, but does not know whether it is from the outside. Did not hear any body knock on the door when she was in the passage, nor when there did she hear the old woman cry or make any noise. Had not power to go out of the passage, and that was the reason she remained. Did not say any thing when she came back to the house. Saw both Burke and Hare there. Went to bed in a short time afterwards, but did not sleep for some time. Broggan came in, and they had some liquor. Rose out of bed when Paterson went out, and did not again go to bed; M'Dougal was not in bed; she (witness) and Broggan lay down on the floor; Burke and Hare fell a-fighting soon afterwards; never saw the old woman rise after she fell; does not know how long they were in Connaway's, as she has a very bad memory.

Two medical gentlemen were then examined, and they thought it probable that the woman had died a violent death by suffocation.

The declarations which were emitted were then read. Burke described himself as a native of Ireland; that he has been ten years in Edinburgh; is a shoemaker; and lived with Elizabeth M'Dougal, but was not married to her. He pretended to account for the dead body being in his house, by saying it was brought there by a porter.

The Jury retired at half-past eight, and after having been enclosed for 50 minutes, returned a verdict, finding William Burke

Guilty of the charge, and in regard to Helen M'Dougal, found the libel *Not Proven*.

The LORD-ADVOCATE having moved for the sentence of the Court,

LORD MEADOWBANK said, after a trial of unexampled length,—protracted to nearly 24 hours,—a trial in which the minds of your Lordships have been excited to the uttermost, it would be improper in me to detain the Court with commenting on the circumstances of this most atrocious case; and I feel that it is quite impossible for any one who has attended to the proceedings on this trial, to think that we have any thing left to do but to go through with the distressing duty which has now fallen to your Lordships to perform. But it is impossible, in considering the whole circumstances of this distressing case, not to advert to that most extraordinary, that most unexampled, and that most atrocious system, which every one must feel has been developed by the evidence which has been brought forward. I am sure, and I speak in the presence of your Lordships, who can correct me if I am wrong,—that in the whole history of the country—I may say in the history of civilized society—nothing has ever been exhibited that is, in any respect, parallel to this case. Murders have been committed before now; crimes of all descriptions have unhappily been too common; but we had flattered ourselves that our country was in a great measure free from the stigma of any great or heinous atrocity committed within its bounds. That there should have been found, therefore, not one, but many leagued and combined together, in order to sacrifice their unoffending fellow-creatures, for the wretched purpose of disposing of their bodies, is, to the last degree, humiliating. The very announcement of such a system is sufficient to raise ideas of horror, which it would be in vain to search for words adequately to express. When I take a view of the other features of this case, it exhibits a picture of iniquity which the greatest stretch of imagination can hardly take in; yet it was so clearly brought out in proof, that I am sure it must carry conviction to every one who heard the evidence. It is proved that the prisoner, in going up the street after some of his usual avocations in the morning, fell in with the poor unprotected old woman, with whom it is quite clear that he was perfectly unacquainted before. Now began his arrangements for ensnaring his victim. With the immediate feeling upon him of the object which he had in view, he claims kindred with her by a fictitious name; and by pretences of kindness, endeavours to gain on her affections. He entices her into his own house, and there continued his friendship to her, insomuch that she expressed gratitude to Mrs. Connaway for the kind-

ness with which he had treated her. He thus contrives so far to achieve his object, that she seems to have opened her affection and confidence to him—she looked to him for protection—she felt he had dealt kindly with her—she refused to enter the house until he entered with her. She did enter with him. A struggle, or pretended struggle, ensued; and when I recollect that the moment she fell, that struggle ended, I cannot rationally entertain a doubt that it was feigned, and got up for the purpose of entrapping her, and throwing her off her guard. What did the individual to whom she looked for protection now do? She is thrown down, and he, with the ferocity of a demon, instantly throws himself upon her, and extinguishes life in a few moments. I do not state this with any view whatever of exciting the feelings, or aggravating indignation against the unhappy prisoner; but really when such a system of crime, in which there are many actors, is developed in the midst of this great metropolis, I cannot resist stating the impression which it has made upon my mind, as one of the most monstrous exhibitions of atrocity ever disclosed in the annals of jurisprudence in this or any other country. Sitting as I do in this place, there is little occasion to advert to certain matters that were pointed at, and eloquently pointed at, in the course of the defence. I will only observe, that with matters of science we have nothing to do. We have nothing to do but to administer the law as handed down to us, and God forbid that the claims of science, or of philosophy, or of speculation of any kind, shall prevent us from feeling the horror which such offences are naturally calculated to excite. With respect to the issue to the panel, your Lordships are aware that that issue must be death. The highest law has said, “Thou shalt not kill—thou shalt do no murder;” and the law of this country says, that he who commits murder shall suffer death. The prisoner must have considered that he was committing the high crime of murder. In his breast, as in the breast of every one, must be implanted that feeling, that murder was the most heinous of crimes. There is no doubt that it is the duty of the Court to pronounce sentence on the prisoner; and I now suggest that he be detained in the Tolbooth of Edinburgh, and that he suffer death on the scaffold, on the 28th day of January next, and his body be given for dissection.

LORD MACKENZIE expressed his concurrence.

THE SENTENCE.

The LORD JUSTICE CLERK then addressed the prisoner nearly as follows:—“William Burke, you now stand convicted, by

the verdict of an intelligent and respectable jury, of the atrocious murder charged against you in the indictment, upon evidence which could not leave a doubt of your guilt on the mind of any one who heard it. I so fully concur in the view which has been so eloquently given by my learned brother of the nature of the offence, that I will not occupy the time of the Court with commenting on it. A crime more atrocious, a more cold-blooded, deliberate, and systematic preparation for murder, and the motive so paltry, is unexampled in the annals of the country. It is now my duty to inform you, that if ever it was clear beyond all possibility of doubt, that sentence would, in any case, be carried into full execution, this is one of those cases. You may rest assured that you have no other chance; and I would now solemnly warn you to prepare your mind, in the most suitable manner, to appear, in a very short time, before the throne of Almighty God, to answer for this crime, and for every other with which you stand chargeable in your own conscience. The necessity of repressing crimes of this nature precludes the possibility of mitigating your sentence. The only doubt I have in my mind is, whether, to satisfy the violated laws of your country, and the voice of public indignation, your body ought not to be exhibited in chains, to bleach in the winds, in order to deter others from the commission of similar offences. But taking into consideration that the public eye would be offended by so dismal a spectacle, I am willing to accede to a more lenient execution of your sentence, and that your body should be publicly dissected. I trust that if it is ever customary to preserve skeletons, your skeleton will be preserved, in order that posterity may keep in remembrance your atrocious crimes. I earnestly advise you to lose no time in humbling yourself in the sight of God, and that you will seek the aid of the ministers of religion to whatever profession you may belong. The present charges having been fully established against you, it is my duty to inform you, that you have but a few days to live."

His Lordship then pronounced, with due solemnity, the sentence of the law, to be carried into execution, at the usual time and place, on the 28th of January next.

The scene was altogether awful and impressive. The prisoner stood up with unshaken firmness. Not a muscle of his features was discomposed during the solemn address of the Lord Justice Clerk, consigning him to his doom.

After the trial, Burke and M'Dougal were removed to the lock-up-house, whither Hare and his wife had been conveyed after giving their evidence. They were detained there till four o'clock yesterday morning, when

Burke, Hare, and his wife were taken to the goal: M'Dougal was liberated last night, having been only detained in the lock-up-house for her personal protection. We understand that Hare has made some disclosures, in which he confesses having been concerned in no less than twelve different acts of murder, in some of which he was the principal, and in others an accessory, and that he knew of another, in which, however, he was not a party. Burke, previous to his trial, stated, in conversation to those near him, that he had made up his mind for the worst, being certain that he would be convicted, which may, in some measure, account for the apathy and apparent indifference which he maintained during the trial, and particularly when the awful sentence of the law was pronounced upon him. Since his conviction he is apparently penitent, and seems resigned to his fate. In his religious opinions, we understand he is a Roman Catholic.

SUCCESSFUL CASE OF TRANSFUSION.

DR. BLUNDELL on the 7th instant performed the operation of transfusion on a lady at Walworth, assisted by Mr. Poynter (of Somerstown,) Mr. Davies, and Mr. Lambert. The circumstances of the case were briefly as follow:—The patient, a delicate woman, 25 years of age, the mother of two children, was taken in labour on the morning of the 7th; Mr. Poynter had been engaged to attend her, but it was found necessary, before the arrival of this gentleman, to call in Mr. Davies. There was nothing remarkable in the labour; the child presented naturally, the placenta came away entire in the course of a few minutes, and the patient remained for about an hour and a half, to use her own expression, "quite comfortable." An alarming state of collapse somewhat suddenly ensued, and it was found that considerable hæmorrhage had taken place from the uterus: pressure was made on the abdomen; ice was introduced into the vagina, and various means employed. No further discharge of blood took place, but the patient was in an extreme state of prostration, blanched, and perfectly bloodless in appearance; the pulse not higher than 120, but sometimes almost imperceptible. Stimulants (brandy and port wine) were freely given, but with no marked benefit. In this state of affairs, Dr. Blundell arrived, and determined on transfusion, observing, that although there were some symptoms absent, which were necessary to make the case one of an extreme kind, namely, a greater rapidity of pulse, and

restlessness; and although there was a possibility of the patient recovering, as the hæmorrhage was restrained, yet looking to the exhausted state of the patient, and the slight temporary benefit that had accrued from the use of stimulants, he thought the balance was against her, and that it was desirable to give the *pabulum vitæ*,—blood. About eight ounces, procured from the arm of Mr. Davies, were injected at different times—the whole operation occupying upwards of three hours. It was not until the whole quantity had been thrown in, that there was any decided amendment in the condition of the patient; she then rallied, and became in every respect better. Her convalescence has been gradual, and at this time, eleven days after delivery, she is doing well. The lochial discharge has returned within the last three days, and she says that she feels stronger and better than in the same lapse of time, after her two previous labours. There has been some tumefaction, and likewise pain of the arm, in which the transfusion was made; but these have subsided. It is worthy of notice, that the patient expresses herself very strongly on the benefits resulting from the injection of the blood; her observations are equivalent to this—that she felt as if *life* were infused into her body.

SECALE CORNUTUM.

To the Editor of THE LANCET.

SIR,—The following case, the treatment of which, though some may be induced to censure, I consider may be useful to the profession at large, I submit to your disposal.

A lady, in the sixth month of pregnancy, after some premonitory symptoms, which had then vanished, was suddenly seized with labour, and as her medical attendant resided at some distance, a neighbouring practitioner was called in. The fœtus was quickly born; but, unluckily, in attempting the extraction of the placenta, which adhered very firmly, the umbilical cord was broken near, if not at its placental extremity. After some time the pains left, and the Doctor also; one, two, three, and even five days passed, yet still the placenta was retained, and was evidently a source of considerable irritation. It was absolutely necessary that something should be done; and having heard of the extraordinary effects of the *secale cornutum* on the uterus, it was determined to give it a trial. Accordingly, four scruples were boiled in four ounces of water, down to two, and half an ounce given every half hour, until some effect was produced. Two doses occasioned

a very slight pain only; but, after the third, the uterus acted most powerfully, expelling a quantity of coagula, together with the after-birth. The patient remained in a very weak state, but soon recovered, and, in most expressive language, extolled this invaluable medicine.

The pains, she observed, were of a severer kind, and gave considerably more torture than any experienced during previous confinements. This, probably, might be owing to the revival of the action of the uterus so soon after delivery, which always produces some soreness of that organ, and also to the presence of a substance, which though formerly natural, had become foreign to the cavity.

It has been said that the *ergot* becomes inert by keeping; that used in this instance was above twelve months old, and it certainly possessed all its virtues. That it varies in quality, seems much more plausible.

Dec. 6, 1828.

M.

GLASGOW INFIRMARY.

To the Editor of THE LANCET.

SIR,—You most undoubtedly know, that the intent of the presence of medical students at surgical operations, performed in public hospitals is, that they may *see* the various steps of various operations; but really, when I reflect upon my attendance in the theatre of the Glasgow Royal Infirmary, in nine cases out of ten, I saw the patient only brought in and taken out: during the performance of the operation I *looked*, but, in faith, I could *see* nothing. This entirely arises from the presence of a multitude of unnecessary spectators immediately surrounding the patient. I could particularize one man, a branch of the *medical* department of said hospital, who generally makes it a point to stand directly between the students and patient, (believing, no doubt, that he is as *transparent* as the goggles he looks through,) to the no small annoyance of such as may attend for practical information. Now, I consider that, for the benefit of all concerned, such a practice ought, most decidedly, to be annihilated, and that no person should be allowed to stand *hard by* the patient, excepting those who are actually indispensable to the performance of the operation. Nothing but the consideration that the above-mentioned practice is a "*morbus ingravescens*," induces me to request that it may be made public through the medium of your Journal.

I am, Sir, your obedient servant,

ALEX. NAPIER.

Glasgow, 19th Dec., 1828.

THE LANCET.

London, Saturday, January 3, 1829.

We approach with horror the subject which has lately occupied the High Court of Justiciary at Edinburgh. It was most truly said, by Lord MEADOWBANK, that in the history of civilised society there was nothing parallel in atrocity to the crime of which one of the wretches, who has trafficked in the bodies of his murdered victims, has just been found guilty. The crime, or rather series of crimes, which the late trial has brought to light, indicates, no doubt, the existence of a state of deep-rooted moral disease among the lower orders of the population in Edinburgh; but we shall not occupy the time of our readers by speculating on the dreadful traffic, which has been carried on in the Scottish capital, as a symptom of moral disease. What we shall mainly insist upon is the necessity of putting an end, at once, to this horrid trade between the murderer and the anatomist. The perpetration of such crimes is a stain upon human nature, but the repetition of them may be effectually prevented. It is fearful and humiliating to reflect on the enormities of which wretches wearing the human form are capable; but the murder of men for the sake of obtaining the price of their dead bodies, is a crime which the Government may at once prevent. The remedy is in the hands of the Government, and that remedy it is the bounden duty of the Government to apply. The crime may not be confined to Scotland. Murderers, like Burke, may be, and probably are, at our own doors. While the temptation to commit the crime is suffered to remain, no man can say, with certainty, that it may not be his own fate, or the fate of his children, or kindred, to be marked out as victims for the dissecting table, and to perish beneath the poignard, or the gripe of an assassin,

No. 279.

eager to receive the price of his victim's corpse from the hands of the anatomist. Our first proposition, therefore, is, that it is the bounden duty of the Executive Government to see that all THE DISSECTING ROOMS IN THE KINGDOM BE FORTHWITH CLOSED.

The immediate closure of all dissecting-rooms is the only measure which will effectually prevent the repetition of the crime, by removing all temptation to the perpetration of it. The injury to medical science, the inconvenience to medical teachers, the interruption of anatomical studies, are all utterly insignificant considerations, compared with the overwhelming necessity of protecting the public against assassins, who traffic in the dead bodies of their victims. It is evident that some measure must be adopted by the Legislature, without delay, for the supply of our anatomical schools with subjects; but, until such a measure shall be adopted, it is of paramount importance that the traffic between the murderer and the anatomist shall, at all events, be put an end to. Let it not be hastily supposed that we are raising an alarm not justified by the circumstances under which bodies are furnished to the anatomical schools in this country, or that we are suggesting a remedy against a contingency which is not likely to happen. No man, who reads attentively the evidence given before the Parliamentary Committee on anatomy, can say, that murders similar to those brought to light at Edinburgh are not likely to be committed in this country. No man, who weighs that evidence attentively, can feel assured that such murders have not already been committed in this metropolis. It was proved before that Committee, both by the testimony of surgeons, and by that of individuals who had themselves supplied the schools of anatomy with subjects for dissection, that the resurrection-men belonged to the lowest dregs of society, that they were, for the most part, thieves, house-breakers, men of the most abandoned

2 F

character, and capable of committing the most atrocious crimes. Sir ASTLEY COOPER, upon being questioned as to the character of the resurrection-men, stated, that he considered them "the lowest dregs of degradation. I do not know," says the worthy Baronet, "that I can describe them better; there is no crime they would not commit; and, as to myself, if they would imagine that I should make a good subject, they really would not have the smallest scruple, if they could do the thing undiscovered, to make a subject of me!" (*Minutes of Evidence taken before the Committee of Anatomy*, p. 18.)—The flippancy and bad taste of this answer may have deprived it of the weight which is really due to it; but the recent dreadful disclosures have demonstrated that the worthy Baronet's opinion of the resurrection-men is too well-founded. In another part of his evidence, Sir ASTLEY COOPER states that there is no person, however exalted his rank, whose body, if he (Sir ASTLEY) were disposed to dissect it, he could not obtain. The worthy Baronet is probably ignorant of the state of the law on this subject; but the appalling transactions at Edinburgh prove that he was too well founded in his fact, and that he made no miscalculation as to the desperate resolution of the class of men engaged in supplying the anatomical schools with subjects for dissection. The following is the part of Sir ASTLEY COOPER's evidence to which we allude:—

"Does the state of the law actually prevent the teachers of anatomy from obtaining the body of any person which, in consequence of some peculiarity of structure, they may be particularly desirous of procuring?—The law does not prevent our obtaining the body of an individual, if we think proper; FOR THERE IS NO PERSON, LET HIS SITUATION IN LIFE BE WHAT IT MAY, WHOM, IF I WERE DISPOSED TO DISSECT, I COULD NOT OBTAIN."—*Minutes of Evidence before the Committee on Anatomy*, p. 18.

We observed, in commenting on this part of Sir ASTLEY COOPER's testimony,

(*THE LANCET*, No. 262, p. 727,) that this extraordinary declaration was well calculated to produce an effect on the fears of persons to whose understanding reason could find no access; and that the worthy Baronet had, with his wonted felicity of diction, made his threat of dissection apply rather to the LIVING than to the dead; little anticipating,—as indeed the worthy Baronet could have little anticipated,—the possibility of such a declaration admitting of a literal interpretation. It is our firm conviction, that, unless the executive government take immediate steps for putting a stop to all dissection, until the legislature shall have placed the supply of the schools of anatomy under due regulations, no man in the country is completely secure from the knives of the assassin and the anatomist. The present price of a corpse offers a stronger temptation to desperate and reckless villains than that for which they are in the constant habit of risking their lives; and the ready mart for their victims renders the chance of impunity after the commission of murder with a view to the sale of the corpse, greater than after the commission of any other crime. The burglar is never sure of obtaining as much as the value of ten or twelve pounds in the house into which he breaks; he encounters the risk of losing his life in the commission, or on conviction of the offence; and he commonly goes prepared to destroy life in case of resistance. Is it likely that such a man would be much moved by the consideration of the greater or less enormity of a crime, or that he would hesitate to commit a murder at once, if he could not only secure a profit upon his crime, but be nearly certain of escaping with impunity? It is from the calculation of the chances of escape in the event of conviction that robbery is now seldom combined with acts of violence to the person; but if thieves and burglars perceive that there is a mode of committing murders

with a sure profit and small chance of detection, what security does the conscientiousness of these abandoned characters afford to the public against the frequency of such murders? And who shall say that such murders have not been already committed? In the present state of the law, surgeons have no means of ascertaining,—they cannot even inquire, without risk, into the mode whereby the persons whose bodies are brought to the dissecting-rooms have come by their death. It is the state of the law, and not the medical profession, that is to be blamed for all the evils which have been produced by the existing system. The traffic between the teacher of anatomy and the vendor of dead bodies is an illegal and, therefore, a secret traffic, excluding from its nature the means of investigating the circumstances under which the subjects sold for dissection have been obtained. We have ourselves, within a recent period, seen bodies brought into dissecting-rooms in this metropolis, exhibiting none of the appearances usually found in the bodies of persons who had died from disease, but with all the indications presented by the bodies of men who had died within a few hours, and in a state of PERFECT HEALTH. One head in particular—subjects are now frequently sold piecemeal—attracted our attention, and that of other gentlemen present. It was the head of a perfectly fresh subject; not the slightest indication of disease could be traced; it was, apparently, the head of a man who had lived in health and vigour within a few hours. We could not learn whence it was brought, nor how the man (from whose trunk it had been severed) had come by his death. He might possibly have expired suddenly from natural causes; he might have destroyed his own life; but the late horrible disclosures prove that he might also have been slaughtered for the price of his corpse. Again we say that, until the legislature shall provide the means of supplying our anatomical schools with subjects from an unexceptionable source, there is but

one way to prevent the possibility of a repetition of such atrocities as those which have been detected at Edinburgh, and that is, by causing every dissecting-room in the kingdom to be closed. Such a measure cannot fail, under the circumstances, to be cheerfully acquiesced in by teachers and students themselves; and there will be the less difficulty in carrying it into effect, since, as the law stands at present, all dissection, except that of criminals executed for murder, and except such partial dissections or *post-mortem* examinations as may be assented to by the friends of deceased persons, is, in effect, illegal. According to the decision of Baron HULLOCK, a surgeon, or other person, having a body in his possession for the purpose of dissection, except under the circumstances above excepted, is liable to be tried and punished for a misdemeanour. The executive government, therefore, in order to suppress a nefarious traffic during the interval between the detection of the crimes to which it has led, and the period at which the legislature can interpose, has only to take measures for effectually preventing a practice which, though hitherto connived at from the supposed necessity of the case, has been declared to be illegal.

The readers of this Journal must be too sensible of the zeal which we have ever shown for the advancement of anatomical science to suppose, that the foregoing observations have been dictated by a diminished sense, on our part, of the necessity of affording due facilities to the study of anatomy. We were among the first to point out the impolicy of the existing laws regarding dissection, and to suggest the means of affording an ample supply of subjects to our schools of anatomy from an unexceptionable source. Week after week, while the Select Committee of the House of Commons was sitting, we discussed this subject in all its bearings, and we had the satisfaction of seeing most of our arguments and suggestions repeated by the witnesses, and

embodied in the recommendations of the Committee, as published in the Parliamentary Report. The first measure which we suggested, as an indispensable preliminary to any effectual legislative provision for the supply of our anatomical schools, was the repeal of the enactment (25 Geo. II.) which subjects the bodies of persons executed for the crime of murder to dissection—an enactment which, by associating the idea of dissection with that of punishment for crime, has created, in this country, an artificial prejudice against dissection, perfectly distinct from that natural aversion with which we all regard it, as applied to the bodies of those whom, when living, we have esteemed and loved. In this recommendation, nearly all the witnesses examined before the Parliamentary Committee concurred, and it has been adopted by the Committee in their Report. We recommended the application of the bodies of *unclaimed* persons to the purposes of dissection, as an unexceptionable source for the supply of our anatomical schools, since it would meet the demand of science without violating the feelings of surviving relatives and friends, against which feelings it would be as unavailing as it would be impolitic to attempt to legislate, and since it would effectually put an end to the disgusting offence of body-snatching. We also suggested, that all the bodies of unclaimed persons should, after they had undergone dissection, be interred at the expense of the parties, for whose benefit they had been dissected; and that the offence of body-stealing should be made a felony, punishable with not less than fourteen years' transportation. We would now further suggest the expediency of appointing an officer, or officers, whose functions might be similar to those of the *chef des travaux anatomiques* at Paris, and under whose authority alone the bodies of unclaimed persons might be distributed to the anatomical schools. Neither should a body, otherwise obtained, be dissected, unless a Coroner's Inquest had

been previously held upon it, and the probable cause of death duly certified. And, as a further precautionary measure, we would recommend that the *possession* of a body for the purpose of dissection, not obtained through the regular officer, should be made a misdemeanour, punishable with not less than FOURTEEN YEARS TRANSPORTATION. This would effectually rid society of resurrectionists and trading assassins; for let it be recollected, that if there were no receivers, there would be no thieves, and, in this case, no murderers.

The view taken of this question by the Select Committee on Anatomy, of which the Home Secretary was a member, is so sound and enlightened, that we look forward with confidence to the result of a parliamentary discussion. In the meantime, we cannot help regretting that some writers, who appear to have given less of their attention to this subject than to most of the topics to which they apply their powerful minds, should have given currency to propositions wholly at variance with the views of the Committee, and incompatible with the measures recommended by that body to the adoption of the Legislature. Among some recent suggestions, the proposal to make dissection a punishment for the offence of suicide, is one of the most objectionable, because it is neither more nor less than a proposal to sanction and perpetuate an absurdity, which, in the opinion of nearly all the witnesses examined before the Committee, is the very cause of the evil to be provided against, namely, the absurdity of identifying dissection with punishment, and associating it with crime. The following passage appeared this week, in a leading article of *The Times*:—

“ But the thing which is of most consequence, is to devise some legal method of supplying the medical profession with subjects for *examination* (as *The Scotsman* newspaper properly terms it) by legal means. We have before recommended, that all persons who destroy themselves should, by the Coroner's warrant, be consigned to the sur-

gery, before they be conveyed to the grave: we think that such a course would both tend to prevent suicide, and would afford a small supply. It is absurd to talk of its heightening the prejudice against dissection, though we know that this has been asserted. *Those, however, who thus assert, should go further, and inform us then, what will lessen the prejudice, and provide bodies in sufficient numbers."*

It is plain, from the last sentence in the paragraph, that the writer is neither aware of the discussions which the subject in question has undergone in this and other Journals, nor acquainted with the contents of the report of the Parliamentary Committee. Why it is absurd to argue that the proposal for consigning the bodies of suicides to the anatomist would heighten the prejudice against dissection, the writer leaves unexplained; to us it seems difficult to assign any rational ground for inferring that such an enactment, supposing it to be operative, would not have such an effect. An infliction on the dead body, which is intended as a mark of infamy, and a punishment for crime, must surely tend to increase the aversion of men to see the same process performed on the bodies of innocent persons; and, consequently, must tend to increase the prejudice against dissection. But though, in the quaint language of the law, a suicide is one who has committed felony against himself, juries are seldom inclined to regard the act of self-destruction as a fit subject for penal animadversion; and the effect of such an enactment as that proposed by *The Times*, would, in all probability, be to diminish the number of verdicts of *felo de-se*. Hence the supply of subjects from such a source, "small" as our contemporary admits, and inadequate, upon any supposition, to the demands of science, could not be expected to reach even to the present average amount of cases of *felo de-se*; and as to the tendency of such an enactment to prevent suicide, it may reasonably be doubted, whether any inflictions on the dead bodies of self-murderers, have ever

had the effect of limiting the number of suicides. A few years ago, it was the practice to bury the bodies of persons who had destroyed themselves in a cross-road, and to drive a large stake through their guilty integuments. This practice was abolished, though not without many serious remonstrances, and prophetic warnings on the part of persons, who maintained that the national taste for self-destruction could only be restrained by the terror of that salutary enactment. Has the number of suicides increased in this country since the burial in the cross-road, and the large stake, have been dispensed? and does any rational man believe, that if these solemn buffooneries were re-enacted, the number of suicides would be diminished? The main objection, however, to the proposition of *The Times* is, that it goes to sanction the principle of associating dissection with punishment for crime, a principle which was condemned by nearly all the witnesses examined before the Parliamentary Committee as absurd and impolitic, and of which the Committee itself has recorded its opinion by recommending to the legislature the repeal of the enactment subjecting the bodies of executed murderers to dissection.

The same vague and unphilosophical notions respecting the efficacy or expediency of punishment directed against the dead bodies of criminals, which have called forth these observations, pervade, we regret to say, the address delivered by the LORD JUSTICE CLERK, in pronouncing sentence upon the panel BURKE.

"One of the doubts I have on my mind," says the learned Lord, "whether to satisfy the violated laws of your country and the voice of public indignation your body ought not to be exhibited in chains, to bleach in the winds, in order to deter others from the commission of similar offences. But taking into consideration that the public eye would be offended by such a dismal spectacle, I am willing to accede to the more lenient execution of you,—that you should be publicly dissected. I trust that if it is ever customary to preserve skeletons, your skeleton

will be preserved, in order that posterity may keep in remembrance your atrocious crimes."

As it may be the duty of the LORD JUSTICE CLERK to pass sentence of death in ten or twelve similar cases, he will do well to reflect, that the cause of the crimes committed at Edinburgh, is the high price given by surgeons for human bodies; that this high price is occasioned by the difficulty of procuring subjects for dissection; and that this difficulty is caused by the state of the law, which has absurdly made dissection a punishment for crime, and which has, consequently, created an artificial horror for dissection, as applied to *any innocent individual*, which does not essentially belong to it, and which is totally distinct from that natural opposition which all men make to any violation of the feelings with which they regard the bodies of those whom they have loved and venerated when living. Let the LORD JUSTICE CLERK reflect, that, so far from there being any natural connexion between dissection and punishment, in France, the bodies of men executed for crimes are not suffered to contribute to the advancement of science; that in France, executed criminals are the only class of men on whom the operation of dissection is not allowed to be performed.

CASES OF INTERMITTENT FEVER, IN WHICH BLEEDING WAS EMPLOYED IN THE COLD STAGE.

By JOHN MACKINTOSH, M.D., *Lecturer on the Practice of Physic, &c., in Edinburgh.*

(Continued from page 111.)

CASE 21.—Francis Trail, *ætat.* 26, presented himself at the Dispensary early in the beginning of May, 1829, in a pale and very weak condition, with swollen features, when he gave the following account of himself:—He is a native of Ireland, and went to work at the harvest in Lincolnshire in 1827; remained there about a fortnight; at that time was in the enjoyment of good health, and continued so till the beginning

of last January, when he began to feel unwell at times, but still was able to continue at his work on the rail-road, near Dalkeith. About the end of February, he was seized with violent shivering, which was succeeded by great heat, and terminated in profuse perspiration; the paroxysms have continued ever since in the tertian form, and he has been unfit to do any thing, his health and strength becoming very much impaired. He was bled early in the disease, in the hot stage, without any remission of his sufferings, and without preventing the accession of the regular paroxysms. The cold stage generally continued for half an hour to three quarters, and he experienced great suffering from pain in the head and lumbar region, with sickness. On Sunday, 10th May, he was bled to 16 ounces during the cold stage. During the bleeding the rigours ceased, but afterwards a hot stage took place, accompanied with pain in the head and loins.

On Tuesday the 12th, as he felt light and easy, and better than he had done for a long time, he walked a few miles out of town to see some friends, and he had a paroxysm, but which was not so severe as on former occasions. On Thursday he had another paroxysm, which was slight, unattended by rigors. After this period he had no cold stage, instead of which he felt languor, headache, sickness, and pain in the lumbar region, in a slight degree; he recovered his health and strength rapidly, and in about a fortnight from the time of the bleeding he had no complaint. He stated that his appetite was now good, his strength daily improving, and, at the end of May, he returned to his work cured.

CASE 22.—Dr. Cambridge, 29th September, 1827, had repeated attacks of intermittent fever at Ostend, four weeks ago, at which place it was prevalent at the time. Since his arrival in Edinburgh, three weeks ago, he has had a daily paroxysm, and used the sulphate of quinine, without effect. His appearance is far from being emaciated, but he looks pale and weakly.

The rigour came on severely at nine this morning, accompanied by insupportable pain of head, shooting from temple to temple, inability to take a full inspiration, with sense of tightness across the chest. The rigours continued for the space of three hours, and then ceased, but the sense of extreme coldness, and other severe symptoms, continued. I was called to see Dr. Cambridge, and made my first visit at one o'clock, when his sufferings were still unmitigated. He still felt cold; his pulse was weak and oppressed, 130 in the minute; respiration 50; face pale, and features contracted; tongue loaded, but moist. A vein was

opened; immediately after, the blood began to flow; he expressed, in strong terms, his sense of the sudden relief he experienced; at the expiration of a minute he could dilate his lungs to the fullest extent. Eighteen ounces of blood were taken, which occupied three minutes of time, and before the arm was bound up all his uneasiness had ceased; the painful sensation of cold changed to that of a pleasant glow of heat, and the surface of the body was covered by a gentle moisture. No debility followed, and he was able to walk through the room; a brisk laxative was ordered.

30th. Had no heat of skin yesterday after the bleeding; his feelings were comfortable during the remainder of the day; he passed an excellent night, and felt quite well this morning up to the moment of attack. The paroxysm came on at eleven A. M., and although he shivered smartly, yet he distinctly declared that he was quite free from the head symptoms, and all the other very painful feelings which had distressed him on former occasions, excepting the tightness and oppression at the chest. Respirations 36 in the minute. Pulse weak, and not to be counted. Mouth slightly ulcerated, and complains of a bad taste. Tongue loaded, brown in the centre, and rather dry. Had four large dark-coloured and fetid evacuations since last night, which produced a burning sensation at the extremity of the rectum. A vein was opened, and blood was drawn to the extent of ten ounces, which occupied four minutes of time; before five ounces were abstracted, he described, in poetical language, his relief, which was as sudden as it was perfect. The pulse was reduced in frequency, and became much stronger, and he said he was sensible of an increase of strength; indeed, he was able to walk through the room immediately without support. In about an hour after I took my leave, the rigours returned with considerable severity, but unattended by headach, and there was little oppression in the chest. He had some fever, and a sweating stage. The sulphate of quinine was again had recourse to, and he had only one other slight paroxysm. His health improved daily, and was soon perfectly re-established.

CASE 23.—Dr. Cambridge mentioned to me, that after reading my first paper on bleeding in the cold stage of intermittents, which he met with on the Continent, he had an opportunity of saving the life of a clergyman, upon whom he tried the practice, with complete success. This gentleman's health was reduced to the lowest possible ebb, by repeated attacks of intermittent fever. He had tried bark in all its forms, and quassia and arsenic, without the least mitigation.

Dr. Cambridge bled him in the cold stage, and he had no return of the disease, and his health was quickly re-established. This circumstance I have Dr. C.'s permission to mention, as well as the particulars of his own case.

I have been favoured with the following case of coma, occurring in the cold stage, treated successfully by bleeding, by Dr. Henry Lucas, of the Royal Artillery.

CASE 24.—Gunner William Smith, 9th Battalion. Admitted, August 16, 1827. Is perfectly insensible; eyes fixed, pupil partially contractile; respiration slow and deep; pulse full and slow; skin cool, especially about the lower extremities. Is completely insensible to external stimuli. Was brought from one of the guard rooms, where he had been complaining of feeling ill. He had attacks of ague. A vein was opened in the arm, and he recovered sense and motion on losing six ounces of blood. He complained of cold, though by that time the skin was warmer. Twelve ounces of blood were taken. Warm bottles were applied to the feet; cold lotion to the head; and a turpentine enema. In the evening he was found sweating. Bowels not free. Cathartic mixture ordered.

17. Bowels moved once by the mixture. Pulse soft and full. Skin moist and warm. Tongue rather loaded.

Repeat cathartic mixture.

18. Had distinct rigours last night, succeeded by increased heat of surface, and sweating. He was discharged on the 24th, cured.

CASES 25. and 26.—The following is the extract of a letter from Mr. Brown, now assistant surgeon in the 52d Regiment, dated Jersey, 8th August 1827: "Since I had the pleasure of hearing you lecture, I have, in three instances, tried the effect of bleeding in the cold stage of intermittents, and twice with complete success. The patients were invalids, sent from Gibraltar for change of climate. One had had an ague for eighteen months previous to his coming under my care; and at the time he left the depot for Chatham, seven weeks from his being in hospital, he had no recurrence of fever. In the third case I was not so successful; it was, I think, from the bungling manner I opened the vein, I couldn't get the blood to flow."

CASES 27, 28, 29, and 30.—Cork, Marlborough Street, Wednesday, Nov. 14, 1827.—Sir, The perusal of your paper upon the uti-

* I have already shown how difficult it is to open a vein during a rigour, from the commotion in which the body is thrown.

lity of blood-letting in the cold stage of intermittent fevers, induced me to resort to that remedy, in the only four cases of the disease which I have met with since. The disease is of comparatively rare occurrence in this city, and never assumes a very aggravated form. Three of the cases I allude to were stout labouring men; the fourth was a delicate girl about twelve years of age. None of them presented very dangerous symptoms. The most distressing symptom was severe pain in the head, which was generally most intense during the cold fit. The loss of blood, so far from causing collapse, or adding in any degree to the feeling of debility which existed, seemed to produce quite an opposite effect. The patients expressed themselves immediately relieved, a gentle perspiration ensued, and they appeared as if revived by the influence of a generous cordial. The bleeding, however, did not effect a cure, but the subsequent attacks were infinitely more mild, and yielded in a short time to the exhibition of the arseniate of potass.

The beneficial effects of this practice fully answered the expectations which you announce; and I have no hesitation in saying, as far as I can judge from limited experience, that we are indebted to your sagacity for a bold and unusually successful innovation in the treatment of a disease, which has constantly baffled our best directed efforts. You will excuse this brief communication, but I am aware that no reward is more grateful to a physician, than the assurance that his suggestions have received and merited the approval of his brethren.

I am, Sir, with much respect,
Your obedient Servant,

(Signed) D. B. BULLEN, M. D.

To Dr. Mackintosh, M. D.

SIR,—In consequence of having read, with great interest, your valuable paper upon the subject of bleeding in the cold stage of intermittent fever, which was published in the Edinburgh Medical and Surgical Journal for April last, I resolved to adopt your plan of treatment, in the first cases of ague which should occur to me. Ague has not for many years been endemic in this neighbourhood, so that the opportunities I may have of further trials of your treatment will probably not be numerous. The results of the two cases, of which I take the liberty of sending you an account, are very favourable. They occurred to me in my practice as physician to the General Infirmary here. With a strong conviction that future experience will confirm the correctness of your views and practice, and with feelings of admiration and esteem for an individual who has improved the prac-

tice of medicine, by a disregard to long established prejudices and erroneous doctrines,

I remain, Sir, your obedient Servant,
JONAS MALDEN, M. D.

Worcester, July 27, 1827.

To Dr. Mackintosh, M. D., Edinburgh.

CASE 31.—May 5, 1827.—Priscilla Williams, æt. 30. Complains of pain in the head. Skin hot; tongue furred; pulse 120, small and rather hard. Pain in the epigastric region, with loss of appetite. Bowels confined. Has a severe rigour every other morning of half an hour's continuance, which is followed by a hot and sweating stage. Her complaints began with cold shivering, three weeks ago, in the neighbourhood of Oxford, where ague was prevailing.

Applicentur hirudines xii. regioni epigastricæ.

R Extracti colocynth. co. gr. xv.

Hydrag. submuriatis gr. iii.

Fiant pilulæ tres stat. sumendæ.

R Liq. antimon. tart. ℥. xx. Potassæ nitratis gr. x. Mist.

Salinæ 3j. M. Sumat quartis horis.

6. Pain in the stomach relieved. Head-ach continues. Bowels freely opened. No rigour yesterday. Let her be bled during the cold stage to-day.

7. Lost ten ounces of blood yesterday during the rigour, when she became rather faint. A hot and sweating stage succeeded. Bowels open. Tongue cleaner.

8. Pulse 80, and of moderate strength. Headach and pain in the stomach much better. The rigour came on this morning, during which she was bled to 16 ounces, and a slight hot and sweating stage succeeded.

9. Another very short and slight rigour this morning.

10. Ague returned to-day, but bleeding cut short the cold stage, which was neither followed by heat or sweating.

13. Pulse 72. Tongue clean. Appetite good. Free from pain. Has had no ague since last report. Wishes to leave the hospital. Discharged.

27. I saw the husband of this woman, who told me his wife was quite well, and had no return of her disorder.

CASE 32.—May 22, 1827.—William Holland, æt. 24. Has pain in the head and limbs, with furred and dry tongue. Pulse 96, small. Bowels regular. Has severe rigours of an hour's duration every day, which are followed by the hot and sweating stages. He has great prostration of strength, and a sallow countenance, and is much emaciated. Illness began with a shivering ten weeks

ago. He has for some time been wandering about the country, and sleeping in the open air at night.

R Hydrag. submuriatis gr. ix. Pulveris jalapæ gr. viij.

M. f. bolus stat. sumend.

23. Had a rigour yesterday which lasted an hour, and was succeeded by a hot stage and profuse sweating. The pulse in the rigour was 120 and very small. The bowels have been very freely opened; stools of a good colour. Headach continues.

Fiat venæsectio dum rigor adsit.

24. Was bled to fourteen ounces during the cold fit yesterday. Whilst the blood was flowing, the shivering diminished. The hot stage followed, but lasted a much shorter time than usual. The pulse was not perceptibly affected by the bleeding.

Sumat mistura cathartica 3iss pro re nata,

25. Is much improved in appearance. Pulse 80, soft. The rigour came on at the accustomed time yesterday, but the shivering was less violent. Venesection was repeated during the paroxysm. The blood flowed freely, and the rigour ceased immediately upon tying up the arm. The cold fit lasted twenty minutes. The pulse during the rigor was 120. No hot fit followed.

26. Had a slight tremor yesterday, which lasted an hour. The hot stage afterwards was scarcely perceptible. Bowels open. Tongue much improved. Pulse natural.

R Sulphatis quininae gr. ij. Infusi rosæ 3j. M.

Sumat secundâ quâque horâ.

27. Had a short and a slight shivering yesterday afternoon. No hot stage. Another at two o'clock, A. M.

29. No return of the ague since last report. Pulse 72. Bowels regular. Tongue clean. He makes no complaint.

June 2. Continues well. From this time till the 14th, he had no return of his complaint. He had regained flesh and a healthy appearance, and was discharged cured.

The practice of bleeding in the cold stage has also been successfully tried by Dr. Haviland, the distinguished Professor of the practice of physic in the University of Cambridge, the result of which was communicated to me, with Dr. Haviland's permission, by Dr. W. H. Yates, formerly a most assiduous pupil of mine, and now of Dr. Haviland. The following are extracts from Dr. Yates's letter: "Dr. Haviland tells me, that in consequence of your communication to the profession on the propriety of bleeding in the cold stage of fever, he was disposed to make trial of it, having, as you would expect, frequent opportunities in these low countries. His principal object was, in the first place, to ascertain how far

it was practicable; for when he read the account, it struck him that it was a practice quite consonant with his own views. He was always assured, that in these cases there existed considerable congestion of the larger vessels, and that, could a portion of their contents be *safely* removed, the general result would be good. He has since tried it in several cases, with decidedly beneficial effects. But it is a practice which must not be employed indiscriminately, and which is more essentially beneficial in those cases in which there appears to be a disposition to inflammation of any organ. Under such circumstances, his plan is to wait the return of the next cold stage, and then to take blood from the arm as circumstances direct; and in no instance has it failed, and in no instance has he had reason to repent it. He is quite convinced that it is a very safe practice. But when the constitution is broken down, or the general health much impaired, from whatever cause, we should be careful how we adopt such a practice, and it will not do in every case.* I distinctly asked Dr. Haviland, if, in these cases, he had administered bark or quinine; he distinctly answered, certainly not, but that there were two cases in which he followed up the bleeding, after a lapse of time, by quinine, but in all the rest the bleeding was trusted to alone. In these two instances, it was given under particular circumstances. The Professor tried bloodletting in the tertian as well as the quartan ague; but he considers it of the greatest consequence in the latter, as being more likely to effect a radical cure of the disease. I thought you would be pleased at this communication, and I am sure, if you knew Dr. Haviland, you would be delighted with him, and consider his opinions of great weight."

It affords me the highest degree of pleasure in communicating another extract from this letter, although it is rather doubtful how far I may be justified in so doing; but the practice of medicine, as taught at Cambridge, has been so often ridiculed, and particularly in a late paper on medical edu-

* Upon further experience, I feel persuaded that Dr. Haviland will see cause to modify this opinion, for it is precisely in such cases that I have the highest opinion of the practice; because it will succeed when no other remedies will have the slightest effect: in proof of which, I may refer to the cases of Ward, to Mr. Marshall's case, and to that of A. B. in the 27th volume of the Edinburgh Medical Journal, as well as to the cases of David Lambert, Robert Young, Dr. Cambridge, and his friend, the clergyman, at Ostend, William Holland, James Donachie, and Francis Trail, communicated in this paper.

ection in the *Edinburgh Medical and Surgical Journal*, by Dr. Duncan, junior, the former editor, that I think it only an act of justice. The communication is made to me by a gentleman well informed in every part of his profession, and an excellent pathologist for his standing, and one well qualified to judge of such matters. "I assure you I was agreeably surprised when I came to Cambridge. I expected to find Dr. Haviland full of Galen and Aretæus and book learning, but with little practice; instead of which, he is a very clever, clear-headed man, of very extensive practice indeed, with very liberal notions; always happy to converse with those who apply to him; he hides nothing, for when he has been mistaken in his diagnosis and opinions, he does not hesitate to point it out, and to comment upon it, which is the sure road to greatness."

I shall only add, that it is much to be wished three-fourths of the professors of medicine in Great Britain and Ireland, were compelled to study for two or three years under Dr. Haviland, in order that they might learn, not only how to read Aretæus, but to imitate his candour, frankness, and gentlemanly demeanour; and also that they might see the superior advantages which a teacher possesses, who "*enjoys an extensive practice*," and who does not trust to the knowledge he has acquired in his closet from books. I sincerely hope to see Dr. Haviland soon translated into a sphere where the influence of his talents as a teacher will be more extensively felt.

ST. BARTHOLOMEW'S HOSPITAL.

EXTRAVASATION OF URINE.

JOSEPH WISHART, ætat. 54, a shoemaker, formerly a sailor, of a spare unhealthy habit, was admitted into Harley's Ward, under the care of Mr. Earle, October 21, at half past 9, p. m., in great agony, with enormous distension of the perineum, scrotum, and coverings of the penis. He had made no water since the night of the 19th, when the swelling commenced soon after endeavouring to void his urine, and rapidly went on till it attained its present state. Has been subject to stricture for the last 25 years, for which he has been in the habit of having bougies passed. The difficulty of making water has, of late years, much increased; has not been able to retain his urine long together for 21 years past; for the last two years has not been able to retain it at all, but has been obliged to have convenience for its escape, at work. Mr. Earle soon

arrived, and made an incision in the perineum, down to the urethra, of about two inches in length, and several smaller incisions, or punctures, in different parts of the scrotum. Fætid and dark-coloured urine gushed from the wound in the perineum, and dribbled from the punctures in the scrotum. Much relieved. Mr. Earle also endeavoured to pass a catheter, but could not succeed. Ordered

Calomel, gr. iij.;

Opii, gr. j., *statim*;

with saline mixture every third hour, and hot and moist flannels to the part.

22. Ten o'clock, A. M., greatly relieved by the operation, but slept little during the night; inflammation and distention diminished; tongue brown and dry; pulse quick; urine dribbles through the wound in the perineum and incisions in the scrotum; bowels have not acted.

Calomel, gr. iij.;

Jalap, gr. x., *statim*.

Mr. Earle saw the patient again about two o'clock, P. M., and, the bowels not having acted by that time, ordered a common enema.

23. Passed a better night; bowels have been freely opened; tongue moister; pulse still frequent; the swelling and distention subsiding rapidly; the cellular tissue around the wounds presents a sloughy appearance; has passed some urine by the urethra to-day. Catapl. pavis, to the parts.

25. Has had a very restless night; tongue brown and dry; pulse feeble; much thirst, but no appetite; the sloughing of the wound in the perineum extending rapidly towards the scrotum; part of the urine escapes by the urethra, but the principal part through the wound.

27. Better to-day; tongue moister; appetite returned; pulse of more power; the sloughing has extended considerably into the scrotum. Mr. Earle ordered him yesterday to omit the saline mixture, and take the following:

R Ammon. carb. ʒj.;

Tinct. cardam. c. ʒss.;

Mist. Camph. ʒvss.; *M. capiat coch.*
i. mag. omni tertia hora.

The bowels not acting, a common enema was also given yesterday evening; diet nourishing.

28. Complains very much of restlessness during the night; appetite not so good, and the pulse more feeble. Mr. Earle removed a portion of the slough, which extended freely into the skin and cellular tissue of the scrotum, and ordered the solution of the chloride of soda to be used. Go on with the mixture.

30. The slough separated this morning, and left a large excavated wound in the perineum and scrotum; the surface of the wound is red, healthy, and granulating; pulse stronger; tongue moist, though white; appetite improved, bowels open, nights still disturbed. The urine principally comes through the wound, but some passes by the urethra. Continue the mixture and catapl. pavis.

Nov. 11. Mr. Earle attempted to pass a catheter two or three days ago, but did not succeed. The greater part of the urine escapes now by the urethra,—some, however, passing by the wound, which is granulating, though somewhat slowly. A weak solution of *argentum nitratum* applied by means of lint; half a pint of wine daily; appetite and strength improving.

15. Mr. Earle, with difficulty, succeeded in introducing a silver catheter, which is to be withdrawn in a day or two, and an elastic gum one introduced in its place. A plug is worn in the catheter, and the urine evacuated at pleasure. Some still passes by the wound. Much improved in health and appearance.

Dec. 18. Since the former date, has been taking the *sulph. quinine*, and the general health attended to. The opening in the perineum is not quite closed; a fistulous passage remains, through which a small portion of urine escapes. Various applications have been resorted to, such as the *lotio cupri*, *lotio argent. nit.*, and the *bals. Peru.*; the latter is now applied to the wound. The catheter has been increased gradually in size, and is still retained in the bladder. General health now pretty good, and all going on well, though he is unable to leave the hospital yet.

FATAL CASE OF PHLEGMONOUS ERYSIPELAS OF THE FACE AND SCALP, TREATED BY STIMULANTS!

Richard Humphrey, æt. 43, a coal porter, stoutly made, and a great porter drinker, was admitted into Luke's Ward, Dec. 8, with phlegmonous erysipelas of the upper part of the face, extending over the forehead. The integuments of the nose and eyelids are exceedingly swelled, red, tense, and shining in appearance, so that he is unable to open his eyes. The inflammation extends upwards over the forehead and downwards on the cheeks, the integuments of which are also much swelled. States that the swelling commenced about six days ago, after having felt unwell for a few days previously. Tongue brown and dry, skin hot, and pulse frequent. Complaints of pain in the head. Ordered by Mr. Stanley, who attended for Mr. Vincent, hot and moist fannels to the part, *cal. gr. iij. jalap. gr. xv.*

statim, and to be repeated in four hours, if necessary. Head to be shaved.

Mr. Burnett, the house-surgeon, had previously ordered (but it had not been taken)

Ammon. carb. gr. v.;

Mist. camphur, ʒiiss. omni 4ta horâ.

9. Passed a very restless night, and became delirious towards this morning. No complaint of pain in the head. The inflammation and swelling have extended over the scalp, and around the ears, but seem rather diminished below the eyes. Pulse frequent and feeble. Tongue not so dry as yesterday, but covered with a clammy adhesive mucus. Bowels moved last night after the *cal.* and *jalap* had been repeated, and have acted copiously this morning, after taking some house-physic. *Catapl. sinapis* applied to the nape of the neck last night. Ordered to begin with the *ammon. carb.*, and *mist. camph.*, and to have the *catapl. sinapis* repeated to-night.

10. He became so violently outrageous towards yesterday evening, that it was necessary to have the strait-waistcoat put on, to confine him to bed. Has been talking incoherently, at intervals, during the night, yet answers reasonably when questioned loudly, and puts out his tongue when desired. The *catapl. sinapis* was applied both to the throat, and nape of the neck. Two doses of the *ammon. carb.*, and *mist. camph.*, have been taken, and it is now ordered to be omitted.

This morning, by Mr. Burnett's direction, a blister was applied to the summit of the head, and an injection of house-physic given, which has acted freely. The bowels were not moved before, since yesterday morning. Subsequently, the dresser ordered *cal. gr. iij., pulv. jacobii. gr. iv. statim sumend.* The inflammation has not extended, unless slightly backwards. Pulse full and quick. Tongue dry.

Mr. Stanley saw him about mid-day, and ordered a blister to be applied to the nape of the neck, and the powders to be continued every five or six hours. Continued outrageous and struggling till about ten minutes before twelve o'clock, p.m., when he became suddenly calm, and died at twelve.

Post-mortem Examination at half past Two o'Clock.

The scalp was excessively thickened, and a thin turbid sero-fluid oozed plentifully from the surfaces, when divided. Slight purulent deposition was discovered over the left temple, on cutting into the substance of the scalp. The vessels of the dura mater were gorged with blood. The arachnoid membrane was very opaque, and elevated by serous effusion into the cellular texture

of the piamater. The substance of the brain excessively vascular. The ventricles contained a considerable quantity of fluid. Mr. Stanley, on examining the abdomen, discovered a *double hernia* on the right side; one sac opened through the external, the other through the internal, ring, and the epigastric artery ran upwards between them. The liver was dark-coloured, and soft.

FUNGOID DISEASE—AMPUTATION OF THE ARM.

Mr. Lloyd, on Saturday last, removed the left arm of Edward Sharpe, at the inferior third of the humerus. The patient, æt. 25, a coal porter, was admitted into Henry's Ward on the 31st of October, under the care of Mr. Lawrence, with a large sloughing ulcer of, and fungus growing from, the forearm. About twelve months previously, a small tumour made its appearance on the middle of the forearm, which gradually extended to an enormous size, and proceeded to the state in which it was on admission. Two or three pieces of the radius came away through the opening, by exfoliation. On the 12th of November, Mr. Lawrence having made up his mind that the disease was malignant; and being about to leave town, requested Mr. Lloyd to remove the limb on the following Saturday, should he concur in the propriety of the operation. The intumescence and inflammation of the arm having, in some degree, subsided, and the opening having acquired a somewhat healthy appearance, Mr. Lloyd got Messrs. Vincent, Earle, Stanley, Skey, and Wormald, to see it, who all agreed that, at any rate, the operation, at that time, ought to be deferred. Though, for some time afterwards, the apparent healing appearance gave some hope of saving the limb, yet, of late, decidedly incurable symptoms manifested themselves. In performing the operation, Mr. Lloyd made a single flap of the integuments, concave on the internal, and convex on the external aspects of the arm, that the cicatrix might not be opposed to the stump of the bone. The flap consisted principally of the integuments, and he preferred making the convex part of the flap on the external surface, in consequence of its greater thickness. He left scarcely any muscle to cover the bone, objecting to a muscular flap. The patient is doing well.

WESTMINSTER HOSPITAL.

AMPUTATION.

CHRISTOPHER STANT, 37 years of age, came in 28th Nov., for the purpose of having his leg amputated by Mr. White. About a

year ago, he became subject to what is popularly termed "white swelling." Leeches, fomentations, cupping, blisters, &c., were resorted to without effect. Pus was secreted within the capsule, and an opening was made for its exit. The man being of a scrofulous habit, his health gradually declined until his admission.

A profuse discharge of offensive matter proceeded from the joint, and two sinuses extended up the thigh, nearly as far as the trochanter major. The probe did not indicate caries, but the nature of the discharge affords strong evidence of its existence.

On the 6th instant, Mr. White performed the operation. The man was placed in the usual posture, and a tourniquet was applied by Mr. Harding; the circular incision was begun about the middle of the thigh; the first cut penetrated a sinus, which contained about two ounces of matter. On dividing the femoral artery, a jet of blood issued out with such force as to go over the operator's shoulder. Sir Anthony Carlisle immediately jumped from his seat, and screamed out,—"The artery is bleeding! the artery is bleeding! Stop it, for God's sake, Mr. White, or the man will die under your hands! Stop it, or he will bleed to death before our eyes!" Mr. White, fortunately, did not participate in the alarm of the "humble" knight, but, with great coolness, laid hold of the artery with his finger and thumb, and immediately secured it, observing, "That there was nothing which a surgeon ought more to be on his guard against than sudden panic; indulgence in such a weakness (he observed) might lead to serious consequences, and would certainly incapacitate every surgeon from the efficient practice of his profession." The limb being œdematose, the assistant had mistaken the position of the femoral artery, and placed the tourniquet on the outside. Dossils of lint were introduced between the flaps, to prevent adhesion, and facilitate suppuration.

On inspecting the joint, the whole of the cartilages were found absorbed, except a very small spot on the outer condyle. All the articulatory surfaces were in a carious state; the ligaments were very much thickened, presenting an albuminous appearance.

Dec. 20. The stump appears healthy, but the general appearance of the man forebodes the development of phthisis.

Samuel Pickering, ætat. 29, admitted 26th March, 1823, under the care of Dr. John Bright. He states, that he has been subject to palpitations for the last year, which were aggravated by a cold caught on a journey in wet weather, about three months

ago. He has been bled five times, with temporary advantage.

The increased action of the heart is evident, both to the eye and ear; the impulse is felt in all parts of the thorax, and the sound so loud, that the contraction of the auricles cannot be perceived. The noise and force of each systole are more palpable between the 5th and 7th ribs, than at the base of the sternum, or in the clavicular regions. He is fatigued by the slightest exertion; feels pain occasionally across the chest, and has a troublesome cough difficult respiration at night; lies most easily on the left side; when on the right, the dyspnoea is distressing. Pulse 96, full and strong; countenance natural; tongue clean; bowels costive. To be bled to 16 ounces; a bolus of calomel and antimony, with subsequent aperients; 15 minims of tincture of digitalis, twice a day, in mucilage.

April 3. Under the use of these medicines the symptoms, with little variation, meliorated, until to-day, when th. became as violent as ever. Bleeding to ten ounces; a blister to the region of the heart; and a pill, composed of two grains of digitalis, three grains of powdered squills, and one grain of opium, three times a day.

April 9. The continued use of the digitalis has produced an effect. Pulse weak, irregular, and intermitting; profuse perspiration; nausea; swimming in the head; cough relieved. The following mixture prescribed:—

Laudanum, twenty-five drops;

Aromatic confection, two drachms;

Compound tincture of cardamoms, four drachms;

Cinnamon water, six ounces;

take a table-spoonful occasionally.

May 23. He soon recovered from the depressing effects of digitalis, and resumed its use in smaller doses, with no permanent change. The man occasionally complained of an oppressive sense of debility, but to-day the dyspnoea has much increased. Each impulse of the heart shakes the whole body, and its sound may be heard at a yard's distance. He has intense pain at the præcordia. Pulse hard, and bounding; bled to eight ounces; a blister to the chest, and the following medicine. Take of

Colchicum wine, six drachms;

Epsom salts, six drachms;

Infusion of senna, eight ounces. Mix.

Take an ounce thrice a day.

25. Crassamentum buffed; serum copious; pain relieved; respiration less laboured; Pulse softer. Pill of soap and opium, ten grains, at bed time.

27. Increase of strength, and fulness of

pulse; great dyspnoea and orthopnoea; anxiety; great pain at the base of the sternum. He was bled, at his own request, to eight ounces, which was attended with immediate relief; sleeps in the sitting posture.

28. Crassamentum scanty, friable, and buffed. Pulse 88, soft, thrilling; some dyspnoea and cough; perspires freely; bowels act regularly. Continues the colchicum.

June 10. The case gradually assumed a more favourable aspect till this day, when the pain, and other untoward symptoms, re-appeared. He was bled to ten ounces.

13. Although relieved by the last abstraction of blood, there is great pain in the thorax; dyspnoea; *bruit de soufflet*, distinctly audible without the stethoscope. He is incapable of lying down.

Bled to twelve ounces. Continues the colchicum medicine.

17. Scarcely any relief experienced from the last bleeding.

A blister to be applied to the sternum.

26. Great pain of chest and abdomen; impulse more and more forcible. Pulse 100. Venesection to six ounces. Continues the colchicum mixture.

July 6. Gradually became worse; occasional expectoration of blood. This morning, five o'clock, on making an effort to reach the close-stool, he suddenly lost all sense and power of moving. The face became livid; pupils dilated; respiration stertorous; both temporal arteries were immediately cut. He expired in a few minutes after the commencement of the paroxysm.

Sectio Cadaveris, thirty hours after death.

The mucous membrane of the larynx was rough and thickened; the trachea and bronchiæ of pretty natural appearance, except that the smaller branches of the latter contained a few clots of blood, and much inspissated mucus. The lungs crepitated, nearly throughout; they did not become collapsed on opening the thorax, and were found engorged with bloody serum, which flowed out in great quantity when the lung was cut into. The branches of the pulmonary artery appeared dilated. The heart was found of enormous size; at its base, the diameter was six inches, the circumference fifteen, and from the tip of the right auricle to the apex of the left ventricle, were seven inches; none of the cavities were greatly dilated. The walls of the left ventricle were, probably, an inch and a half thick; all the valves appeared healthy, except the semi-lunar valves of the aorta, which were thickened, and puckered up into fringed edges. The inner membrane of the arch of the aorta was tinged with a deep blush, rough, and thickened, and containing numerous minute ossific points; the area of the

vessel was not enlarged. The abdominal viscera appeared healthy, except the liver, which was of larger than ordinary size.

BRUISES AND FRACTURES.

Jacob Burkitt, ætæ. 45, a mason, admitted October 11th, with severe injuries, occasioned by the falling of a brick wall. There was a wound of the scalp three inches long, a little higher than the pinna of the left ear; about a square inch of the tegument was detached from its connexion with the parietal bone. The left clavicle was fractured about its middle, and severe bruises existed over the deltoid and pectoral muscles. The 5th and 6th ribs of the left side, and the 5th, 6th, and 7th of the right were fractured near their angles. The ulna was broken about a third of its length from the head of the olecranon. A contused wound laid bare the external condyle, but did not communicate with the joint. Countenance pale; pupils contracted; respiration unequal; pulse small and weak; extremities cold. The wound of the scalp was closed with a suture, and simply dressed; a bandage applied round the body; the fractured forearm treated in the customary manner. One ounce and a half of brandy was then given. Six hours after admission, he had partially recovered from collapse; pulse 80, moderately full; pain of head and chest. Brandy discontinued. An aperient dose administered. V.S. ad 3xij.

Oct. 15. The inflammation which occurred in the forearm, was allayed by the application of leeches and fomentation. The splints are removed, and the limb remains unconfined.

9, P.M. The greater part of the wound in the head having healed by the first intention, a puffy erysipelatous tumefaction of the entire scalp supervened. Mr. Guthrie made three incisions down the cranium. One three inches and a half in length in the course of the sagittal suture, the other two at a right angle with the first, and of the same length, extending from the corona capitis towards the ears. On introducing the finger, a fracture of the left parietal bone was perceptible. About sixteen ounces of blood, and some pus, freely flowed from the gashes. Calomel and colocynth; salts and senna.

17. Considerable discharge of pus. Tumefaction of scalp lessened; has slept well; the fever has declined. Mr. Guthrie again divided the scalp so as to connect the longitudinal with the transverse incisions. About four ounces of blood trickled away.

18. Much relieved by the last incisions. Pupils natural; pulse 104. Ordered to take sulphate of quinine three times a day,

occasional aperients and nutritious diet. A quantity of pus, which had bagged in the common tegument, opposite the transverse ridge of the occiput, was let out.

28. The patient continues to improve. An abscess formed under the clavicular portion of the great pectoral muscle, which while it lasted greatly inconvenienced him, but which has now entirely disappeared. He is allowed eight ounces of wine daily, and food *ad libitum* both in quantity and kind.

Dec. 17. Convalescent. The wounds of the scalp have healed, and the bones of the clavicle and forearm have united without deformity. He walks about with the help of a staff.

STRANGULATED HERNIA.

James Bingley, 50 years old, brought in 15th October, with a strangulated scrotal hernia. The tumour was of extraordinary size. The usual symptoms of strangulation were present. The man had had reducible hernia for eleven years, which at four o'clock in the afternoon preceding his admission, descended much larger than usual, and became excessively painful. Clysters, warm baths, bleeding, and the taxis, being of no avail. The "author," assisted by Dowager Lynn, determined to enact the operation. Before commencing, the operator, by certain fidgetty movements, evinced considerable anxiety, occasioned probably by the recollection of a previous disastrous case. The first cut and the subsequent dissection were performed with sufficient precision. The transparent sac being brought into view, was opened, and its contents were seen to consist of the transverse arch of the colon, and the whole of the inferior omentum. The stricture was divided freely, but all the efforts of the operator were insufficient to return the protruded viscera. The opening into the abdomen was again and again enlarged, so that the operator's three fingers, which are none of the thinnest, could easily pass into the belly, but as fast as one portion was returned another protruded. The patient had now been fifteen minutes on the table; the omentum was quite cold, and the epiploic veins were distended to the utmost. Mr. Guthrie, who complained of the perpetual struggles of the patient, resigned, with some slight chagrin, his post to his ancient colleague. This Nestor of surgeons had actively assisted in the operation; he carefully examined the situation of parts, and, with considerable dexterity, returned knuckle by knuckle into the abdomen, not withdrawing the pressure of the finger, until each succeeding portion of intestine was pushed so far on as to prevent the regress of its predecessor. The operation was com-

pleted in the usual manner. On being put to bed, an enema of salt and gruel was administered. In the afternoon, pain and tenderness of the abdomen supervening, he was bled to twenty ounces. Under antiphlogistic treatment, all unpleasant symptoms disappeared.

10. Convalescent.

HOPITAL ST. ANTOINE.

EXTRA-UTERINE PREGNANCY.

AUGUSTINE M., *etat* 22, of a strong and plethoric constitution, had, about a year before her admission, miscarried in the seventh month of gestation. Since that time she had enjoyed pretty good health, and become pregnant for a second time. In the fourth month she began to complain of pain in the loins, and general debility, which apparently slight symptoms had existed for no more than two days, when, on the morning of the 15th of October, she awoke with a very violent pain over the whole abdomen; she was immediately brought to the Hospital and placed under the care of M. Rayer. Her countenance was pale, and expressive of the greatest anxiety; the lips were livid; the tongue moist; the abdomen swollen, and very tender on pressure, especially at the sides. The os uteri was neither painful nor dilated; the uterus was somewhat enlarged and tender; the pulse was scarcely to be felt; the extremities were cold, and the patient had frequent attacks of syncope. In the afternoon of the same day, the symptoms still increased in violence, and in the evening she expired, apparently with all the signs of internal hæmorrhage.

On examination of the body, nearly two pints of fluid blood were found extravasated in the abdominal cavity, and a triangular coagulum of considerable size, extending from the small pelvis up to the umbilical region, was found covering the lower half of the abdominal viscera, and, on a closer inspection, appeared to originate from the uterus, by means of a thick pedicle. This coagulum having been carefully removed, a fetus, five inches in length, was discovered in the left iliac region. The uterus was enlarged, and exhibited two tumours, separated by a longitudinal incision; that of the right side was the largest, and ruptured on its upper portion; between the edges of this rupture, the coagulum and umbilical cord were inserted. The neck of the uterus was about an inch in length, and slightly dilated by a gelatinous matter; a probe being introduced from below upwards, entered the left portion of the uterus, which, being opened, was seen lined with the membrana decidua. This having been removed,

the opening of the left fallopian tube was readily found, but not the slightest trace of the right tube, or of any communication with the right tumour, could be discovered. It was perfectly separated from the left half of the uterus by means of a septum, of about an inch in diameter; the tumour itself was eleven inches in its transverse, three inches in its vertical, and one inch and a half in its antero-posterior diameter; on being opened by a crucial incision, it was found to contain the foetal membranes and the placenta, which were somewhat protruded towards the rupture. The left fallopian tube was healthy, but that of the right side passed towards the lower portion of the tumour on the right side of the uterus, and was totally obliterated. It appears, then, that the fetus was developed in a morbid cavity, formed in the substance of the uterus, having no communication with its cavity, and that the case belongs to those of interstitial extra-uterine pregnancy, which was first described by Mauriceau, Schemit, and Albert.—*Journ. Hebdomad.*

HOTEL DIEU.

LITHOTOMY.

N. R., about 50 years of age, had been in the habit of evacuating calculi of considerable size with his urine, till within the last ten years, when, this discharge having ceased, he had suffered much from dysuria, and violent pain in the bladder and glands. When examined by M. Dupuytren, a sound could scarcely be made to enter the bladder, at the neck of which it was arrested by a hard substance. A finger introduced into the rectum, discovered a solid body of considerable size, which could also be felt by pressing on the hypogastrium, and was apparently about two inches in diameter. The patient was almost constantly in pain, and obliged to make water every five minutes. The operation having been decided on, was performed in the following manner:—A staff, curved only for about an inch at its extremity, was introduced, and carried between the stone and the bladder, so that its groove could be felt by the finger in the rectum; an incision, of an inch and a half, having been made in the perineum, and through the sphincters, a bistoury was inserted into the groove of the staff, and carried on, so as partially to divide the neck of the bladder. Through this opening, the double lithotome caché was introduced, and, by retracting it, the bladder was opened transversely to a considerable extent. M. Dupuytren then grasped the stone with the forceps, and, while an assistant forcibly depressed the hypogastrium, tried

to extract it. This, however, after many fruitless attempts, he found impossible. The patient was therefore removed from the table, and put into the warm bath; a few hours afterwards, 24 leeches were applied to the hypogastrium, and the warm bath was repeated; in the evening he was bled, and placed a third time in the bath. On the following morning the pulse was very full and strong; there was no shivering, any febrile excitement, or pain of the abdomen, but the patient complained of sickness, and pain in the rectum. On the third day the iliac region became painful, the nausea continued, the patient was in a state of the greatest debility, and complained of much pain in the wound. The stone being found to have descended a little, a vertical incision was made in the bladder by a probe-pointed bistoury, and, after several fruitless attempts, it was at last extracted. It was of an oval form, two inches and a quarter in its largest diameter, had an even surface, and weighed five ounces and 36 grains. After the extraction the patient complained of great debility, the pulse was very small, the countenance pale, &c., and he died on the fourth day after the operation.

On examining the parts in question, the cellular tissue of the perineum was found infiltrated with pus; the bladder, being small, thickened, and of a fungoid appearance, presented some traces of old ulcerations; the kidneys contained a great number of cysts, of the size of a filbert, filled with pus and adipoceros matter.

MUTILATION OF THE GENITALS.

F. B., a middle-aged man, having attempted to destroy himself by amputating the penis, was brought into the Hospital. The hæmorrhage was inconsiderable; some ligatures were applied, and a catheter having been placed in the urethra, the wound was simply dressed. On this occasion M. Dupuytren related the case of a man who, in an attempt to suicide, having made an incision through two-thirds of the root of the penis, was placed under his care; the divided parts being kept in close contact by sutures, perfect re-union took place, but the corpus cavernosum obliterated at one side, so that this man, when perfectly cured, offered the singular phenomenon of a semi-lateral erection. In another case, a little boy, who was almost completely an idiot, put a string round the penis; the skin and urethra having become gangrenous, an artificial opening formed, through which the urine passed; the corpora cavernosa had become completely obliterated under the ligature, and the root of the penis only was capable of erection.—*La Clinique*.

BRONCHOCELE.

Benj. Chavre, a native of Savoy, eighteen years old, of a lymphatic constitution, had, from his fifteenth year, when he attained to puberty, been affected with bronchocele, which soon reached such a size as to produce considerable dyspnoea, frequent attacks of suffocation and hoarseness. Being admitted into the Hotel Dieu, the tumour was found so large as to occupy the whole space between the middle of the neck and the clavicles; it was formed of two lobes, and lifted up by the pulsation of the carotids; in its substance, also, an alternating enlargement was visible during the arterial expansion. The general health of the patient not being affected, he was put under a course of iodine, of the tincture of which he took from six to ten drops daily. The tumour gradually subsided, its lobes became more distinct, the voice more natural, and the difficulty of respiration ceased altogether. It is worthy of remark, that under the use of iodine, the genitals became, as it were, atrophic, and that erections and pollutions to which the patient had formerly been very subject, were never observed during this time.—*La Clinique*.

The Letter from Glasgow in our next.

CONTENTS.

Mr. Blundell on the Gravid Uterus, and on the Diseases of Women and Children.—Lecture IX. Of some of the Diseases of Pregnancy	417
Double Uterus, and Double Impregnation	423
Transformation of the Substance of the Heart into a Fatty Mass	423
Preservation of Leeches	424
The late horrible Murders in Edinburgh, to obtain Subjects for Dissection.—Report of the Trial	424
Successful Case of Transfusion	431
Secale Cornutum	432
Glasgow Infirmary	432
The late horrible Murders at Edinburgh—Proposition for closing the Dissecting Rooms	433
Dr. Mackintosh on Intermittents	438
Extravasation of Urine	442
Fatal Case of Phlegmonous Erysipelas	443
Fungoid Disease—Amputation	444
Amputation	444
Disease of the Heart	444
Bruises and Fractures	446
Strangulated Hernia	446
Extra-Uterine Pregnancy	447
Lithotomy	447
Mutilation of the Genitals	448
Bronchocele	448

THE LANCET.

Vol. I.]

LONDON, SATURDAY, JANUARY 10.

[1328-9.

LECTURES
ON THE
GRAVID UTERUS, AND ON THE DISEASES
OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

LECTURE X.

Diseases of Gestation concluded.—Dyspepsia.

DURING pregnancy, patients are sometimes affected with dyspepsia, to be treated on the same general principles as a dyspepsia, apart from gestation, though the following remarks may be worth your consideration:—In dyspepsia, purgatives are not infrequently advised, nor ought we to forget that the milder should be used in the cases to which we are here referring, especially in women known to be prone to miscarriage. I have seen a miscarriage induced, apparently, in consequence of a moderate dose of calomel, to which, on one occasion, I gave assent; the symptoms seeming to demand it. Emetics, too, may be required in these cases; but they should never be used without a clear necessity can be established, and the milder are to be preferred. I am not sure that there is so much danger from the use of emetics which are active as from active purgatives, for it is certain that women, during gestation, sometimes bear vomiting and retching surprisingly well, as in those spontaneous morning attacks of which I was yesterday treating. In dyspepsia you may deem it necessary to have recourse to the blue pill, and other similar remedies, and in these cases you must be very careful that it do not give rise to any high degree of salivation, because, as I have just been observing to you, more especially where there is a proneness to miscarriage, the higher degrees of mercurial excitement are supposed to occasion it. Nor let it be forgotten, that this remedy varies much in its effect on different persons. I yesterday saw a lady

No. 280.

who told me that she knew, from experience, that if she were to take but two or three grains of calomel she would be completely under the mercurial influence, and, on a more minute inquiry into all circumstances, I found this to be correct. On the other hand, now and then you meet with patients that you can scarce bring under the mercurial action, under any administration of the blue pill; and, consequently, as the influence of mercury is produced in some constitutions with such surprising facility, and as there are some refractory constitutions which so powerfully resist its operation, you ought to proceed with no little caution, unless you are acquainted with the constitution of your patient.

Heart-Burn.—With very severe heart-burn, women, when pregnant, are sometimes affected; great heat of the stomach, a great deal of pain, accompanied with a drawing which seems to approximate the pit of the stomach to the spine, with pain shooting through the body, from the sternum to the points of the blade-bones. Vomiting is apt to occur, and very strong acidities may be eructated, so acrid indeed, in some cases, that they may produce heat and excoriation in the back part of the mouth. When you have symptoms of this kind, concurring with much acidity, there can be no doubt as to the nature of the disease; and after clearing the bowels, which may be necessary, antacids may be properly enough administered. Lime, chalk, soda, magnesia, may all be employed in their turns,—chalk, if you wish to shut up the tube—magnesia, if you wish to open it. Among our various antacid compositions, there is one form which has been recommended by Simms, Denman, and others, and, using it on their authority, I have tried it with considerable advantage:—One drachm of the burnt magnesia, one drachm of the aqua ammoniæ puræ, three ounces of the aqua cinnamoni, and five and a half of simple water; these are to be mixed, and the patient may take two table spoonfuls of the mixture whenever the symptoms are most distressing.

Fastidious Taste.—With fastidious tastes your patients are occasionally assailed,

2 G

and women, sometimes, have a longing for certain kinds of food, and, more frequently, they become the subject of antipathies; these, indeed, are more common than the former; some, when gravid, cannot bear sugar, some butter, some tea, some wine, and so on. Of these fastidious tastes I have to remark, that when they can be gratified, I think we ought by all means to concede, more especially with respect to antipathies. I do not think a woman ought to be ridiculed, or urged, to the use of those things to which she feels a strong and insurmountable repugnance; of such experiments I cannot approve—why should we make them? Even in animals which, to do them justice, are free from affectation, conspicuous changes of taste are observed during gestation. This change becomes manifest, in a high degree, in the rabbit, than which no animal can be more clearly of herbivorous nature, for the rabbit in all cases, after delivery, devours the after-birth, that is, it becomes carnivorous; and this, I suppose, is the reason why she so often destroys her young also; for, finding the placenta a very delicious morsel, she is afterwards impelled to attack and devour her young too. Now, in the same manner as animals become the subject of these extraordinary appetites, women also may have their appetites, influenced by certain changes of the nervous system, resulting from gestation, and these therefore, the work of nature, ought never to be unreasonably opposed.

Constipation.—In the earlier and middle periods of pregnancy, constipation is by no means uncommon; and, by some, this state of the body has been asserted to be natural to gestation. If the bowels are opened with regularity once in the day, or three times in the two days, probably this is all that is necessary to secure the patient's health. I generally, however, recommend that the bowels should be opened more frequently about a fortnight before delivery is expected to take place, because then I think, the bowels being thoroughly cleared, the delivery may be rendered more easy, and freed of some inconveniences. If a proneness to constipation exist, some laxative should be at hand to regulate the intestinal tube. If the form be pilular, rhubarb may be prescribed, with some small quantity of calomel; if a mixture, castor oil may be preferred. Salts are cold and flatulent.

Prolapsus Uteri.—With prolapsus uteri, patients are sometimes affected in the earlier and middle parts of gestation, but more commonly in the earlier. They have a feeling as if something would issue from the body, with bearing and aching across the sacrum, and sometimes over the front of the abdomen. In the greater number of cases, where the patient labours under a descent of the

womb in the earlier period of gestation, if she lie on a sofa she is relieved, and at the end of three or four months, when the womb, acquiring a larger bulk, finds rest upon the brim, a complete cure may be obtained. In rarer cases, however, the pelvis being of very large size, the womb continues to descend, and then the horizontal posture, and perhaps a pessary, may be resorted to; though I believe it is very seldom that a pessary becomes necessary, and caution must accompany its use. In some cases, too, the womb being down in the pelvis, remains and grows there, and makes a strong impression on the surrounding and contiguous viscera, and becomes incarcerated in the cavity of the pelvis. Retention of urine concurs. In such cases, a catheter, small and flat, may, with proper caution, be introduced into the bladder, and the urine being drawn, to the amount of two or three pints, sufficient room may be made for the ascent of the uterus; after which, by a little well-directed pressure upon the os uteri, the womb may be pushed above the brim. When once replaced, the womb is not likely to descend afresh; for the very conditions of the case imply that the uterus is grown too large to admit of easy lodgement in the pelvis, so that if the patient be confined for a week or two to the horizontal posture, the womb meantime growing, she becomes secured, in consequence, against any further attack.

Micturition is very common in the earlier or middle periods of gestation, dysuria, perhaps, accompanying. This arises from three causes; the first, a certain irritability about the neck of the bladder, derived, perhaps, from the uterus producing a tendency to spasm; the second, a bearing of the uterus upon the neck of this organ; the third, a descent of the uterus, though but a little way, under which it brings down the vagina and urethra, which is in connexion with the vagina, so as to distort it and obstruct. These I believe to be the more immediate causes of the disease, and bleeding from the arm, leeches above the symphysis pubis, fomentations of the genitals, and the parts above, confinement to the horizontal posture, and drinking very freely of the diluents, so as to dilute the urine, may, I think, be looked upon as principal remedies. Soda and uva ursi may be tried.

Calculus in the Bladder, during pregnancy, is exceedingly rare; yet this, however, does occur occasionally. I here show you a calculus of the ordinary size; but in the bladder a calculus may form, even larger than a pullet's egg, and such an one I was shown by a very excellent practitioner, Mr. Tipple, of Mitcham. This stone was removed from a woman supposed to labour under cancer at the time, the symptoms being

produced by this great calculus. A calculus of very small size would, most probably, not occasion any material inconvenience during delivery, but, if larger, it might obstruct parturition; and the bladder too, being compressed and bruised between the calculus on the one hand, and the head of the fœtus on the other, a slough of the vagina and cervix vesicæ might ensue. In all cases where the calculus is large, it is very desirable that it should be taken away before delivery occurs. Now, by the operation of lithotomy, it may be removed, or more safely, perhaps, by dilatation of the urethra; an operation which has, for the last twenty years, been recommended from this chair, and which has, of late, been admitted into more general practice.

Jaundice.—In pregnancy, your patients are sometimes affected with jaundice in the middle or latter period, and a sort of jaundice which is to be referred to gestation as its cause. Where it merely arises from gestation, it is to be ascribed, I presume, to the pressure of the uterus, which, not coming in contact itself with the biliary ducts, may, however, press other parts, the intestines, for example, against them. At delivery they are cured, for the pressure is then taken off the ducts; and even before delivery, this sort of jaundice may cease about the 8th or 9th month, for the womb enlarging in its size, and altering, perhaps, in its shape, gets a bearing on other parts than the biliary ducts, and these canals becoming pervious, the gall escapes into the intestines, and the yellowness disappears.

Dyspnœa.—In pregnancy, where the stomach is diseased, or where your patient is highly hysterical, she may become affected with dyspnœa; and the attacks may be sudden, and alarm her so much, as to give her an impression that she is going to die; nor is palpitation infrequent, and, indeed, this is most probably the more immediate cause of the disease. This disease is more alarming than dangerous; it scarcely ever destroys life, though, owing to a disorderly action of the heart, it may produce sensations of fainting and death. Opium, ether, and other remedies of that sort, are calculated to moderate the violence of the symptoms, and attention must be paid to the diet.

With cough our patient may be affected during pregnancy, and here I don't mean the ordinary catarrh, which cures itself, and passes off in the course of two or three days, but I mean severe coughs, accompanied with great afflux of blood to the head, and attended with a great deal of pain. In these cases where the abdomen is much shaken, the best remedy I know of is bleeding from the arm, leechings, opium, hyacinth, or other anodynes; laxatives may be taken to keep the bowels regular, but not to disturb the

digestive organs and nerves. In dry cough, pægoric elixir, to the amount of a drachm, will sometimes give present relief. The hydrocyanic acid, to my mind, deserves a trial, though I have had but little experience in this medicine.

Convulsions.—During pregnancy, women are sometimes affected with convulsions, a disease I considered very largely in a preceding Lecture, and I forbear, therefore, to enter into that topic again. Where convulsions do not actually occur, there is sometimes a very obvious tendency to the attack, flushing of the face, throbbing of the carotids, severe pains in the head, and sensations of the brain, as if it were too large for its receptacle, which, indeed, in a certain sense, it is, in consequence of the blood flowing into it too copiously. The best remedies for symptoms of this kind, are bleeding from the arm, or the nape of the neck, or temples, by cupping-glasses, or by leeches, and then the warm bath, with purgatives, perhaps emetics, and, ultimately, when the skin is open, anodynes. I should not use the warm bath till bleeding had been premised. The whole of this important subject we considered before.

Odontalgia.—Women may suffer severely from odontalgia, in the course of pregnancy; and though the teeth are all sound to appearance, yet, night after night, there may be severe attacks of the aching, so that while all the rest of the family are enjoying their repose, our luckless patient is obliged to get up and pace the chamber to cool the system, and quiet the irritability under which she labours. From this pain, the whole jaw may suffer severely. The extraction of the teeth, in cases of this kind, is out of the question; if there are none of them obviously affected, and even if a tooth were carious, I should hesitate before I had recourse to this operation, believing, as I do, that it is ascribable to a certain state of the nerves which pregnancy produces, rather than from the condition of the tooth. Burns says, that miscarriage is reported to have followed extraction itself. The volatile tincture of valerian, bark, and carbonate of iron, are principal remedies here. Would the arsenical solution be of service? I was once called to a young Greek lady, a Smyrniote, at the other end of the town, suffering violently with this disease, night by night, so that she could get no rest; all the ordinary remedies had been tried, in ordinary doses, but in vain; I gave her the volatile tincture of valerian, and bark, as largely as the stomach would bear, and with the effect of arresting the disease, so that throughout the remainder of her gestation, she continued almost entirely free.

Very copious salivation will sometimes

occur during gestation, and where the patient has not taken one grain of mercury. I saw a case of this sort, which strongly resembled mercurial pyalism, but the actor was wanting, and the gums were not ulcerated; there was merely the high action of the salivary apparatus. If the quantity of saliva is not very great, the patient may swallow it; and in that manner, perhaps, she may moderate somewhat the exhaustion, which would otherwise occur; my patient, however, secreted the saliva so plentifully, that when she swallowed it the stomach was offended, and a vomiting ensued. Now should the saliva be formed in very large quantities, and should the system suffer considerably in consequence, I should recommend the induction of delivery, which, in all probability, would cure the disease; but where the secretion is smaller, a remedy of this kind would not be justifiable. A meddling midwifery is bad. The patient did well without.

Mastodynia.—In the first pregnancy, women may suffer a great deal of pain about the breast called mastodynia, sometimes referrible to a sort of tendency to inflammation; for, in the first pregnancy, a large and rapid development of the breast may occur, the mamma becoming two or three times as large as before marriage. When the woman suffers severely from this, I would recommend leeching, bleeding from the arm sparingly, fomenting, and the ordinary remedies for slight inflammatory action. If the disease were inconsiderable, I should use friction, with oil, perhaps a little olive-oil and camphor; in general, poultices, fomentations, tincture of opium, and oil mixed together; but, for such cases, patience is the best remedy.

It was observed in a preceding lecture, that women are sometimes affected with dropsy of the ovum, a disease which I have now seen repeatedly. Perhaps a pailful of water may collect in the cavities of the uterus, and under this disease sudden alarming symptoms may occur. The abdomen may fluctuate as if from ascites, so that the first impression on your mind is, that the dropsy is of the peritoneum; there is, too, sometimes a great deal of pain and tenderness of the abdomen; perhaps when you touch it there is outcry, and independently of the pressure, the suffering may be great, and there are pains as of parturition. Suspecting what is the nature of the disease—from the sudden enlargement of the abdomen, from the reputed pregnancy of the uterus, from the pains and the forcings, you make your examination, and when you may, in general, clearly feel the membrane lying in the os uteri, already begun to dilate. If the dropsy of the ovum is not considerable, you are not justified in rup-

turing the membrane and discharging the water, because in the later period of gestation, especially a woman in this situation, may still carry the child the full time, and may be otherwise in healthy condition; if, however, the dropsy occasion much pain and inconvenience, so that something must be done, the most effectual remedy that I know, is to discharge the fluid, and this may be done by opening the membranes, either extensively, so as to emit the whole at once, or by making one or two small punctures, so as to discharge it by degrees, the latter being the safer, though the more tedious mode. A bandage should be prepared, and tightened as the water is discharged, otherwise syncope and collapse may be produced. That of my friend Mr. Gaitskell will answer very well.

Your patient during gestation may suffer a good deal, in consequence of *rigidity of the abdomen*, particularly in the first pregnancy. The uterus growing very fast, the abdominal coverings do not grow in proportion, and this produces a distention and uneasiness, to be felt particularly about the edge of the ribs, or supposed to arise from the state of the bladder, and if you are thoroughly imbued with the hepatic doctrine, the liver, of course, becomes the scape-goat, and blue pill is the medicine prescribed.

If you can clearly refer the pain to this over-distention of the abdomen, and the rigidity of its coverings, leeches over the abdomen, poultices, and abstractions of blood from the arm, will be found the best remedies, if, indeed, remedies be required.

Some women are labouring under an affection just the reverse of the preceding, I mean an exceeding laxity of the abdominal coverings, so much so, that sometimes when they are pregnant, the womb, not being duly supported, falls to the one side or other, or forwards. Much relief is obtained from lying recumbent on the sofa, but, independently of this, you may sometimes help the patient by means of a well-contrived corset or bandage, which the corset-maker may be directed to contrive; in general, women will make things of this sort better than the surgeon's instrument maker. In short, any thing that will give a general support to the abdomen, and throw the bearing upon the spine, may be found to answer very well. Sometimes, besides the support which is given by the bandage with the corset, a very broad busk, as it is called by women, that is, a broad leaf, or lamella of steel, placed in the stay over the yielding part of the abdomen, may be found more or less effectual in keeping the uterus in its place.

False Pains.—You will now and then be called to women, in the course of pregnancy, labouring under what are called false pains; that is, pains simulating the

parturient, but not arising from delivery. Those false pains are produced from three causes commonly; first, they may be pains seated in the nerves, but this is rare; secondly, they may be the produce of spasm, of the biliary ducts, of the ureters, of the intestines, or of the womb itself; and, thirdly, and most frequently, those pains may result from inflammation, and be accompanied with a fever. They are known not to be the pains of labour by their seat—their sensation—their mode of return—and sometimes, and, in some measure, by their being permanent, and, above all, by an examination. If the pains are those of labour, we find that the os uteri opens and widens, and the membranes protruding, and these being broken, the head bears down; on the other hand, if they are not the pains of parturition, probably the os uteri is shut, and there is no bearing down; or should the os uteri be open a little, we do not find an increase of the dilatation. This, you will recollect, I treated of more largely, when speaking of natural labour, and to former remarks I must now refer you. Of course, the treatment of false pains must vary with their nature; but, of general means, the most effectual are bleeding, opium, and now and then, perhaps, the warm bath, though very often this is not required. Inflammation may require very active remedies, but this was considered before.

Fatal Turbulency.—Lastly, a woman may suffer severely from a turbulent fœtus, which kicks, and cuffs, and plunges with violence, perhaps in consequence of convulsion, until the woman feels as if it would make its way through her body.—A lady, the wife of one of my medical friends, was attacked severely with this disease. Bleeding may be tried, in these cases, to the amount of a few ounces, in order to relieve and diminish somewhat the excessive agitation which the pain and alarm produce. Opium may be given, according to the effect produced, with a view of quieting both the mother and the fœtus; and I have no doubt, from my own experiments, that when the narcotics are taken, they often get into the blood and mingle with it; and this may explain to us how the opium, taken by the mother, may operate in the child, for being taken into the maternal blood it may pass into the placenta, and get absorbed, through the placental pores into the vessels of the fœtus. In the worst cases, discharge the liquor amnii, for this, in the course of a day or two, will rid the patient of her troublesome inmate. In the case referred to, manual restraint of the fœtus afforded much relief: an attendant at the bed side compressed the uterus, and compelled the fœtus to lie quiet; and under a very severe paroxysm of this kind very effectual relief

was obtained. The restraint of the child, the effective use of opium, the discharge of the liquor amnii, and the abstraction of blood to the amount of ten or fifteen ounces, are the remedies to which I look in cases of this sort. Probably the child, when born, will prove weakly, and may die within a few hours afterwards.

LECTURES

ON

MUSCULAR ACTION, AND ON THE CURE OF DEFORMITIES.

By MR. SHELDRAKE.

On Dancing, and on its advantages to Young Persons, when it is scientifically taught.

THOSE who affect to think that the most indifferent of our actions should always be described in a manner which indicates the highest degree of morality, speak of dancing in terms that I shall not repeat: religious fanatics speak of it in a way that is connected with their modes of thinking; the dealers in gymnastic exercises, as they are called, mention dancing in terms which show that *they* think it very inferior, in point of utility, as well as in the power of exciting pleasurable sensations, to their own exercises. Those who attend to these discourses, will be in a condition to judge how far those opinions are correct; but as I differ in opinion, upon this subject, from all those persons that have been mentioned, I shall only consider dancing as something that either has, or may have, peculiar effects upon the health, as well as upon the form of those who practise it. Dancing is *one* of the most healthy, as well as *one* of the most pleasing, amusements that has been, or that can be practised, by females of the superior classes of society; if it is learned from those who are well qualified to teach it, and practised, as it ought to be, consistently with the instructions by which it is taught, it will contribute more to improve the health, as well as the form, of those who practise it, than any other exercise. I advance this decisively, because I have lately seen a book, from which I have extracted the following passage:—

“I have adverted to the over anxiety to educate girls in the fascinating accomplishments of music, drawing, and dancing; in the prosecution of which, they are confined in hot rooms, and forced into strained attitudes for hours together; and to the manner in which it has led, in different ways, to the

most distressing circumstances. If long perseverance, in any habit, be sufficient to produce distortion and deformity in the spinal arrangement of adult and athletic males, it will surely be much more likely to induce them in the sickly and pampered children of the affluent. Though various causes may be assigned for the increased prevalence of these complaints in our own time, I am convinced that the relaxing effects of hot rooms, and a too ardent pursuit of feminine accomplishments, are the principal ones. By admitting the elasticity of the fibrous structure, and its disposition to stretch under certain favourable circumstances, we are enabled to understand many obscure actions which are going on in the animal economy, and in particular, to fix the doctrine of spinal distortion upon a simple and lasting foundation."

It would be an unwarrantable display of false tenderness to the writer, to use any of the terms that are commonly employed to describe the writings of medical men, to give a character to this passage; it will, however, be doing him justice, to use a term that is well understood in a neighbouring country, when they say a thing is all botheration; or if he should prefer an English explanation, I would say, the whole is a tissue of vulgar impudence that has no foundation in truth, and has been used to confound those who only wish to know the plain meaning of plain words. This being the case, as I shall have occasion to pay much attention to the writings of this person, at a future period, I shall only endeavour, at present, to show what are the real effects of dancing, that those who are interested in understanding it, may see how little this person knows about the matter.

Dancing, as it will now be considered, must be divided into two kinds; and, as the difference between them has not been very carefully examined, I shall say something upon the history and peculiarities of each.

When the ministry of Louis XIV. found that they could not subject the different nations of Europe to his arms, they determined, and were more successful in the attempt, to obtain superiority over those nations in the practice of those arts which increased the knowledge, the comforts, and even the amusements of mankind. Besides other arts, they paid much attention to music and dancing; they even founded a Royal Academy of Dancing, in which that art, and everything that related to it, was taught in the most perfect manner; it was raised to the dignity of a science; and being always so considered, became one of the most favoured and most universal amusements of the people.

As France took the lead among the nations of Europe, in all the elegant arts, of

which the habits of the people made them think dancing the most important; and as the French were accounted the most polished nations in Europe, the French dances were adopted by all who were desirous of emulating or imitating them. In England they became universal. They were not only adopted as the favourite amusement of the most polished circles, by whom they were not only considered as a pleasing amusement, but as being conducive to health, and to the improvement of the figure of those who practised them. The change of modern fashions in this country, substituted others for the dances of the French; and those which have been substituted, have less desirable properties than those which preceded them. The writer whose opinion I have quoted, and some others, have represented dancing as injurious to the health of its votaries; and as it will always be a favourite amusement while mankind are what they now are, it will be an acceptable service to show that the opinion which has now been mentioned, is erroneous; and this cannot be done in any way so effectually, as by tracing its principles to their very foundation, which some peculiar circumstances will enable me to do very effectually.

In the year 1782, or 1783, the managers of the Italian Opera introduced at their theatre a number of French dancers of the very first class; their performances were very superior to anything that had been seen in this country before, and excited a great sensation in all those persons who attended the theatre. The late Mr. Birch was of the number; his professional pursuits induced him to examine what he saw, with ideas that were connected with his profession; to gratify those ideas, he had formed an intimacy with Madame Simonet, who was the principal female dancer of that group whose performances were then so popular, that he might, as he said, get from her some knowledge of the secrets of her profession. I was familiarly acquainted with Mr. Birch; and as he knew what were the objects of my pursuit, he introduced me to Madame Simonet; she told us all that we wished to know; and, in Mr. Birch's drawing-room, she explained, by exhibiting in her own person, every action that she had described: by the information which I obtained in this manner, I acquired a knowledge of the circumstances which I shall communicate, and which I trust will now be found useful.

Madame Simonet told us, that in the French Academy, where she was educated for her profession, all the pupils, before they were permitted to attempt to dance, were completely instructed in what she called the *exercices préparatoires*; that is, a

system of exercises, which endued all their limbs with strength, firmness, elasticity, and activity; when they had acquired these properties, to a proper degree, they began to dance; she not only told us this, but showed us how she had herself been taught to practise these exercises.

She successively learned to stand flat and firm upon both her feet, with her legs quite straight, and the whole of her person quite upright, but not stiff; then to lift one foot from the ground, and keep it so, for some time, without moving any part of her body; she then replaced that foot on the ground, and raised the other in the same manner. These simple actions were repeated till the pupils were quite familiar with them; they were then directed to keep the body quite erect, but not stiff, and, bearing firmly upon one leg, to raise the other from the ground, gradually and, slowly, by bending the thigh at its junction with the pelvis, at the same time making the knee straight, and pointing the toe to its proper extent, but *no more*. The foot, after it had been kept in this state for some time, was returned to the ground from whence it was taken, and the other foot treated in the same manner: when quite familiarised to these actions, they were directed to walk (march, as some people will call it) slowly, performing the same motions with the feet alternately.

The next lesson was to keep the foot turned out to a proper extent at the ankle-joint, (a circumstance which will be particularly explained in another place,) to raise the foot more than is necessary in walking, keeping the toe pointed, the knee straight, but making a semicircular motion with the hip-joint, so as to turn the toe outwards, and carry it round and backwards as far as the natural flexion of the hip-joint will allow it to go: these motions should be made by each leg, first moving the toe forwards and round till it was carried backwards, and then throwing the foot out backwards, and bringing it gradually round, till it is placed upon the ground in the front. These may be called the elementary motions of the legs; and this mode of exercising them may, not unaptly, be called the rudiments of muscular action, as it should be used in the practice of dancing.

When the pupils were quite familiarised to perform all the simple motions of the legs, with the greatest ease and activity, they were again directed to stand upright, with the feet close together, the body firm, erect, and motionless upon the pelvis; and, in this situation, they were directed to give every motion to the arms and to the body, without stooping, that the natural structure of the joints, and the natural actions of the muscles, would admit of. These, as in the

case of the legs, were practised with every variation, till they were quite familiarised to them; they then were qualified to go to what may be called their finishing exercise; that consisted in placing themselves in any attitude they were directed to, at the instant the direction was given, and to change from that to any other, however opposite it might, to the uninitiated observer, appear to be. To such observers, these attitudes might have appeared to be strained, or painful; but they were not so, because the previous exercises had enabled the pupils to perform them at once, as military men perform their manœuvres at the word of command, and therefore do with precision what they could not have done at all if they had not been so instructed. When the pupils had acquired the power of performing all these exercises with due precision, they began to practise dancing, at which we shall leave them, while we stop to observe, that these preparatory exercises being followed steadily by young people till they became natural to them, being necessarily kept in constant use by their professional pursuits, fixed upon them peculiarities that accompanied them through life, viz., strength, activity, and health to extreme old age. Of these facts I can produce many examples, but will only particularise two, which have had much notoriety.

Garrick, after the peace of 1758, determined to improve the entertainments of his theatre by introducing better dancing than had been seen there; in attempting to execute this scheme, he engaged a number of foreign dancers, the principal of which was Noverre, who was accounted the best maitre de ballet at that time in being. He was a native of Switzerland, and had been educated for his profession in the Royal Academy at Paris, and all his professional practice was founded upon the French principles. The public, or the party that called itself by that spurious name, took offence at the introduction of so many foreigners immediately on the termination of the war; and, as Foote whimsically explained it, determined that no Swiss or Italian dancers should be employed on the English stages, *because they hated the French*. Parties were made to interrupt the performance, tore down the interior of the theatre, and the unfortunate foreigners were driven out to seek their fortune wherever it could be found. Most of them became teachers of dancing in different parts of the kingdom, and ended their days here. Noverre was the principal of these. He was engaged as ballet master by Garrick, upon the destruction of whose undertaking, Noverre became a teacher of dancing of the first rank in London, where he ended his days in that employment. I knew him well in his old age; he was under

the middle size, lively, active, and with the general manners of an accomplished French gentleman of that time. In this condition he lived to a great age, I think past the age of eighty; yet no one who saw him in public, or mixed with him in society, without knowing the fact, could have thought him to be more than sixty years old.

The late Mrs. Garrick was a German, I think a native of Vienna; she was educated in the Academy at Paris, to qualify her for the profession of a stage dancer, which she practised in London, with great applause, for several years. On her marriage with Mr. Garrick she quitted the stage, and retired into the ease and elegance of private life. She enjoyed an uniformly good state of health, with as much of the elegance of her figure as old age and nature could admit, together with complete erectness and activity, to the end of her days. She frequently went, without a companion, to her own box at the theatre, and, on the last morning of her life, she ordered her box to be prepared for that evening as usual; but, when the time came to dress, she was unexpectedly taken ill, and, instead of going to the theatre, laid down in her bed and died that night, at the age of ninety-nine years.

These two examples of a centinarian and octogenarian of this profession, passing in health to the extreme verge of human life, may, so far as age is concerned, be thought satisfactory proofs of the healthiness of this practice; but I have, through life, been accustomed to see many persons of the same profession; I have communicated my own observations to many others, and all have agreed in remarking, that those who follow this profession have, very generally, excellent health, which very many of them carry into extreme old age. This indisputable fact can only be accounted for by supposing, that the preparatory exercises which these persons go through, are a modification of what I have called regulated muscular tension, or action, and the early and constant practice of which lays a firm foundation for that high health which accompanies them through life. It is upon the same principle only that we can account for the fact, that soldiers are well-formed, and always healthy, unless they are made otherwise by accident or disease. I have never seen a soldier with spinal curvature, or other personal deformity, or a stage dancer, of either sex, with a deformed person; it is, perhaps, impossible that such things should exist, for the plain reason, that the exercises which they begin to practise early in life, and continue regularly through its whole course, render it impossible for them to become so.

The inference that is to be drawn from

these incontrovertible facts is, that if we, in very early life, teach young children to practise similar exercises, and follow them steadily afterwards, we shall confirm them in excellent health, and prevent the accession of those evils which so often cause deformity to the figure, and destruction to the constitution, at later periods of life. I do not propose to make every boy a soldier, or every girl a dancer upon the stage, but to adopt the principles, by the application of which those persons are trained, to the successful practices of their several occupations, and so to modify them, that they may qualify other classes of society to follow their different pursuits with equal success; and I am not without hopes, that this undertaking will contribute something towards producing this desirable effect.

As I have said that so much advantage may be gained by the practice of dancing, it becomes necessary to add, that *that* observation is only true so far as it is applied to that dancing which has been exclusively practised by the French, or by those who have received it directly from them. There are other modes of dancing, which have no advantage over common exercise, and some that are almost as injurious to the health and figure as common tumbling, or the gymnastic exercises; of these I shall treat in their turn, but shall now proceed to consider the French dances, and their effects.

The principal dance of the French was what they called "*Le Grand Ballet Heroique*;" it was always founded upon some story of ancient history, or mythology, and in the representation of it were employed all the powers of painting, music, and scenery, as well as such acting in dumb-show as they chose to apply to it; but what observations are now made upon it will be confined to their dancing only. The dance that was next in importance was the "*Ballet Comique, ou à demi caractère*;" the personages and practices that were represented in them approached more nearly to the characters and manners of ordinary life. These dances were executed upon the stage to amuse the public. Their favourite dances, for private amusement, were the minuet, cotillon, allemande, and other dances, which it will not be necessary to notice at this time.

It need not be denied, that, in those times, what were called the polished manners of elegant society, were tinged with a degree of formality, which no longer exists in the members of any class; this extended even to their amusements. Their favourite minuet was so constructed, as to make it contain every motion that could be used by elegant persons, in the superior ranks of society; as a necessary consequence

of this, it was always thought that the most effectual way to acquire the manners of elegant society, was to learn to dance the minuet at a very early period of life, and to learn to dance it well.

This being the case, all who desired to be elegant in their persons or manners, employed much time in acquiring that accomplishment, and it became an axiom in all the superior ranks of society, that the dancing-master was the best teacher of polished manners. That he taught the best way that was then known of giving the most elegant form to the female figure, according to the practice and opinions of that time, is certainly true, but though it was equally true that the health, as well as the form of those who used it, was improved by the practice, this fact was neither known nor cared about.

Fashion has caused the minuet to be laid aside, and dancing of a more questionable nature to be adopted in its stead ; as, being necessarily, by my professional pursuits, compelled to think much upon this subject, I naturally formed opinions of my own with respect to it. I was willing to know if those opinions were similar to, or different from, those which were entertained by others. To determine this point, I requested a friend to obtain for me the answer, in writing, to some questions which I put, in the same manner, to a gentleman who is a very eminent teacher of dancing, and who is well acquainted with what was done in the old, as well as in the modern, school of his art, and this is the answer I have received :—

“ The principles of the art of dancing are exactly what they were, but the style is changed from the Scotch to the French ; the quadrille and the waltz appear the rage of the day, and, as far as fashion is concerned, we are slaves.

“ I consider the minuet the best basis to ground the pupils on, and they still are sometimes danced ; and could I have my own will, in this case, all my pupils should dance the minuet. But little is required of a teacher of dancing at the present day ; a few quadrille steps, and the usual attention to personal manner and style, being all that is necessary, except to comply with the whims and caprices of the public, which I consider the difficult part of the business.”

This gentleman's opinion, so far as it goes, agrees entirely with my own ; but it is necessary to add, that the great superiority of the French professors of dancing over all others, is caused by their early and long practice of the preparatory exercises, which are always practised in their academy, and which give them strength and activity superior to all others who practise the same art. Those who teach dancing do not communi-

cate the knowledge of these exercises to those they teach to dance, but only parrot them into the practice of such dances as they teach ; but even that imperfect method of teaching fixes upon the pupils so much of the good effects of the French preparatory exercises, as will justify the generally received opinion, that for a young person to learn to dance, is a very effectual way to improve the form of their persons, as well as other advantages that are connected with it.

Having said so much of the advantages of practising dancing upon the French principles, it will be proper to show that other modes of dancing do not produce the same effects.

I would say, that the dancing which is here attributed, exclusively, to the French, when it is skilfully taught and carefully practised, gives to those who do practise it with skill—strength, agility, and grace. When this practice is begun early in life, and regularly continued, it contributes greatly to the permanent health and longevity of those who do practise it ; while all the other modes of dancing which, so far as I know, are practised among civilised nations, require great exertions of strength and activity, but which produce debility, and lead to early decrepitude and premature old age. As proofs may be produced to establish the truth of this doctrine, I shall be excused for going into some details.

When Garrick determined to introduce superior dancing upon his stage, he was aware of the prejudice that existed in the minds of the gallery part of his audience, at least, against every thing that was French, and therefore was careful to employ no French performers, nor any foreigners but Swiss, Germans, and Italians. This caution, however, did not save his scheme from destruction. As all his foreign dancers were turned adrift, they became teachers of dancing : this gave to those who had motives for making observations, abundant opportunities for doing so. Though these instructors taught their scholars to dance the minuet, and other French dances, *their* manner was always decidedly inferior to that of the French. The reason for this difference was, that the Italians never understood, or practised, the preparatory exercises which gave to the French dancers the firmness of motion, as well as strength and activity, which was so visible in all their movements. The Italians had nothing of this quality ; their strength was labour ; when forced into activity, it became hard labour, and soon ended in debility, both in those who were instructed by them, and in the teachers themselves. Of this, many examples may be given ; but I shall confine myself to one. All the dancers that were introduced by Garrick to execute his de-

sign, which was terminated so unfortunately for his property, were either Swiss, Germans, or Italians. The principal of these was Gallini: he was an Italian, and accounted the best professional dancer in his own country. The unfortunate termination of Garrick's project, prevented the public exhibition of any talents that he might possess; but he commenced private teacher; he married the sister of a nobleman, and, by means of that connexion, passed his life in teaching in the first class of society. I knew him well in his latter time; he was a stupid, clumsy old man, and resembled a Jew old-clothesman more than a teacher of dancing. I was acquainted with several of his countrymen, who were of the same profession, who came into England at the same time with Gallini, and, like him, soon became decrepid old men. The cause of this difference between them and the French is evident. The preparatory exercises, in which the French dancers were thoroughly practised in very early life, gave to their bodies and limbs strength and firmness, which fixed upon their constitutions properties that carried them through the fatigues of their profession, and left their impression upon them, even to extreme old age; in the same manner that the military exercises give to the recruit the power of performing military duties, which other men cannot go through; and when, at last, age does disable them from performing those duties, the course through which they have passed their lives, still leaves them active, vigorous old men.

But the Italians neither knew nor practised those preparatory exercises; they began to learn their art, if it may be so called, as labourers apply to the practices of ordinary labour; like ordinary labourers, as their natural strength increased, they increased their exertion, and actually did more work, as it may truly be called, so long as their strength lasted; but when that failed, as, for want of preparation, it always will do, the accession of debility and decrepitude always ensued in very early life, at least what may with propriety be called so, to distinguish it from the vigorous old age to which the other classes of persons, that have been mentioned, generally arrived.

The truth of what has now been said, may be demonstrated by producing some examples that have been well known. When dancing was one of the principal public amusements of the superior classes of society, the managers of our theatres collected every thing of that kind that would interest their audiences. In those times we frequently saw French and Italian dancers engaged in the same performances, and

upon the stage at the same time; and the contrast was perfectly ludicrous.

The French dancer almost flew about the stage with the velocity of a bird; so that the eyes of the spectator could scarcely see the motion of each foot as it passed before the other, and certainly could not hear the sound as it struck upon the boards. In her progress, she produced attitudes the most elegant and the most graceful that could be imagined, and that the uninstructed spectator could not even attempt to imitate, though most ineffectually, without making the greatest exertions; and, therefore, it might be supposed that the dancer made the most painful exertions to produce those attitudes in her performance; but this was a great mistake.

Although the exertions that were made by these persons were really wonderful, the preparatory exercises which gave them the power to use each limb, and almost each muscle, by whose actions these motions were performed with so much apparent ease, that amidst, and after the greatest exertions, the breathing of the dancer did not seem to be either accelerated or deranged. When the Italians came on the stage, they began their movements slowly, and increased them gradually, passed into a state of laborious activity, and soon seemed to be sinking under excessive fatigue. The most striking proof of this difference between the two sets of dancers, was perceived when the grand ballet heroique of Medea and Jason was performed. Jason was personated by the elder Vestris: he was a tall, well-made old man, more than sixty years of age; all his movements were graceful in the very highest degree. Medea was represented with great effect by Madame Simonet, and the younger Vestris had a character that was introduced into the piece, to display his peculiarly light and elegant style of dancing. These three persons displayed the most perfect specimens of their art that have been, and, perhaps, we may be excused for saying, that can be seen; and the effect which their performances produced upon the public mind will not easily be forgotten by those who witnessed them.

The managers of Drury Lane Theatre, according to ancient custom, endeavoured to turn the performance at the rival house into ridicule, by producing a mock heroic ballet, founded upon the story of Mother Shipton, in which they burlesqued every incident and every motion that was displayed in the rival ballet. Delpini, in the character of a clown, burlesqued the dancing of the younger Vestris, and he did it most effectually; his agility was equal to the agility of Vestris, but of very different quality, for it had not a particle of grace: in mere strength, he was, perhaps, superior, but in using it, his exertions amounted to great

labour, for he jumped about so as to shake the boards, as if he were thumping them with two pestles and mortars: it was perfect caricature, but he could not do otherwise; it was the style of dancing which he had been taught, and the lasting effect it had upon his person in his latter days was as visible as the effect which similar exercises have since produced upon poor Grimaldi: before he was fifty years of age, he was a decrepid old man; it is more than forty years since I saw him creeping in the street, as if he could scarcely move one foot before the other, and could not expect to live but a very short time. I thought he was dead, and was greatly surprised to read in the newspapers, that in the spring of this year he died at the age of 99 years! 50 of which he must have passed in a state that could render life but very little desirable. Vestris, on the contrary, if he be living, is, in all probability, enjoying as healthily an old age as his father, Noverre, Mrs. Garrick, and others, did before him; as that seems to be the natural consequence of the system of exercises which they steadily pursued from their very earliest days.

We now arrive at the conclusion, that there are two systems of dancing, neither of which can, with propriety, be called unhealthy, if that term is applied to such practices as have a tendency to shorten life, but one of which certainly has a positive effect in producing early and permanent debility, which it is certainly desirable that all should endeavour to avoid. The other, which I have called the French system, because it is founded on practices which originated with the teachers of dancing in France, has a direct tendency to increase the health and strength, as well as the elegance of form in those who adopt it: it is, therefore, to be hoped, that those whose influence leads the fashion upon such subjects, will induce their followers to adopt this practice, in preference to all others that are used with similar intentions, and, above all things, to avoid the gymnastic exercises, which will prove, in their consequences, the most pernicious practices that have yet been invented, under the pretence of improving the health or beauty of the human figure.

As I do not enter into the technicalities of dancing, I might here take leave of the subject; but it will be well for me to mention some peculiarities in managing the legs and feet, which it is proper that all should attend to.

First, the feet should always be kept directly under the legs, and not to allow them to turn or twist beyond what, for want of a better term, is called the natural form. In this state, the foot has its greatest motion directly backwards and forwards; of this motion, the greatest use is made in dancing.

It has, likewise, a motion in the ankle joint; it is made by turning the great toe inwards. The foot has another motion at the ankle joint; it is made by turning the toe outwards. As much and serious injury is often sustained by persons who do not understand the structure of this joint, and the proper way of managing it, to produce the effect that they desire, it will be well to explain it here.

If a person stands upright, with his heels close together, and his toes so placed, that a perpendicular line, passing through the middle of the patella down the leg and foot, by the inside of the great toe, his feet will be in the strongest position it is possible for them to take; they will be capable of making greater exertions, and for a longer portion of time than they can make in any other position. This is the position in which the skater places his foot, when he is preparing to strike with the full power of all the muscles of his thigh, leg, foot, and toes; being prepared for this action, he strikes, with all his force, the inside of his great toe against the ice, and thus drives himself forward, while he stands firmly upon his other foot.

This action of the great toe is likewise of great importance in dancing; the dancer, indeed, often has occasion to turn his toes outwards, much more than the position that has been described; but when he does so, if he understands how he should proceed to perform it, he keeps his foot firmly in the position that has been mentioned, and turns his leg outwards by the hip-joint, which is so formed, that it is one of the strongest of the human body; it allows of more motion, in every direction, than any other. We have seen one French dancer, who was so completely master of himself in this respect, that he stood perpendicular upon the great toe of one foot, bent his body downwards upon one side, and raised his leg on the other, and thus balanced himself in the form of a T square, and in that situation turned his pirouette in a manner that was really most astonishing.

Those teachers who are not well grounded in the rudiments of their own art, or acquainted with the structure of the human body, frequently do great injury to their scholars, by forcing the feet too much; as by turning out the toes, they twist the feet at the ankle joints, injure the ligaments, weaken the muscles, and produce a species of lameness that is more difficult to cure than any other that I am acquainted with.

PHRENOLOGY.

(Continued from page 414.)

WITH a view to put phrenology to the test, let us attempt to analyse the mind of a man who has lived in our own times, whose character, both public and private, is well known to many, and of whose head an accurate cast may be obtained by any one who is anxious to satisfy himself upon this subject—I mean John Thurtell. I shall here avail myself of an able and most interesting article, “on the cerebral development and dispositions of Thurtell,” contained in the second number of the *Phrenological Journal*. It is evident, upon looking at the cast generally, that he was one of that class of persons in whom the organs of the animal propensities were very largely developed, and the organs of the sentiments also considerable in size, while the organs of intellect were deficient in proportion to the others. Such individuals are, to a considerable extent, the creatures of circumstances; and the phrenologist would expect to find in their conduct, alternate manifestations of the lower propensities in great vehemence, with the most opposite displays of higher and better feeling, and this appears to accord with his character. It was industriously reported in the newspapers of the day, that he had no destructiveness, yet it appears, that of the heads of forty-three murderers, in a collection at London, five only are so wide at destructiveness as Thurtell. Combativeness is also immense, and no murder was ever committed with more daring. Secretiveness was very large, and was a very remarkable part of his character. His cautiousness, which was very large, was displayed in the pains he took to conceal the murder, to hide the body, to remove any risk of the deed, by causing Weare’s card to be left at Lord Egremont’s, in Sussex, about the time he murdered the man in Hertfordshire. Love of approbation was very large, and self-esteem was likewise large, and these feelings were strongly manifested upon many occasions. Benevolence also is fully developed, from which a phrenologist would infer, says Mr. George Combe, that the real motive of the crime was revenge, for injuries real or supposed, proceeding from wounded self-esteem and love of approbation, united with destructiveness, rather than a blood-thirsty desire of murder, or of simple robbery. It is well known, indeed, that Thurtell, with all his violence and dissipation, was a kind-hearted man. Equally large with his benevolence was his attachment; and the co-operation of these two powerfully-developed organs

explains some of the favourable traits of his character. His attachment to Hunt; his distress at taking leave of his brother; his last remembrances to his own family, particularly to his mother, prove the warmth of his attachments. The organ of imitation is large, and it is said, that he was, at one period, attached to theatricals, and that his imitations of Kean were above mediocrity. But I must refer the reader, for further particulars, to the publication before mentioned, as an attempt to delineate his entire character would occupy too large a space in the pages of *THE LANCET*. There is, however, another feature in his conduct, so striking as to make it worthy of particular notice, I mean his firmness, the organ of which was very large. By the way, I cannot avoid making another allusion to the very curious and most erroneous notion which Δ entertains of the faculty of firmness. “Firmness of conduct,” says he, “(for it is no quality of the mind) can arise from no other cause than the excess of one passion, or class of passions, above some other passion, or class of passions. The firmest of all men would consequently be he who had but one passion to gratify, since he would sternly persevere in his course without any mental conflict, or clashing of emotions.”

According to this novel idea, the man who, unfortunately, has some predominating vicious propensity in his composition, and in the indulgence of which he perseveres with unabating ardour, manifests the most decided firmness. To attempt a refutation of this opinion will be unnecessary; its absurdity will be instantly apparent, if we turn our attention to that peculiar power of the mind evinced by Thurtell. His was a continued manifestation of firmness, says the writer alluded to, from the moment of the crime to the moment of his execution: imperturbable firmness, such as would have well become an innocent person. No pride, no vanity, no hope, no consciousness of innocence, could have given him this. Consciousness of innocence he had not; hope he might have had during his trial, but not at the time of execution. As to religious hope, that he surely had not, while he uttered the most palpable untruths; and at the last, certainly, he had not such intensity of religious feeling as to allow us to ascribe his firmness to his fervent hopes of a blessed hereafter. Neither could pride nor vanity, I think, have given him firmness, at parting with his brother, when his benevolence and adhesiveness were in full operation. His brother was so affected, that Thurtell called to the turnkey to take him away by force; “for God’s sake (said Thurtell) take him away, for he unmans me.” In truth, firmness is a distinct attribute, or

function of the mind, and totally inexplicable on any other supposition. A person may have motives enough to be firm, but may, notwithstanding this, be deficient in firmness. Thurtell was violent, amicable, passionate, and very kind hearted, yet was prodigiously firm. "I was convinced (says the same writer) that firmness was a distinct power, before studying phrenology, by reading Mr. Forster's well-known and justly-esteemed essay on Decision of Character. Now, if the organs of the moral sentiments had been very greatly deficient in Thurtell, those of the animal propensities remaining as large as they are, the phrenological character would have been that of a fiend; and the better dispositions, which he actually manifested, would, on such a supposition, have been as inexplicable as the murder would have been, if destructiveness, secretiveness, and firmness had been small. I will only add, "if ever head confirmed phrenology, it is the head of Thurtell." But, perhaps, phrenology could not more effectually be put to the test than it was in the course of last year, by the following experiment. After a debate on the subject, in a Literary Society at Chatham, it was agreed, at the suggestion of one of the members, that the skull of a person, with whose previous history they were well acquainted, should be forwarded to the London Phrenological Society, with a request that they would inspect it, and state the opinion entertained of its development. Dr. Elliotson (the President) returned an answer, of which the following is an extract:—

"I take it for granted," says he, "that the deceased was of sound mind; but, to be accurate, we should likewise know how far he had been educated, and whether his constitution was active or indolent. Ignorant of these particulars, I should say that he was a man of excessively strong passions; that these were far an over-balance for his intellect; that he was prone to great violence, but by no means courageous; that he was extremely cautious and sly, and fond of getting; his sexual desires must have been strong, but his love of offspring very remarkable. I can discover no good quality about him, except the love of his children, if he had any. The most striking intellectual quality in him, I should think, was his wit. This must have been not only great, but probably of a dry cast. He might also have been a good mimic."

It is stated in reply, that Dr. Elliotson's explanation of the character of the individual is singularly correct in every particular; and, at a subsequent meeting of the Literary Society, the following resolution (on the motion of the Rev. Dr. Joynes) was unanimously passed:—"That the charac-

ter given of L. by Dr. Elliotson, from the inspection of the skull, corresponds so exactly with his history, that it is impossible to consider the coincidence as the effect of chance, but that it is an instance which, if supported by many others, affords a strong foundation for the truth of phrenology."

With this weight of evidence before us, I am surely warranted in asserting, that phrenology affords the means of analysing every variety of human character.

But the mental apparatus of phrenologists is said, by Δ , to be "sometimes clumsy from its excess; at other times, inefficient from its scantiness;" and that it is "evidently the work of their own hands." Now, this is a most unwarrantable assertion; nay, it is a libel, a foul and malicious libel. What ground has Δ , let me ask, for imputing to the phrenologists conduct so mean and so dishonourable? What right has he to charge them with manufacturing a mental apparatus, and then foisting it upon the world as the work of Nature herself? The phrenologist is an ardent and devoted lover of truth; the grand object of his pursuit is truth; and he would consider that man unworthy the name of phrenologist, who, from deficient conscientiousness and misguided enthusiasm, should attempt to practise a deception. It was only by a long, laborious, and patient search after truth, that the mental apparatus, with which Δ is so much dissatisfied, was discovered. This mental apparatus, so beautiful in simplicity, so admirable in arrangement, and so wonderful in contrivance, could only have been the work of that Almighty Power, "in whom we live, and move, and have our being." Let Δ frankly declare that he has diligently pursued the same mode of investigation, and let him, by facts, (not by sophistry), subvert the ground on which phrenology is built; and the question will be then set at rest for ever. If he can do this, (and I most earnestly invite him to the attempt,) then he will probably favour the world with a more rational system of mental philosophy than has ever yet appeared, and thus confer an eternal obligation on mankind. For myself I can say, with great sincerity, I would ever feel grateful to him for the boon. "*Fas est et ab hoste duceri.*" Till then, however, I feel myself justified in maintaining, in the language of Dr. Spurzheim, that "phrenology is a new system of philosophy, founded on observation and induction, and on the invariable laws of Nature."

I am, Sir,
Your obedient servant,

CANDIDUS.

Birmingham, Dec. 1, 1820.

RICHMOND HOSPITAL.—DR. M'DOWEL.

To the Editor of THE LANCET.

"Nothing extenuate, nor set down aught in malice."

SIR,—Since the days of Junius, the celebrity of that distinguished writer has added a dignity to anonymous composition, which has served to raise it considerably in the scale of public estimation. It has, consequently, been made a favourite medium for promulgating those opinions which it might not be convenient to avow, or of giving to the world the trembling essay of some new aspirant for literary fame. Whether the object may be to expose abuses existing in the state, or the humbler, but not less dangerous, employment of giving an impartial sketch of some public character, a fictitious signature serves, like the invisible mantle alluded to by one of your correspondents, to protect the critic equally against the giant wrath of an irritated ministry, or the enmity of a relentless, and, perhaps, too powerful foe. It enables the writer to attack with poignant satire the public misconduct of individuals, and fearlessly to state unpleasant truths; or, should the modesty which always accompanies talent, induce an author to seek retirement, the press enables him to venture his bark upon the tide of public opinion; while, at the same time, it ensures the object of his hope as certainly from the blasts of prejudice as from the mortifying calms of neglect. Such advantages naturally have given encouragement to the production of many interesting and amusing publications. Tracts, letters, and sketches, daily issue from the press under various disguises, and the public have admired the imposing eloquence of J. K. L., and have been enlivened by the wit and vivacity of *Erinensis*. But, Sir, while such are the perfections of anonymous writing, like every thing else, its very advantages have been a source of the greatest abuse. If its security has afforded a shelter to impartial statements, it has also protected the grossest misrepresentation; if it has enabled the satirist to direct an unerring shaft against a manifest abuse, it has also given the "servile press" full opportunity for malignant aspersions; if it has been the means of affording a just sketch of character, it has often presented a deformed picture, miserably daubed, to suit the taste of a secret enemy. We have been indebted to it for a refined and polished diction, that has called for admiration and commanded respect; but it has also given an unrestrained latitude to a vulgar ribaldry, that has only excited disgust; and, while we have been delighted, nay, electrified, by the corrusca-

tions of genuine humour, we have been often obliged to gaze in pity on the feeble twinklings of school wit. Such reflections at once present themselves, on perusing one of these Nothi of the press, calling itself *Lennox*. The dignity of name often disguises extreme poverty. It affords a just specimen of the compositions with which we are sometimes inflicted. At a period when criticism of medical men has become fashionable, and when the medical world read with avidity the "*Sketches*" of *Erinensis*, it was a natural supposition, that an offering at the shrine of public curiosity, would be graciously received, if accompanied with a victim of sufficient value to satiate its appetite. The success also of that lively writer might, through mistake, be attributed to a vitiated taste for scandal, rather than the originality of his humour. Perhaps a lurking desire to rival a favourite, might have prevailed over that prudence which ignorance often possesses, and the schoolboy's maxim, "*Vir sapit qui paucis loquitur*," in a moment of fancied inspiration, might have been altogether forgotten. Such a combination of circumstances would readily explain why we have been favoured with the lucubrations of *Lennox*.

The first object of our critic's censure was Mr. Carmichael, and all due advantage had been taken of that gentleman's ill health, to attribute the occasional interruptions in his hospital duties to negligence. His misrepresentations have been already sufficiently exposed; and were it not that a gentleman's character had been maligned, who is as yet young in his profession, it is probable *Lennox* would be permitted to exult that his "hints" could meet with no reply. "His next mark is Dr. Ephraim M'Dowel," and a proper interval has been allowed for "astonishment at the gentleman's daring" to subside, (we have scarcely yet recovered from our surprise,) and perhaps to subdue the tumult, which extasy must have excited within a fevered imagination, at the "lively emotions" which his first-born produced "within the walls of the several establishments connected with the Richmond Hospital." His portrait of this gentleman was what might naturally have been expected: a feeble mimicry of the descriptive powers of *Erinensis*—"qui ridiculus minus illo!"—an unintelligible jest, and a selection of language which proves a more intimate study of the dictionary of Grose than of Johnson, form its principal features; the whole drawn with sufficient candour to place out of view such facts as might be considered praiseworthy, and to colour, in strong relief, circumstances which he imagined would stain Dr. M'Dowel's character. We shall suffer his picture to remain untouched; and

attempt at correction might destroy its beauty.

A simple review of Dr. M'Dowel's conduct, since his connexion with Richmond Hospital, may enable us, however, to appreciate its value. A long experience in the instruction of students, had previously made him aware of many defects in the routine of hospital attendance. Pupils had been habitually in the practice of making their hospital walk an opportunity for idle conversation, rather than clinical instruction, and, at some periods of the year, it could hardly be otherwise. A number of persons collected about a patient's bed, their attention directed to the same object, generally formed a barrier of skulls, fully as opaque as Lennox's. Such students, therefore, as did not wish to expose themselves to sundry elbowings, jostlings, and squeezings, had no other alternative than to occupy their time in whatever way might cause it to pass away most agreeably. To obviate the ill effects of this system, Dr. M'Dowel had papers printed in such a form, that a short abstract of each case, the daily treatment of the patient, and the successive appearances that took place, might be briefly noted, and placed over each bed; so that any pupil might, at one view, be made acquainted with its progress. Nor was this all; such of the pupils as wished to record cases, provided regularity was ensured, were invited to take charge of the case books belonging to the several wards.

The gentleman whom Lennox has honoured with a blush, was one of those who thought the plan useful. Clinical instruction, at the bedside, was regularly adopted, and clinical lectures more frequently delivered. At these lectures, beside the mere repetition of symptoms that had been daily commented upon, an opportunity was taken of explaining the different views and treatment of the profession at large; nor is it surprising that the mass of information which was sometimes given, might have encumbered the genius of Lennox. To a mind anticipating literary fame, the dry details of professional experience must be uninteresting. Where a sketch of the lecturer occupied the attention, the lecture could only be judged of by its length; and we know how soon "weariness begins when edification ceases." But to proceed: Post-mortem examinations were also conducted with every publicity, and, frequently, anything which might be thought interesting was exhibited, not only at the hospital, but also at the school of medicine. Such are a few of the facts, which Lennox has embraced in the sentence, "hard work and great attention." He has alluded to Dr. M'Dowel's apprentices. He is one of the few surgeons who devote a large share of attention to

their professional improvement: he closely observes their hospital attendance. Private instruction is given to them every week, and, according to seniority, they are annually appointed, if competent, to a residence in the hospital; thus giving them an opportunity of acquiring much practical information.

To proceed in these details is unnecessary; eulogy soon wearies the attention, but justice to Dr. M'Dowel demands these facts, which Lennox has carefully passed over; anything which would prove that Dr. M'Dowel had so much consulted the interests of the hospital pupils, or those committed to his immediate charge, would be quite inconsistent with the general outline of the character Lennox would wish to present to us. The mention of an unsuccessful case—a misrepresentation and a falsehood—more exactly suited his general design. With regard to the first, we would remark, that excision of the saphena has been frequently performed for the cure of varicose ulcers, with complete success; probably the gentleman might himself have witnessed some of these instances. Mr. Brodie's operation was also found to afford but temporary relief. The single fatal result alluded to, though perhaps a sufficient reason for discontinuing the practice, could not have been, in any way, anticipated. It may also serve us a useful hint to the gentleman, to inform him that varicose ulcers, however troublesome, are usually small. The boy who "left the hospital ten times worse than he entered it," was perfectly cured of a most tedious disease, and is now in the House of Industry, a living contradiction to his assertion. As to Dr. M'Dowel's medical treatment, the charge is too absurd to meet any other answer than a flat contradiction.

From these circumstances, we may be enabled to determine the value of Lennox's portrait. We would assure the gentleman that we are not one of those who "would absolutely commend his very faults," but a natural indignation compels us to expose a malicious misrepresentation. A part of Lennox's complaint, if we may be allowed so to call it, seems to be, that Dr. M'Dowel does too much. Occupying an hour and a half in examining patients; a clinical lecture three times a week (it is, however, given only twice); a demonstration prolonged sometimes beyond the hour, may certainly not be agreeable to many of his class, and, for aforesaid reasons, still less to Lennox. The superficial knowledge of anatomy and surgery necessary for a London diploma, can be communicated with far less pains; and when we only wish to know the shape of the stomach, or where it lies, a minute detail of its coats, arteries, nerves,

glands, and its several relations, must be excessively irksome; besides, to burden a memory, not remarkable for its retentive powers, would necessarily give rise to impatience; and the more, since it appears to be an "intrusion upon time," that we find so usefully disposed of. We would beg, then, that Dr. McDowel would curtail his lectures; it will, at least, give an opportunity to Lennox for further "sketches" of character, that may afford him more interest and gratification than the study of his profession. We would also entreat of him to proceed, since it appears that "the Richmond School is losing ground," and Lennox's "sketches" would have such a beneficial effect; they may be the means of restoring its character. We are told, that the cackling of a goose once saved the capitol. I have waited patiently for the remaining sketches, but as they have not arrived up to this date, it appears more advisable to make no further delay.

I have the honour to be,

Your very obedient servant,

PHILAETHES.

Dec. 23, 1828.

LONDON MEDICAL SOCIETY.—ERGOT OF RYE.

To the Editor of THE LANCET.

SIR,—Your invaluable Journal deserves well of its numerous supporters, for having so fully and accurately reported the discussion at the above Society, on Mr. Lord's case, more particularly on account of the opinions delivered by the several speakers, with respect to the efficacy of the ergot of rye, in inducing uterine action; the proper period, the doses, and form of administering it. There appears to have been a great contrariety of opinion as to its specific effect, as Dr. Blick asserted, that it was completely inefficient. Now, Sir, assertion should be supported by proof, as the *ipse dixit* of any man must be received with caution, especially with regard to a remedy which has latterly been looked upon as a great auxiliary in the hands of the obstetric practitioner. Dr. Blick, it is to be hoped, has given a fair trial to this medicine before he pronounced its condemnation; if so, why did he not relate cases in which it had failed. Although a young practitioner in midwifery, I have had opportunities of administering the ergot in ten cases, under the following circumstances:—

Each patient, when I was called upon to attend, was reported to have active pains, and the labour was said to have been so far

advanced, that if I did not immediately obey the summons, the woman was likely to be delivered before I could reach her residence. On my arrival, I certainly found each woman in pain, and the os uteri, on examination, dilated to the size of a crown piece; but soon after I had taken my seat at the bedside, and asked the necessary questions, uterine action ceased. This is known not to be an unusual occurrence, on the entrance of the practitioner, particularly if a young man and a stranger. In each of these ten cases, I waited from four to six and eight hours, and have even retired to another room, and uterine action did not recur. I have then proposed the use of the ergot; made a decoction (one drachm, sliced, to six ounces of water, and boiled for ten minutes) and administered a third of the fluid every fifteen minutes. In three of these cases only did I find it necessary to give a third dose, and in all of them the medicine acted within half an hour, producing strong labour pains, and hastening the birth of the child, which, I have no doubt, only for its use, would have been protracted for many hours. Indeed, several of these patients have, after its use, in fifteen or twenty minutes, cried out, on the pain recurring, "Oh! Sir, that you gave me has brought on the pains." These facts having fallen under my own observation, I cannot subscribe to the inefficacy of ergot of rye, in such cases as it may be admissible. If a practitioner have ascertained the necessity, and decided on the administration of the secale, he should never leave his patient for a moment, as the uterine action, after its use, becomes so strong as to effect the expulsion of the child very quickly. In first cases of labour, unless the membranes have been some time ruptured, and the pains continue lingering and ineffective, I have reason to doubt the propriety of its administration, which doubt, if confirmed by future experience, I shall take the liberty of submitting to the profession, through your highly useful periodical.

Every new remedy should be scrupulously tested before it be recommended generally to the profession; and I should hope every practitioner, who is in the habit of prescribing the secale cornutum, will note its effects, and lay the result of their experience before their medical brethren. Few, I know, have greater opportunities of giving it a fair trial than Dr. Hopkins, who, I trust, will shortly furnish the profession with the details of his experience. In preparing a decoction of it, I look on the *slicing* of it as absolutely necessary.

I have the honour to be, Sir,

Your obedient servant,

Dec. 26, 1828.

R. C.

THE LANCET.

London, Saturday, January 10, 1829.

MR. GUTHRIE has just put forth a pamphlet, in which he favours the Government with the fruits of his excogitations respecting the best mode of supplying the schools of anatomy with subjects for dissection. Nearly all intelligent men both in and out of the profession, who have reflected on this subject, having concurred in the opinion, that the difficulty of obtaining subjects, and the evils occasioned by that difficulty, are, in a great degree, attributable to the law which makes dissection a punishment for crime, we are not surprised to find, that the remedy preferred by Mr. Guthrie is, that all executed criminals should be dissected. This proposition is worthy of the genius, but scarcely reconcileable with the well-known modesty of the distinguished author, since it is directly at variance with the recommendation with which the Parliamentary Committee closed their Report, after a deliberate examination of all the evidence given before them. The legislature has to choose between that recommendation and the advice of the highly-gifted and modest author, whose importance seems to have been strangely overlooked by the Committee, seeing that they afforded him no opportunity of exposing the fallacy of the views on which their Report is founded. "Repeal that provision in your penal code, which makes dissection part of the punishment for crime," say the Parliamentary Committee. "Extend and perpetuate that provision, by making dissection a part of the punishment for all capital offences," says the "modest author," Mr. GUTHRIE.

If the number of criminals annually executed were sufficient to supply the demands of science, it would, perhaps, be worth considering, whether their bodies might not be conveniently appropriated to the use of the

anatomical schools; however absurd it may be in principle to regard dissection as a punishment and a mark of infamy, and, however impolitic to legislate on the supposition that crime will always be equally abundant, or our penal code equally sanguinary. But the number of bodies that might be supplied from such a source would be wholly insufficient to meet the demands of our schools of anatomy, and the evils against which the legislature is called upon to provide, would be increased by the adoption of a measure which would be, practically, as inadequate to the end proposed, as it is in principle absurd and impolitic.

The proposition for consigning all unclaimed bodies, under certain conditions, to the dissecting-rooms, is entirely free from the objections to which all other plans which have been hitherto suggested for the supply of our anatomical schools, are liable. We say *all unclaimed* bodies, without distinguishing the rank of the deceased, or the places in which they may have died. The class of society whose bodies will thus be made available for the purposes of science will, no doubt, consist chiefly of destitute persons dying in workhouses and hospitals; because persons who leave property behind them will seldom want friends who will be ready to show a tender regard for their remains. But the want of a claimant will furnish a just criterion of the propriety of consigning a body to the dissecting-room, whenever dissection shall cease to be a stigma, and a mark of infamy. So long as it continues to be a part of the legal punishment for crime, it will be unjust to subject men, because they are poor and friendless, to the disgrace of dissection, after their decease in public hospitals and workhouses. But when the provision, which consigns the bodies of executed murderers to the anatomist, shall be repealed, the dissection of an unclaimed body will reflect no other disgrace on the deceased, except that which may arise from the presumption it will af-

ford of his having died guilty of a crime of no small magnitude in a country where talent, and honour, and morality, as compared with wealth, are considered mere dust in the balance,—we mean the crime of poverty.

Whether any steps have yet been taken by the executive government, or by the teachers of anatomy themselves, to put a stop to dissection, until the legislature shall decide on some safe and unexceptionable means of supplying the dissecting-room with subjects, we know not; but we again earnestly entreat the Government to take this subject into their serious consideration; and we must once more express our firm conviction, that nothing but the immediate closure of all the dissecting-rooms in the metropolis, can effectually protect the public against atrocities similar to those which have just been detected at Edinburgh. If the commerce between anatomists and resurrectionists be suffered to continue, and if murder be perpetrated by trading assassins in this metropolis, will not an awful responsibility attach to those who had it in their power to prevent the crime by reasonable interposition?

If the enemies of a free medical press,—if the corruptionists of our hospitals,—if the despicable BATS and ABERDEEN DUBS, who disgrace medical society,—cannot distinguish between forbearance from fear, and forbearance arising from pity for the fallen, we will soon teach them a lesson, which they shall not forget to the last hour of their filthy existence. Probably they imagined we are so intoxicated with our recent success, that we are insensible to passing events—blind to their movements. Idiots! they are deceived; which they may, perhaps, discover, when remedy is beyond reach, and when they are overwhelmed, and pressed to the earth, with the consequences of their own infamy.

THE LANCET a libellous publication! A libellous publication,—let the intelligent and honest reader direct his attention to the following pages, and then say if it be possible to libel the authors of a proceeding of which he will there find a faithful account. Is there any language sufficiently strong to exhibit the baseness of the revengeful wretches who instigated the measure against Mr. LAMBERT, or to adequately depict the servility and folly of the slavish tools by whom it was sanctioned? Are they for attacks on character? If so, let them look to their “houses of glass,” which may experience a storm at once terrific and annihilating; when attacked by an assassin, you are justified in seizing the dagger of the murderer, and plunging it into his own bosom. From the commencement of this Journal we have fought our enemies openly and fairly with the legitimate weapons of literary warfare. This course it is our wish to pursue, and this course we shall pursue, unless our opponents place in our hands other instruments, which it would be baseness and folly not to wield in defence of ourselves and our friends. What is Mr. LAMBERT's offence? His late connexion with THE LANCET. The creatures who voted against him at the Westminster Medical Society, know and feel that there does not live a man of more strict integrity, or a man whose life has been marked by a more undeviating course of honourable conduct. They know full well that he is their superior in talent, as well as in honesty, and that when they are rotten and forgotten, and forgotten before they are rotten, his name will stand conspicuous in the surgical annals of his country. We refer the reader to Mr. LAMBERT's candid, manly, and unanswerable defence of himself. He disproves “malice” entirely. What are the charges against him, then? The anathema of the Judge, and the “unprofessional” character of the report. But, we forget. There was no charge, no accuser, except, indeed, in the

Person of the upright, the impartial, Chairman! We shall still refrain from comment on the evidence, because it is not yet published, but in vindication of Mr. LAMBERT's character, it surely is not criminal to state, that the words attributed to the Judge, in the report of *The Times* newspaper were not uttered by Lord Tenterden. His Lordship's words were these—"You do not answer any one question directly;" and Mr. LAMBERT's accusers should bear in mind—if they can bear in mind anything that is favourable to a man—that questions may be so mixed up with fact and fiction, that no honest witness can answer them immediately, nor until he has separated the one from the other. Besides, was it not the counsel's object to produce hesitation and confusion in the defendant's witnesses—his object to destroy, by every means in his power, the value of their testimony? And why? Because he had only one, out of upwards of two hundred eye-witnesses of the operation, to oppose their evidence. And how he succeeded will be seen on Tuesday next. On that day our report of the trial will be published. To the charge of the report being "*unprofessional*," the answer is easy: it was an "*unprofessional*" operation. The operation was a caricature—the report was slightly coloured. "But says the upright Chairman, there should be an *esprit de corps* in our profession—Mr. LAMBERT should have thrown a cloak over the affair; he should have gone to the operator, and 'lamented;' in a word, "he did not do as he would be done unto."

Mr. Thompson should recollect that there is an *esprit de corps* among thieves. Honour among thieves—bound by a generous spirit of union. But the welfare and security of society teach us that it is advantageous, occasionally to remove these gentlemen, by an operation at the Old Bailey, not less effectual than some of those performed at Guy's Hospital. "But, (says the upright Chairman,) do as you would be done unto." Now, with a view to show his love of

justice, and his mode of "doing unto others as he would have others do unto him," we will put a very brief question to him, and wait patiently one week for his answer.—Mr. Anthony Todd Thompson, if you were placed upon the floor of the King's Bench, on a charge that involved your veracity and your honour, in the highest degree, how would you like for the Judge, who was to pass sentence on you, to leave his seat at a moment when he thought the jury were in your favour, and make a violent speech in aggravation of your supposed offences?

There is only one point which Mr. LAMBERT omitted to explain in his speech—we refer to the state of the parts on the post-mortem examination. Here, again, Mr. Lambert is a sufferer from the calumnies of his "Hole and Corner" accusers, and, as an act of justice, we feel it to be our duty to insert in this place a portion of the evidence of Dr. Hodgkin, extracted from him in his cross-examination.

Have you read the report in *THE LANCET* of the post-mortem examination of Stephen Pollard's body?—If I have not read it, I have heard it read.

Have you not read it?—I am not sure that I have.

Will you be kind enough to read it?—(handing the report.)—I have heard it read.

Was there any inaccurate statement in it?—There was an inaccurate statement respecting the third lobe. It is stated there what I believed at the time, but which subsequent examination proved not to be the case.

Is not that report taken from YOUR OWN WORDS?—I BELIEVE IT IS: it is so stated in my notes.

* * * * *

Did you try to force your fingers there, (between the bladder and rectum,) before you exhibited the preparation to Mr. Lambert?—I have not.

Did you not?—I DO NOT RECOLLECT THAT I DID!!

Did you examine it particularly?—I examined it.

Are you certain that opening did not exist, at the time you showed the parts to Mr. Lambert?—I have stated I DID NOT SEE IT, until he showed it to me.

Such is the evidence on which it has been

determined to expel Mr. Lambert from the Westminster Medical Society. We believe there are still in that body enough of honourable and independent members, to come forward on Saturday evening next, and who, by not allowing the minutes of the last meeting to be confirmed, may rescue Mr. Lambert from intended injustice and insult, and the Society from impending infamy.

On this occasion, we shall merely say to the "COUNCIL" of the London Medical Society, "Read the evidence before you decide against Mr. Lambert, and also keep in remembrance what we have hinted relative to those who reside in 'houses of glass.'"

A Supplement to Myology; containing the Arteries, Veins, Nerves, and Lymphatics of the Human Body, the Abdominal and Thoracic Viscera, the Ear and Eye, the Brain, and the Gravid Uterus, with the Fatal Circulation.
By E. W. TUSON, Lecturer on Anatomy and Physiology. Fol. pp. 9. Coloured Plates. London. Callow and Wilson.

Mr. Tuson's "System of Myology" has already reached a second edition, and, from the great merits of the work before us, it will, most likely, experience a still more decided success. These plates must not be regarded as mere drawings or paintings, but as DISSECTIONS of drawings, and, in point of accuracy and utility, are second only to actual dissections of the human body. In the study of these dissected plates, the sense of touch is exercised as well as that of sight; hence their vast superiority over every other description of graphic illustration. All the parts of the body, from the skin down to the bone, are arranged in their natural order, and thus the student, (as in dissections of the dead,) before he raises a muscle or a fascia, &c., may ask, "What parts shall I next expose?" &c. This is an admirable method of exercising the memory, and,

if persevered in for any length of time, must always be attended with the best results.

We feel no hesitation in saying, that this work is evidently a performance of great labour, and that the manner in which it is executed, reflects infinite credit on the talents and industry of the author.

WESTMINSTER MEDICAL SOCIETY.

Saturday, January 3, 1829.

Dr. SOMERVILLE at first took the chair, but in the course of a few minutes, and before any business was entered upon, gave way to Dr. A. T. Thomson. The minutes of the last meeting were then read, from which it appeared that a proposition had been put by the Chairman of that evening, (Mr. C. Hawkins,) to send round a ballot box, on the question of expelling Mr. Lambert from the Society; but that subsequently it was agreed, on the suggestion of Mr. Mayo, the ballot should be postponed until this evening. Dr. Thomson said the Society would now proceed to act on this resolution; and it had been considered right, that the election of the members about to be ballotted for, should not take place until the next meeting. He thought this an act of justice towards the individual unfortunately implicated, as well as to the Society at large; and, further, he considered it proper that all visitors should leave the room.

Some objection was offered by Mr. Lambert to visitors leaving, until the ballot actually took place. He was about to address the meeting at some length, and he did not wish to speak with closed doors. The Chairman, however, persisted in requesting visitors to withdraw; and, in consequence, a great number of gentlemen left, and others were prevented from entering the room.

The gentlemen who had thus been compelled to quit, and all who afterwards arrived, both visitors and members, collected at the door on the staircase. Mr. Wakley was pacing up and down the lobby, and a few minutes after the visitors were expelled, he sent the following question, in writing, to the Chairman:—

"Can Mr. Wakley be admitted?"—declaring at the same time that he had attended for the purpose of answering the calumnies which the Chairman himself had directed against his character at the previous meeting of the Society. The following is

the written answer returned to Mr. Wakley's note:—

"Certainly not."

A. T. T.

On Mr. Wakley learning from the gentlemen at the door, that the Chairman had not put the question to the Meeting, the following note was handed to some of the members in the room, who passed it on to the President:—

"Mr. Wakley requests that the sense of the members may be taken on the question of his admission?"

In reply to this demand, the person in the Chair said there was no answer. He was evidently disconcerted, and afraid to take the vote of the Meeting on the proposition. At this time there was some disturbance at the door, the members who were excluded complaining loudly of their not being admitted. Amongst the gentlemen outside we saw Mr. Ashwell, Mr. Thomson, (son of the Chairman,) Mr. Howell, Mr. Babington, and Dr. Locock, and many other visitors and members, with whose names we were unacquainted. From the great crowd, the pressure at the door was such, that on several occasions it was nearly forced open, and it was not entirely closed until the Meeting proceeded to the ballot. Mr. Wakley repeatedly most earnestly entreated that no violence might be employed, observing if there were, he well knew the use which would be made of it by their enemies, and, if the Meeting thought proper to exclude the visitors, they had a perfect right to do so—that no visitor could have a right to enter the room in opposition to the wish of the members.

Mr. LAMBERT now rose, and addressed the meeting nearly as follows:—Gentlemen,—Being the "individual," (to use the phrase of your Chairman,) who is "unfortunately implicated," I demand to know on what grounds my expulsion from this Society is sought. If I were to declare myself unaffected by the proposition, I should do an injustice to the state of my feelings. I am deeply and painfully affected. The promoters of this measure are well known to me, and I would scorn to offer them explanation on any point. I can only express my disgust and contempt to and for them; but to the great body of this Society, consisting, as I believe and hope, of independent and impartial men, I do not hesitate to explain any part of my conduct which may be deemed offensive. Although I deny the right of this, or any other Society, to constitute itself into a tribunal, at which the conduct of a member, having no reference to the Society, is to be tried,—yet I repeat, that, standing, as it were, before my "own peers," I am prepared to answer any charge which may or can be made against me. But

I assure you, gentlemen, I came down this night ignorant of the charges against me. I learned, by letter from a friend whilst in the country, in attendance on a sick brother, that a proposition was made from the chair, at the commencement of your last meeting, to send round the ballot box, on the question of my expulsion, and that it was eventually agreed the ballot should take place on the following Saturday. I hastened back to town, that I might be present at this extraordinary scene, and then found that the meeting was not to take place until this evening. I waited, and most anxiously expected, that some official notice would be sent to me, with a specification of the charge, or charges, adduced; but to this hour am I left in utter ignorance of the accusations, and, but for the fortuitous kindness of a friend, should have been unaware of the measure now proposed. I demand, what are the charges against me? Who are my accusers? Will they stand forward and confront me? Am I to be mine own accuser? Shall I take the charges from the speech of the person ~~HATED~~ TO ~~TRADUCE~~ ME in the late trial, or must I collect them from the whispers of my enemies? Proceeding on these uncertain grounds, I have been led to believe that the late trial forms the basis of the attack now made upon me; and I assume, therefore, that I have a right to enter fully into the merits of the case, as far as I am concerned.

There was one charge made against me at the trial, that has since been reiterated with such mendacious hardihood, that it has passed current, I do believe, in the minds even of many disinterested persons—namely, that the report of the melancholy operation of lithotomy at Guy's, was dictated by "MALICE," on my part, towards Mr. B. COOPER. Now the fact is, that this charge of "malice" was merely used as a foil,—as a *diverticulum*,—to draw attention from the recorded facts of the case, which were incontrovertible. I might ask with much propriety, (even supposing that, for the sake of argument, I admit the most rancorous malice,) was it my *animosity* that occasioned the man to be kept an hour upon the table? Was it my *enmity* that occasioned a variety of instruments to be employed? Was it my *malice* that occasioned the death of the patient? Foolish and absurd as the charge of malice is, I will convince you, by a reference to indisputable facts, that it is UTTERLY FALSE. In some remarks which were made in a journal respecting the case, at the time it was published in THE LANCET, it was asserted that the report proceeded from Mr. Wakley's enmity, in consequence of something which Mr. Cooper had uttered at a dinner a short time previously. Then it was Mr. Wakley's "malice;"

now it is Lambert's malice. Actions, it is said, speak louder than words; and I will now demonstrate, to the satisfaction of every honest and unprejudiced mind, by a series of actions on my part, that I entertained no feeling of "malice" towards Mr. Bransby Cooper.

In the summer of 1825, I left the Middlesex Hospital, and renewed my studies in the Borough. At this time my engagement with Mr. Wakley commenced. I entered into an engagement with him to report cases of interest from Guy's Hospital, at a salary of 100*l.* per annum; and I may remark with respect to this agreement, that the quantity of matter contributed formed no consideration. I used my own discretion with respect to the cases, giving full reports where I deemed the matter of importance; sometimes writing merely a few lines, and at other times not contributing any thing. I never hesitated to avow my connexion with THE LANCET; it was generally understood that I reported for THE LANCET. The surgeons knew it, and they have repeatedly spoken of the accuracy and fidelity of the reports. In fact, the reports could not be otherwise than correct: attention to the surgical cases constituted my sole employment. I spent many hours at the Hospital daily, and, residing near, was invariably called to all urgent cases. I need not expatiate here on the advantage which I derived from close attention to the practice of surgery, good and bad. In reporting the cases, for the most part I confined myself to a simple and faithful detail of facts; in other instances, where in my judgment it was required, I made comments, and not unfrequently these comments were very far otherwise than laudatory. It will be found, on referring to the reports in THE LANCET from Guy's Hospital in the years 1825 and 1826, and up to the period in which it is alleged my very bitter malice was first engendered against Bransby Cooper—the anniversary dinner of Guy's Hospital, which took place in the beginning of the year 1827—that on various occasions Mr. Cooper's practice was censured. I beg, Gentlemen, you will mark that this took place long before the "malice" was concocted, and this is highly important to bear in mind; for, to make the charge of malice consistent, it should be shown that up to a certain period I had, whilst on good terms with Mr. Cooper, invariably praised, or, at least, had never censured him. Now, look to these reports, and you will see, curiously enough, that on the very subject of lithotomy, there are animadversions of the strongest kind, couched in no measured terms, but expressive of the facts. In THE LANCET of July 22, 1826, (the "malice," you know, not being brewed until the beginning of 1827,) there are the following re-

marks:—"There was great awkwardness shown in the attempt to introduce the straight staff. This part of the operation alone occupied more than a QUARTER OF AN HOUR, the patient at the same time calling out vehemently at the pain occasioned by the attempts to pass the instrument." The report goes on to say, that many foreigners were present, and that from the awkwardness of the operator, they carried away a prejudice against the straight staff. Again, in THE LANCET of 12th July, 1826, are some remarks equally severe and equally just. In this case forceps were employed, which were very obviously ill suited for the occasion, and hence arose great delay. I shall not fatigue you, Gentlemen, by recapitulating all the cases which were criticised; there is one report, however, in Vol. IX., that deserves attention, and this was an instance of a black man affected with stricture, where the catheter was pushed through the prostatic portion of the urethra, and the patient perished from the consequent extravasation of urine. Well, Gentlemen, at the time of writing these remarks, and reporting these cases, nobody has affected to doubt that I was on friendly terms with Mr. Cooper. This is my boast, that never upon any occasion did I allow private feeling to actuate me in the discharge of a duty which I owed to Mr. Wakley and to the profession at large, in the faithful and impartial reporting of cases: and, I deem it but an act of justice towards Mr. Cooper to say, that strictures were not confined to his practice alone, but were freely made on the other surgeons' measures when considered to be called for.

Now, to speak of the time and place at which this most extraordinary malice was engendered—I say extraordinary, for it was so indeed, being pent up in my bosom from the beginning of the year 1827, until March, 1828, when it found vent in the report which gave occasion to the late trial. I never, in my life, heard of malice festering and rankling for such a period, and especially, as I will show you, when there was ample opportunity of gratifying these baneful feelings of revenge. The circumstances which took place at the dinner, to which so much allusion has been made, were briefly these.—When the toast of "the College of Surgeons" was given, I rose, and requested to know of the Chairman, whether it was intended to drink the healths of the Council of the College—a body for whom I entertain no reverence or respect—or whether the toast included the members at large. There was much confusion and uproar, although I did but calmly and coolly make the inquiry; and to some persons who were particularly vociferous, and eager to put me down, I used words which were deemed per-

sonally offensive; and amongst others, Mr. B. Cooper particularly applied the remark to himself. In consequence he vacated his seat; and, after some angry altercation, I left the room, as I am ready to admit, with a very strong feeling against me. Gentlemen, you may very fairly question the propriety, taste, and discretion, of the line of conduct I adopted; but whatever may be your opinions on this point, such were the facts. When I had left the room, reflecting that from the personal manner in which Mr. Cooper had looked upon the affair, that the matter could not rest here, I addressed a note, requesting to speak to him. I then told Mr. Cooper that he had acted upon an erroneous supposition—that my observations had no personal reference to him. We shook hands, and Mr. Cooper offered to walk back with me into the room; this I declined.

What was my conduct after this affair? I continued to report from Guy's Hospital; and it is fair to conclude, that if I had imbibed the revengeful spirit which has been attributed to me, I should have sought an early opportunity of stabbing Mr. Cooper's reputation. But how stand the facts? Why, in March, 1827, a few—very few weeks after this direful malice had been created, I performed the operation of tying the carotid artery, and Mr. B. Cooper was with me on that occasion as a friend. This, to be sure, looks very like malice. Passing over this, let us look to the reports of hospital cases treated by Mr. Cooper. It is but fair again, I say, to presume that I was here exceedingly virulent—that a *malus animus* pervaded the whole—that the deep and bitter spirit of revenge ran through all which I wrote appertaining to Mr. Cooper. Here is a specimen; it was on the occasion of Mr. Cooper tying the subclavian artery, and runs thus. "There was a most crowded assemblage collected to witness this *grand spectacle*: the operation was certainly effected in a masterly style. Although we cordially concur with the adage—*sat cito, si sit bene*, yet where celerity can be combined with safety, as it was in the present operation, it must command admiration." It may be said that there were no opportunities, during a period of fifteen months, of showing malice—that all the cases treated by Mr. Cooper were of the same praiseworthy description as the operation I have just spoken of. But it will be seen, in reference to THE LANCET for the year 1827, there were various cases reported, which afforded ample opportunity of testifying revenge, if I had entertained it. Not to go through all the untoward cases, I may mention a case of hernia, where a portion of omentum was removed by Mr. Cooper, and death ensued from internal hæmorrhage. Again; a case of hernia, where a gangrenous gut was reduced,

and the patient died from focal extravasation into the cavity of the abdomen.

I have thus endeavoured to show you, Gentlemen, that no change took place in my conduct of reporting towards Mr. Bransby Cooper, after the time and occasion at which it has been affirmed "*malice*" commenced. Look at the remarks made upon the operation of tying the subclavian artery, and tell me whether you can or do, for a moment, think they bear the impress of malice. I must now allude to a transaction in private life, a friendly act on my part towards Bransby Cooper—one for which he must know and feel that he stands indebted to me—one which, if he were present, I hope and think he would acknowledge. You are all aware, that in 1827 it was stated in various sources, that Sir Astley Cooper had entirely retired from practice. A paragraph at this time appeared in the *Morning Herald*, to the effect, that Sir Astley had left his house in Spring Gardens, and had completely withdrawn from practice. I need not tell you, that to Mr. B. Cooper, who was looking forward in expectation of succeeding to some portion, at least, of his uncle's practice, this paragraph had an injurious tendency. People would reason thus—Sir Astley is gone from Spring Gardens, and I will go to some one else. Feeling this, I expressed my opinion to Mr. B. Cooper, and advised him to procure the insertion of another paragraph to the effect, that although the former assertion was true in respect to Sir Astley resigning practice, yet it was not so as regards the house, which, (for such was the fact,) had belonged to Mr. B. Cooper for some time past, and that he had succeeded to his uncle's practice. Mr. Cooper called at my house at Walworth twice on the day after I had mentioned this affair to him, and begged that I would advise him as to the form of the paragraph, and means of procuring its insertion. My advice was followed, and a paragraph, I believe, did make its appearance to the effect that I advised. Gentlemen, I should have been ashamed to mention this, had I not been so bitterly and wrongfully accused of writing the late report from malice. I never did entertain such feeling, and those who best know me will attest that, of all men living, I am the least capable of bearing animosity for any lengthened period. I feel warmly, often speak warmly, and not unfrequently act with much warmth; but if you believe the assertion of malice made against me, you must really believe my venom to be exceedingly cold-blooded—a deep, dark, bitter revenge, over which I brooded for fifteen months, even, during this time, carressing the victim I was about to smite. I will detain you no longer on this head, but I will now say a few words on

what has been called the "unprofessional" nature of the report. Looking at the literal meaning of this word, I am to suppose by this charge, that the report was not written in the usual manner of professional cases, the dramatic form being substituted for the narrative. Are the members of this Society then, to sit as judges of style in writing? Gentlemen, I witnessed the operation in question, and no words which I could employ would adequately convey to you the state of my feelings on the subject; I wrote the report under the excitement of those feelings; I characterised it in terms which you, who have not seen that which I saw, may regard as harsh, but I felt that the justice of the case demanded that it should be depicted in the most vivid colours. I maintain here, as I have done elsewhere, and ever will maintain, to the last hour of my life, that not one single iota of what I have written is untrue. When the *esprit de corps* shall with me outweigh the better feelings of humanity, I may, perhaps, comprehend what is really meant by stigmatizing the report as "unprofessional." So painfully acute were my feelings on the subject, that I will say, if the case occurred again to-morrow, I should describe it in a similar manner.

It has been made matter of accusation against me, that I evinced much hesitation in giving my evidence in the late trial, and the extra-judicial remark of Lord Tenterden has been cited against me. Hesitation I may have been guilty of, but not prevarication or contradiction. I assure you, gentlemen, that when I was asked respecting the affair at Guy's dinner, I was completely bewildered, so entirely and effectually was the whole occurrence buried within me. I was required to swear positively on subjects which had totally passed from my memory, and, because I hesitated, I am condemned. I suppose that, if I had gone into the witness-box, and sworn "straight forward," through thick and thin, without any deliberation, then we should have heard nothing about hesitation. Gentlemen should reflect for one moment upon the appalling circumstances under which I entered the witness-box. Feeling, as I did, that the whole case hinged upon me,—being the writer of the article from which the whole cause sprang,—is it not natural to suppose my mind was deeply and painfully agitated? It was so; and, in this state of feeling, let me remind you of what occurred. My cousin Clapham, who was called to town, through my agency, to give evidence in this case, met me at the door of the court, as I was about to be called forward, and briefly informed me of what had transpired respecting himself. I was apprenticed to Mr. Clapham's father; to him am I indebted for

my professional existence—to him am I in gratitude bound. What then had I been the unconscious means of effecting? Why, of seriously impeding, if not of utterly blighting, the professional career of his eldest son, to whom he was anxiously looking up, as a relief in declining years. No man, save myself, can tell the feeling with which I entered the witness-box; and I say thus much, to account for any thing bearing the appearance of dismay or trepidation.

It may have appeared to some that I made a false statement respecting the procuring of Mr. Clapham's diploma from Apothecaries' Hall, because I said, in reply to a question of counsel, that I was not aware of Clapham's going to the Hall, and that when he informed me, I was much surprised; whereas the secretary of the Company deposed, that a certificate of moral character was given, bearing my signature. I have no hesitation in avowing, that this certificate was written by me, and I shall be readily able to explain the apparent contradiction between this act and my evidence, when I tell you the certificate was one of a general nature, being a testimonial of professional ability, as well as of excellent private character, having no particular reference to the Hall. I knew that it was Clapham's intention to pass the Hall before he left town, but he was summoned hastily away, in consequence of the severe illness of his father; and he, therefore, passed his examination with but a few days' preparation, when he came to my house, and informed me and my family, to our great surprise, that he had obtained his diploma. I do most explicitly declare, that I was entirely ignorant of the means he had used to prove his being of sufficient age, nor did I know, in fact, what was his precise age. I have no wish to gloss over the immorality and high culpability of making affirmation to that which the person knows to be false—yet if extenuation can be pleaded, what can be more powerfully urged, than the desire of rendering a sick, and for aught he could foresee, a dying parent, happy? This young man is the hope, the main stay, of a large family, who would look to him for support, from professional exertion, in the event of his father's decease; and I know, and believe, that a contemplation of this led to the commission of the offence.

I have thus endeavoured, Gentlemen, to explain satisfactorily to you every part of my conduct in the late trial. I have been compelled to be my own accuser, and my own defender. But why is this attack alone made upon me—why am I singled out as a libeller—why am I proscribed, and an attempt made, as it were, to hunt me down? If even-handed justice is to be dealt out—if this be a measure calculated to mark

degradation on the writer of that which is judged to be a libel—I ask again why am I alone selected? A jury of the country have undoubtedly decided against the report which I wrote—but I ask, is there no person in this Society against whom a jury have also decided? Is there not a member now in this room, who was convicted of one of the most cold-blooded, malignant, and atrocious libels, that ever was penned—one which was declared to be as low and contemptible in its style, as it was scandalous and infamous in its insinuation—and one which the cowardly assassin *dared* not justify? But, then, to be sure, all this was done against the Editor of *THE LANCET*—lies and scandal are, then, of course, fair weapons. But I trust this Society will not lend itself to a base faction, who seek to crush me, on account of my having been connected with *THE LANCET*, and, as such, contributed to expose their shallowness and rottenness. I would simply ask, whether this is to be a ballot to expel me, because I have done wrong in writing the report, or, rather, is it because I contributed to *THE LANCET*? Oh! I will venture to say, that if the report had been drawn up against Mr. Wakley, or any of his friends, we should have heard nothing of a ballot for my expulsion. So much for the love of justice—the respect for the profession, which, I dare say, we shall hear something about. Gentlemen, it may savour somewhat of egotism for me to assert it, but having a covert and cowardly attack made upon me, I shall be excused in saying, that the whole tenor of my life has been strictly correct and honourable. There is no human being who can say aught in disparagement of my character; I should not fear to have every action of my life written in large characters, and laid upon that table for inspection. For my success in life, I am mainly indebted to my own exertions. I have pursued the study of my profession with zeal and assiduity. I have done no wrong, and I fear no man. If I have not explained all satisfactorily, I shall be happy to do so in answer to any question that may be put to me, or in reply to any observation that may be made on what I have said.

[In the course of the speech, the Chairman, in the most unfair and indecorous manner, repeatedly interrupted Mr. Lambert, advising him as a “FRIEND!” not to make insinuations against any member of the Society, as they were unnecessary to the “defence,” and not “befitting the situation” in which Mr. Lambert stood.]

THE PRESIDENT. Gentlemen, the ballot-box will now be placed at the bottom of the table, and the Members will do as they please in giving their ballots, from a sense of justice, knowing the nature of the question, and what has been said.

MR. EVANS. Sir, I, for one, ask to know the nature of the charge brought against Mr. Lambert. It is a painful situation for a man to be placed in; and I am sorry to find, that those who have proposed this question have given no opportunity of fixing any definite charge against Mr. Lambert. My impression against him was strong, and I came down here to give my vote against him; but that was before I had heard his explanation. Since he has come forward in the open, bold, and manly manner he has done, and given the explanation he has made, I feel that I ought not to vote against him. Mr. Lambert has, to my complete satisfaction, done away with the charge of *malus animus*, on his part, towards Mr. Cooper; and, in respect to the charge of hesitation in the witness-box, I can readily believe that a man of the strictest integrity, with sensitive feelings, and a mind tortured as Mr. Lambert's was—I say that I can easily conceive such a man would hesitate, and he would thus wear the impress of having something to conceal. I trust that this Society will not identify itself with the rumour out of doors; it was upon that which I had formed my opinion, and I trust the Society will now hesitate before it comes to that decision which, in all probability, will be fatal to his views in future life.

A Member, whose name we could not learn, said,—My reason for not voting on this question is, that there is no specific charge brought forward. I cannot conceive it justice to ask a vote from us against Mr. Lambert, when there is no specific charge whatever brought forward. I do think some originators of this resolution there must have been; I know them not, but let those Gentlemen come forward in the bold manner Mr. Lambert has done; let them state their charges openly, and then let us be asked to vote.

DR. GREGORY considered the report to have been made in an unprofessional manner, but declared, that if Mr. Lambert would retract his statement, that if he had the report to make again, he would do it in the same manner, he should vote for his continuing a Member of the Society.

THE PRESIDENT, finding at this period the inclination of the Meeting to be in favour of Mr. Lambert, and his despicable and infamous associates in originating this malignant step afraid to let themselves be known,—gagged, and unable to open their lips, abdicated his seat in favour of Dr. Somerville, that he might advance on the opposite side of the question, and invigorate his sculking companions with fresh courage; and he thus began:—

Sir, I know nothing on this occasion of malice; I know nothing of any malice, but

there is a duty which we owe to ourselves and the profession, I say Mr. Lambert, in his description of that operation, was guilty of a violation of duty towards one of his professional brethren. In what he did, he was doing unto Mr. Cooper that which he would not like others to do to him. If Mr. Lambert was performing an operation, and I dare say he has performed many, and very ably, and another was to consider the operation was not well performed, and reported in such a manner to the profession and the public, I am quite sure he would not like it. This gentleman says, and, in truth, he declares, he is the avowed reporter of THE LANCET, and the author of most of those reports that came to it. Now I state as one, that I will not sit longer in the Society of which he is a member. I state before God, that I have no malice towards him. I have seldom read the paper of which he says he is the reporter, and I can have formed no particular opinion, but from what I have read, and from what I have heard of the report of this operation, it is any thing but professional; it is any thing but that which ought to emanate from a man who understands his profession, who has a christian feeling within his breast, and that ought to prevail in his conduct as to the public and himself. Sir, I am not afraid to utter any thing in this Society, when truth and Christian charity are in the way. I state, in the first instance, that Mr. Lambert has acted unprofessionally in the manner in which he reported that operation; in the second place, I say that he prevaricated in the witness box, and that one of the mildest and most upright judges this country ever saw, has expressed his opinion upon it, and Mr. Lambert has gone forward to the public, like Cain, with a mark branded on his forehead. (Great confusion.) I beg leave to state, while I was in the Chair, that I permitted Mr. Lambert to be heard with patience!! and that I prevented any thing being said injurious to his feelings; I trust, therefore, while I am addressing the Chair, the same indulgence may be meted out to me. Sir, I say it was broadly stated in the face of the public, that that gentleman had not answered one question in a straight forward way as he ought to have done. Mr. Lambert need not say that I belong to a party, or that I came here to vote against him because I have malice against him. I know nothing of Mr. Lambert, I know nothing of Mr. Bransby Cooper; I never saw Mr. Cooper, to my knowledge, in the course of my life. I never spoke to him. I am not judging between Mr. Lambert and Mr. Cooper; I have a higher respect than that which I entertain for either of them—the honour of the profession. I conceive that this profession is to be held up as an hon-

nourable profession; that men in it are to act in a straight forward and honourable manner; that they are to act with that against which Mr. Lambert appeared to sneer—an *esprit de corps*—to act in a way calculated to honour the profession, and not to display the spots in the sun, when they would not, but for their conduct, be perceived. Sir, if Mr. Cooper was the bad surgeon which Mr. Lambert supposes him to be, still it is not becoming of Mr. Lambert, or of any member of the profession, to hold him up to animadversion. Sir, if he had had the honour of the profession at heart, he would have gone to Mr. Cooper in private, and lamented over what had happened. I conceive it a presumption to tell a man, even in private, such as Mr. Cooper, that he has done wrong; but to come to the public, to blazon these circumstances before every one—good God! is it possible that he loves the profession? No man who loves his profession could have done so. Now, Sir, I do condemn my friend Dr. Gregory for the statement he has made, though I do give him the credit of believing it was done from good feeling. Mr. Lambert did not end his speech in the manner Dr. Gregory said he did. He said, that if he had to make the report over again to-morrow, he would do it in precisely the same way. He has, therefore, done the act, and he glories in it. He has stigmatised the character of another, and he glories in his conduct. Sir, upon the whole, I do conceive that Mr. Lambert is unworthy to be a member of this Society; I shall vote against him, and trust that every man who has a true sense of the honour of his profession at heart, will also vote against him.

MR. LAMBERT. As I have already occupied so long a time, I shall now occupy but a very few moments longer. I return Dr. Thomson my thanks, for having come forward in the "straight forward" manner he has done. But Dr. Thomson has entirely forgotten the distinction between public and private character. Good God! are we to cast a cloak over the situation and conduct of public officers? If I were in a public situation, I should consider it a duty I owed to the public, that every case should be reported that came under my hands, good or bad. Dr. Thomson has, therefore, entirely mistaken the view I take. If I had followed the base example of one member now in this room—if I had stepped over any man's threshold, and carried venom into domestic life—if I had entered that sanctuary hitherto regarded as sacred, by all but the veriest scum of writers—if I had torn aside the veil of private life, and had attempted to hold a man up to infamy as a loathsome criminal, guilty of the most horrid crime towards society, and all this when I *knew* it

to be false—then, indeed, I should have deserved your scorn and reprobation. I here ask again, why have not the Society testified their honest and just indignation at such conduct? It is true that I said, that if I had the report to write over again, I should do it in the same manner as that which I had done; but I said that I wrote it under the highest feelings of excitement. As to Dr. Thomson's threat of retiring from the Society, it is probable that his presence here will not be much disturbed by me; I have not attended the Society once this season before, and, but for this affair, it is very probable that I should not have been here again. As to his resignation, I suppose that nothing short of an earthquake would ensue after it.

Dr. JOHNSTONE. Sir, I came here the last night on which the Society met, not knowing any thing about this question; I knew nothing whatever of it when I entered the room, and I will now state my reasons for meaning to give my vote against Mr. Lambert. Is it no degradation of Mr. Lambert to look back to his course of life? Can he state a single instance where a student has been turned out of three hospitals, out of two, or out of one, for good conduct? If he can bring forward one such instance, I shall then vote for him. (Confusion.) Is it no degradation for the Lord Chief Justice to state, that he had not answered one question in a straight forward manner? Sir, on that ground I shall vote against him, for we do not want such agents in this Society. Was there no degradation in the evidence of Dr. Hodgkin and of Mr. Key, respecting Mr. Lambert? Did not Mr. Lambert go up to Dr. Hodgkin, and say—here, Sir, is a hole between the rectum and bladder? What did he mean by that? I shall not say, but leave it to the Society to state what he meant by it. The report stated that the cellular membrane was easily lacerable—*ergo*, that it was lacerated. Even his friend, Mr. Wakley, at the trial, argued that Mr. Lambert had made the opening—"THAT'S FALSE," exclaimed a voice from without, in a tone which struck such terror into Poor Jemmy, that his jaw fell with an audible click, and, in a few seconds afterwards, he himself dropped on his seat, without uttering another word. The unfortunate animal had evidently recognised the voice, as had also the Yellow Goth, Roderick, who, with pallid lip and cadaverous cheek, yelled, "Keep him out!"—"keep him out." "Send for the police," said Roderick. "Send for all the police," feebly ejaculated poor fainting Jemmy. "Shoot the dower,"—"the dower"—exclaimed the ABERDEEN DUB in the Chair. On which Mr. Wakley exclaimed—"Why do you not admit me?" "Why are you so cowardly as to make charges against

me, and then refuse me an opportunity of defending myself?"

A scene of the greatest confusion now took place. Violent attempts from within were made completely to shut the door, whilst an immense throng of visitors and members, assembled on the outside, for a considerable period prevented it. Dr. Webster, and various others, declared themselves perfectly incapable of shutting the door, or of pushing back the visitors. Mr. Wakley, who was standing in the lobby, again earnestly entreated that the gentlemen would not attempt to force the door. Dr. Gregory requested that some persons would run to the nearest Police Office for a supply of *armed men!!!* (Roars of laughter, hurraing, and hissing.) The Doctor, finding no one obedient to his call, forced himself into the passage, exclaiming, "They say it can't be done, but I'll see that it's done." When, with an appearance as wild as a deer, and as pale as a ghost, he thought he had got out of the room, he was under the necessity of roaring out, "Oh! my foot, my foot; you've got my foot inside; let out my foot." (Immense laughter and confusion.) At length, having succeeded in getting out by piece-meal, with the exception, as we thought, of a portion of his brown great coat being left behind, he flew two or three times up and down the stairs, in a wild unmeaning manner, and then returned and planted himself outside of the door, protesting that he would himself act as a *police officer*. In the course of his stand at the door, he repeatedly applied for some of the Members of the Society to relieve him, by taking his situation, and permitting him to get back to his seat; at length he was obliged to declare to the spectators,— "There's not a man in the Society will take my place." "No, (observed one of the Gentlemen present) that is the most correct assertion you ever made in your life; nor is there a man in the universe, but yourself, who would so far degrade himself as to come forward, in so unblushing and so disgraceful a manner, to be the champion of such 'hole and corner proceedings.' Why should you connect yourself with proceedings that you are ashamed of, and that you dare not permit the eye of the public to scrutinise?" "I don't know," said the Doctor. "Who is the prosecutor?" "There is no prosecutor," answered the doctor. "Then the more despicable your conduct. Dr. Thompson's conduct, too, in leaving the chair, and making a speech to bias the Meeting, was in a piece with the whole of the nefarious conduct." "Yes," said Dr. Gregory, "I agree, and have always thought it was highly improper for the Chairman to take any part in the proceedings."

Amidst this sort of tumult, both outside

and inside, was the ballot taken, and the expulsion of Mr. Lambert declared to have been carried. This Star Chamber business was concluded at ten o'clock, when the Meeting broke up.

LONDON MEDICAL SOCIETY.

January 5, 1838.

Dr. HASLAM, President, in the Chair.

POINT OF ORDER—SPECIMEN OF DISEASED HEART.—COINCIDENCE OF DISEASED RECTUM WITH PHTHISIS PULMONALIS.

WHEN the Members began to assemble at a few minutes before eight o'clock, the time-piece in the Society's room was observed to be ten minutes behind the proper time. A gentleman near us observed, that it had been put back for some purpose or other. The President desired one of the door-keepers (a son of the Registrar) to put it forward to the proper hour. The President took the chair at eight o'clock, and the Registrar not being present, he requested the door-keeper to inform him that the time for commencing the business of the Society had arrived.

THE REGISTRAR, at five minutes past eight o'clock, made his appearance, and stated, that as the Council were engaged in some very important business below, he did not know whether the President might think proper to delay commencing business until they arrived.

THE PRESIDENT observed, that if he (the Registrar) were present, that was quite sufficient; he did not see that he had any right to wait for the Council; indeed that was quite out of the question, therefore he requested the Registrar to read the minutes of the last evening's proceedings, declaring the business of the Society to have commenced.

The minutes of the last Meeting were read.

Dr. BLICK requested to know whether the President had taken the opinion of the Council upon a point of order he had stated he should do?

THE PRESIDENT replied, that he had had no conversation whatever with the Council; he had had no information from them, nor had he been delegated with any answer to the question put to him.

Dr. RAMADGE exhibited to the Society five hearts, in a state of auricular ventricular contraction, which he had collected within the last fortnight; there was also hypertrophy in some of the auricles and ventricles. One of them, particularly, was a very beauti-

ful specimen. The muscular substance of it was extremely thickened; hypertrophy in the left ventricle, a contraction at the right of the aorta, a strong band of muscular fibres crossing the base of the tube, so as considerably to have impeded the flow of blood, and, by the additional force required to throw it out, a portion of the aorta had become elongated, and nearly driven off from its connexion with the heart.

Mr. HONEYWOOD wished to know the symptoms which led Dr. Ramadge, during life, to conclude, that the patients had diseased hearts.

Dr. RAMADGE had seen them when labouring under a state of dropsy. There was a good deal of fluid in the lower part of the chest. The ventricles were to be heard acting very feebly, except in the instance where the left ventricle was in a state of hypertrophy, and then there was considerable action. The patients, for a long time before their dissolution, could not remain in their recumbent position. Placing them in a chair, and getting an assistant to hold the inferior extremities and lower part of their bodies steadily, by shaking the superior part, fluid in the chest was distinctly heard to undulate. There were strong sonorous symptoms also. The respiratory functions did not act clearly. In some of the cases there was a strong impulse communicated to the finger behind the ribs opposite the heart, by some small arteries, which, under common circumstances, are not detectable by the touch.

THE REGISTRAR, (the Council having now entered the room, and it being upwards of twenty minutes past eight o'clock,) begged to interrupt Dr. Ramadge, for the purpose of stating, that a paper had just been put into his hands from the Council, with a request that it might be read to the Society.

THE PRESIDENT. Is it in the ordinary routine of business to read it now?

THE REGISTRAR. I am directed by the Council to read it.

THE PRESIDENT. Well, but is it in order that it should be read? That is the first thing, I presume, to be examined into. I should be very happy to read any thing that is sent up by the Council; but whether this interesting subject that Dr. Ramadge is upon is to be interrupted by the reading of this paper, I shall take the sense of the Society upon. Gentlemen, I give no opinion upon it myself, but will take the sense of the Society upon the question. Those that are of opinion that this minute from the Council should now be read to the interruption and exclusion of the ordinary business of the Society, will please to signify the same by holding up their right hands.

Mr. PROCTOR. I think, Mr. President, before putting the question, I ought to ob-

serre, that I am sure the Council would not send up any thing that was not interesting to the body of the Society. I apprehend it will be better to hear the paper read before your motion is put, and then the sense of the Society can be taken, whether it should be agreed to or not.

The PRESIDENT. It is my duty to put it to the Society, whether the business of the Society should, in the first place, be interrupted by the reading of it.

Mr. ASHWELL. Sir, I do not know what the paper is; but I have now had the pleasure of belonging to this Society for a very long time, and I have never heard such a question as this entertained for one moment. I do not know that it is in accordance with the law; but, as a matter of courtesy, I have always observed, that any paper sent up by the Council to be read, was put to the Society at once. As I said before, I know nothing about what the paper is, but I cannot conceive that the Council would send it here, if it did not relate to a matter of essential interest.

The PRESIDENT. I am precisely of your opinion, but I cannot admit that for which there appears to be no law. I respect every thing that comes from the Council, but I do conceive it to be my duty to take the sense of the Society upon whether this paper should now be read, to the exclusion of the business at present going on.

Dr. SHEARMAN. Before, Sir, the question is put, I would ask, in what an awkward predicament such a course places the Council? After coming to a decision upon a question they have had under their consideration, if it is not to be permitted to be communicated to the Society, the acts of the Council become entirely annulled. They have come to a resolution of vital importance, upon which they think it is essential for them to take some measure, and they wish it to be communicated to the Society; but if the question from the chair is to be put, then that will be just as much as to say, What are the deliberations of the Council to us? Those deliberations are to go for nothing. (Cries of read, read.)

The PRESIDENT. Then, gentlemen, if it be your pleasure, it shall be read.

The REGISTRAR now read the notice.

The PRESIDENT. Gentlemen, that you may perfectly understand this paper, I shall read it to you again. It is—"That a special general meeting of the Society be summoned for Monday, the 19th instant, to take into consideration the conduct of Mr. James Lambert, and to take such measures as shall then seem fit. Unanimously carried. Leonard Stuart, Chairman. 5th January, 1829."—Now, as the ordinary business of the Society has been interrupted, if it be your pleasure to proceed in this investiga-

tion, I have not the slightest objection; because, let it be fully understood, that it is for you, and not for myself, that I wish to preserve every degree of order and regularity that appertains to this Society. I should presume, before we meet to canvass the conduct of any gentleman, that somebody will inform us what is the nature of the delinquency that is to be inquired into, (cries of hear, hear,) in order to know what we are about, and whether it is proper to call a meeting or not. (Hear, hear.)

Mr. PROCTOR. I think it would not be fair to the individual himself, to canvass the reasons, at present, of coming to this resolution; because Mr. Lambert will have the opportunity of defending himself at a future period; he will then have his friends around him, and I hope he will be able to acquit himself; but it appears to the Council that there is enough to warrant them in calling a general meeting.

The PRESIDENT. But a general meeting must be called for a specific object, and that object must be stated. What has he done?

Mr. PROCTOR. Why, that is the question he is to be asked.

The PRESIDENT. Well, but every person accused has a copy of his indictment. (Hear, hear.)

Mr. PROCTOR. Sir, we hold him innocent at present, and he will have an opportunity of defending himself; but I think it is within the competency of the Council to request that the meeting shall be called.

The PRESIDENT. You hold him innocent, Sir, and yet you appoint a day for his trial! What is the meaning of that?

Mr. SHEARLEY. What business have we with Mr. Lambert's character? I know nothing of Mr. Lambert; but if his conduct here is to come into collision with what I apprehend, is really meant,—that which took place upon the late trial,—then I say that we have nothing at all to do with it. Has Mr. Lambert misbehaved himself, or not, here? That is the question.

The REGISTRAR. Sir, I rise to order. We cannot indulge here in these observations. This is a simple notification from the Council.

The PRESIDENT. A simple notification? You must explain, Sir.

Mr. SALMON. I beg pardon; but I must disagree with what has fallen from Mr. Field. I left the Council, improperly, perhaps, too soon, as it now appears. I was not aware that such a motion as the present was to be brought forward. I see nothing in that paper which at all carries with it that which I consider the meaning of what the Council determined upon. Sir, I wish for something distinguishable; I wish to go upon matter of fact; (hear, hear;) and I do not care when it is said, or where it is said;

but show me matter of fact sufficient for the expulsion of any individual, and I shall be the first to adopt the measure; but I do wish to see the measure put into a tangible shape. We must have an accusation, that the gentleman may be here, either to condemn himself, acquit himself, or to be condemned by others; and I feel really ashamed to have to state so much; for I declare I left the Council under a notion that the paper that was to be drawn up was to be very different to that which has just been read. I understood it was to be a motion of the Council to summon a general meeting of the Council, to ascertain whether they would, or would not, recommend to the Society some proceeding. I say I mistook the meaning of the Council, if this paper contains their intention, otherwise I should certainly not have left the room.

Dr. BLICK. Mr. President, I apprehend that the whole of this is irregular. We have a number of visitors here; they have no right to speak on this subject, and therefore it cannot, by possibility, be in order. It appears this is a notice sent by the Council agreeably to the rules of the Society, and we have nothing to do, but to suppose that an accusation has been made to them sufficient to authorise this notice, and we are bound to accede to it, believing that the Council would not have come to that resolution, without proper grounds.

Dr. SHIEL. As I am a visitor, I beg leave to withdraw, if my presence is at all objected to. (Cries of no, no, no.)

Mr. SALMON. I believe the error has arisen from the fact, that the Registrar should have given to you, Mr. President, the paper before the business of the Society had commenced. The business of the Society is one thing, and that of professional character another.

The REGISTRAR. It appears a simple motion.

Mr. SALMON. It appears too simple to warrant a breach of good manners. (Cries of hear, hear, and laughter.)

Dr. RAMADGE apologised for having introduced his subject before this business had been brought forward, and withdrew his preparations.

Mr. SALMON meant by what he had said, that Dr. Ramadge ought not to have been interrupted by the Registrar in the first instance.

Mr. PEARCE thought it ought now to be decided, whether the general meeting, at the time named, was to take place or not.

The REGISTRAR. To save time, this is a simple notification given at the meeting, and regular circulars of it will be sent during the week.

The PRESIDENT. Yes, Sir, but you must agree upon it first (hear, hear); and I do

conceive that we ought not to be assembled here, but for a specific purpose; there ought to be a declaration of that which is the specific purpose for which the meeting is called; this appears to me nothing but equity, nothing but honourable feeling and action, from which I am sure this Society never will depart. I hope, therefore, that either something specific will be mentioned, which we are to meet to consider, or that the thing be referred back to the Council, and perhaps on the following evening, they will declare the specific purpose. This appears to me to be but fair, and what ought to be, for I have ever held your honour and respect as sacred as it was possible; and I do not like it should go forth to the world, that the Medical Society of London called a meeting against an individual, without specifying a single thing in which they supposed he had done wrong.

Dr. RAMADGE thought it would be highly proper that the Council should re-consider the paper, inasmuch as one of themselves had disagreed with it. It purported to be the unanimous opinion of the Council, whereas one of the Council had declared it was altogether inconsistent with what he understood the regulation of the Council to be.

Dr. CLUTTERBUCK's opinion was, that it was altogether irregular to have brought up the paper to the Society. Part of the business of the Council, delegated by the Society, was that of originating business to come before the body of the Society. It was perfectly competent for the Council themselves to have summoned a general meeting for the purpose stated, namely, that of taking into consideration the conduct of Mr. Lambert, and they ought to have done that, without having troubled the Society at all. He thought the subject, at present, ought to be allowed to pass without further observation, leaving the Council to act as they thought proper.

This suggestion was adopted, and the business of the evening permitted to proceed.

The PRESIDENT inquired if Dr. Ramadge wished to resume his subject?

Dr. RAMADGE declined making further observations upon what he had introduced to the notice of the Society.

Mr. SALMON exhibited a specimen of diseased rectum, to show the coincidence of that disease with diseases of the lungs. He had taken the specimen from a patient who had died of *phthisis pulmonalis* that day. He had examined several such patients, and found the same morbid appearances—namely, a contraction of the whole extent of the gut, and that not only confined to the rectum, but extending to the *sigmoid flexure*. The same appearance of the gut would be

presented, in case of stricture in ano. The calibre of the gut was not larger than merely to admit of the tip of his little finger, nevertheless he believed, though he had not cut it open, that the *mucous membrane* remained sound. From this he thought the Society must discover the exciting cause of that which is most common in this country, namely, structural disease of the lungs. He believed diseases of the rectum, in many cases, to be the primary and exciting cause of phthisis pulmonalis. He had cured copious expectoration from the lungs, by removing this exciting cause. The patient from whom he had taken this specimen, was a woman who had been run over on last Lord Mayor's day; had for some time been in the habit of spitting blood, and had been under his care about a week after this spitting began. The right lung was comparatively sound, without any adhesion to the parietes of the chest; the left lung was perfectly unsound, full of tubercles, and adherent to the chest in every part.

Mr. GOSSET looked upon this specimen as a simple contraction of the rectum, than which he considered nothing was more common in the latter stages of phthisis pulmonalis. Without further evidence, he could not believe that this had any thing to do with the exciting causes of diseased lungs. Did Mr. Salmon regard a simple contraction of the rectum as a proof of disease in that part?

Dr. RAMADGE had examined 1000 patients within the last 10 years, who had died of phthisis pulmonalis, in most of which the rectum was found to be perfectly sound, and the intestines healthy throughout; he had very seldom, indeed, met with a case where the rectum was diseased.

Dr. SHEARMAN was doubtful as to the solidity of Mr. Salmon's doctrine. He wished to know whether the disease of the lungs in this case was not much more likely to have arisen from the violence of the accident, and that the rectum became subsequently affected.

Mr. TYRRELL inquired how Mr. Salmon accounted for diseases of the lungs following a morbid state of the rectum? He thought it might be easy to explain how diseases of the rectum followed phthisis pulmonalis, but, for his own part, he was not able to give a scientific reason for the reverse position.

Mr. SALMON did not consider simple contraction merely of the rectum as a part of disease, but, in the present instance, the gut was not dilatable by any force that could possibly be applied to it. This patient's father, mother, brother, and some sisters, had died of phthisis pulmonalis, therefore

there could be no doubt that the primary cause of disease existed prior to the 9th of November last. He was not able satisfactorily to explain Mr. Tyrrell's query further, than by saying, that if a man had a diseased rectum, by which one of the most important functions of the body was put a stop to, it was not surprising that that should bring forward any disease to which the individual had a predisposition. Mr. Abernethy had handed down his name to posterity for one of the simplest schoolboy things ever heard of, namely, that if a person kept the bowels empty, he would, in all probability, be very long free from internal disease. But let them be overloaded, and he would almost immediately be ill. He believed diseases of the rectum to be very much the exciting cause, both of phthisis pulmonalis, and *fistula in ano*. By curing the rectum, when both it and the lungs were diseased—by curing the rectum when in a morbid state, and when *fistula in ano* existed, he had restored the patients to perfect health, and without any operation but that of curing the stricture. If these facts were generally believed by the profession, he was persuaded that operations for curing fistulae would very soon be thrown into the shade.

Dr. SHIEL made a few unconnected observations, and after a further brief discussion, the Meeting broke up.

TO THE SURGEONS AND GENERAL PRACTITIONERS, MEMBERS OF THE WESTMINSTER MEDICAL SOCIETY.

GENTLEMEN,—The proceedings which took place at your Society on Saturday evening last, at the instance of a miserable and malignant faction, are calculated not only to overwhelm every member of the Society with disgrace, but also to affix a stigma on the medical character of this country. The only opportunity that you can have to wipe away the stain, will present itself on Saturday evening next, the day on which you will read this; when I earnestly entreat you to attend, and, by your spirited and impartial conduct, rescue the Society from the thralldom of a cowardly and contemptible junta.

I am, gentlemen,

Your obedient servant,

JAMES LAMBERT.

Walworth, Jan. 8, 1829.

GUY'S HOSPITAL.

On Tuesday, the 30th of December, Mr. Key performed two operations of lithotomy; the first was on a man about fifty-five years of age; eight pieces were extracted, and the operation lasted about eighteen minutes. The other was on a middle-aged man; and the stone, which was rather small, was extracted in one minute and a half; the patients are doing well. Mr. Morgan likewise amputated a child's leg, at the calf, for diseased foot.*

Jacob Land, admitted October 29, under the care of Mr. B. Cooper, with a tumour rather larger than a pigeon's egg, situated beneath the clavicle, towards its scapular extremity. On placing the hand over the tumour, a sensation was given, similar to the pulsation of an artery, and which the "collective wisdom" was inclined to pronounce subclavian aneurism, but, on a more minute inspection, it was discovered that this swelling was an enlarged gland, which derived its motion from the pulsation of the artery in its vicinity; in consequence, mercury was ordered, so as to affect the system, and the swelling rapidly diminished but, in consequence of the man's general health becoming impaired, it was discontinued; from that time to the present, (Jan. 3.) the swelling has gradually increased, and is now nearly the size of a hen's egg; the patient is again taking small quantities of mercury.

Sir Astley Cooper visited the hospital on the same day, in company with a foreign gentleman, whose name we could not ascertain. The worthy baronet, in noticing the case of navus, situated beneath the chin, which is at present in this hospital, under the care of Mr. Morgan, recommended the following plan for its removal, which he said he had adopted with success: first, passing a perforator through the centre of the tumour at its base, and through the perforation a ligature; this was afterwards intersected at right angles by another; these ligatures were then tightened, the part sloughed, and the patient did well.

On Tuesday next, it is expected Mr. B. Cooper will perform the operation of lithotomy on a child at present under his care, in the hospital.

* The patient's age was about ten weeks.

HOPITAL BEAUJON.

CASE OF INVERSION OF THE BLADDER AND MALFORMATION OF THE GENITALS.

M. C., *ætat.* 28, of a healthy appearance, was admitted, Nov. 20, on account of the following malformation of the urinary and genital organs.—The recti abdominis, which had their natural attachment and situation above, began to diverge at the navel, so that at their lower extremity they were distant from each other about an inch and a half, as were the ossa pubis, there being no symphysis. On the lower part of the median line, there was a red tumour of an oval form, (the longest diameter being transverse,) the circumference of which was covered by epidermis, and the centre by mucous membrane; from its lower part a deep groove extended along the dorsum of the penis, to the extremity of the glans, and from this there was a constant discharge of urine, mixed with mucus. The penis was two inches in length, compressed laterally, and attached only by skin; the gland was very small, its lower portion only was covered by the prepuce, the upper presenting the above-mentioned urethral groove. The penis was, of course, imperforate, had no power of erection, and the patient appeared to have no venereal desires, though the scrotum and testicles were regularly formed.

CONTENTS.

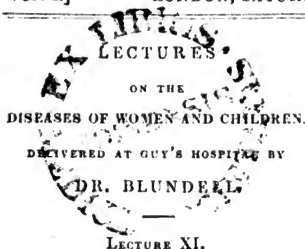
Dr. Blundell on the Gravid Uterus, and on the Diseases of Women and Children.—Lecture X. Diseases of Gestation concluded—Dyspepsia	449
Mr. Sheldrake on Dancing, and on its Advantages to Young Persons, when it is scientifically taught	453
Phrenology	460
Richmond Hospital—Dr. M'Dowel ..	462
London Medical Society—Ergot of Rye Author Guthrie—Subjects for Dissection	465
Despicable Conduct of the Bats and Aberdeen Dubs	466
Review of Tuson's Supplement to Myology	468
"Hole and Corner" Proceedings at the Westminster Medical Society—Mr. Lambert's Statement	469
Meeting of the London Medical Society—Point of Order	478
Mr. Lambert's Letter to the Members of the Westminster Medical Society	479
Guy's Hospital—Operation of Lithotomy—Amputation—Clavicular Tumour—Case of Nævus	480
Hopital Beaujon.—Case of Inversion of the Bladder and Malformation of the Genitals	480

THE LANCET.

Vol. I.]

LONDON, SATURDAY, JANUARY 17.

[1828-9.



LECTURE XI.

Of some of the Diseases of the unimpregnated Genitals.—Of Retroversion Uteri.

GENTLEMEN,—Having concluded our observations on the gravid womb, and on those diseases which are arising from pregnancy, I proceed this morning to the consideration of the last section of our subject, the *unimpregnated genitals*, I mean, and the more important diseases to which these parts become liable when in the unimpregnated state.

Retroversion of the Womb.—The uterus, as you will soon find, if you are accustomed to make examinations, when healthily situated, is placed at the brim of the pelvis, and the fundus of it is lying forward above the symphysis pubis, and the mouth of it is lying backward and below, in apposition with the middle of the sacrum, in the position here demonstrated, the bladder being placed anteriorly, and the rectum behind. In the disease under consideration, however, when the womb becomes retroverted, a total change of position ensues, and the fundus uteri falls down backward and below the promontory of the sacrum, and the mouth is lying forward, and rises above the symphysis pubis; so that more or less compression, both of the rectum and bladder, is produced, the vagina being drawn upwards, and carried forward above the front of the pelvis. Where the uterus is in this situation, (retroverted,) if the pelvis be small, or if the uterus, not morbidly developed, chance, however, to be originally very bulky,—independently of any increase of its size beyond the virgin dimensions, it

may give rise to a good deal of pressure upon the rectum, the bladder, and the parts contiguous, and, in this manner, it may distress much; more generally, however, where retroversion produces distressing symptoms, these will be found to be accompanied with an enlargement of the uterus, becoming, perhaps, as big as the head of a full-grown fœtus; this enlargement of the uterus, resulting most frequently from pregnancy; occasionally, however, from scirrhus, from polypus, or from a collection of hydatids. When, from any of these causes, the uterus is enlarged in its size, it may distress the patient greatly; the rectum is so obstructed, that it is said the fœces will scarcely pass along, and it may be necessary to have recourse to injections, in order to remove its contents; the bladder, too, and the urethra may be so embarrassed, that there may be a difficulty in introducing the catheter; and accumulations of water may take place in the bladder in such quantity as to give rise to disruption, or at least to injure the structures of this organ; so much so, that acute inflammation, or fatal chronic diseases, may ensue. Nor must I forget to mention that the womb continuing to grow in the retroverted position, it must make pressure on all the parts which are lying among the bones of the pelvis, and, in so doing, must give rise to more or less irritation, of various nature, according to the functions and other properties of the parts compressed.

Causes.—There are different causes, to which this retroversion of the womb may be ascribed. Whatever enlarges the uterus within limits, so as not to make it too bulky to undergo the retrovertive movement, seems to dispose to the disease; and hence it is, about the third or fourth month of pregnancy, when the womb becomes large as the head of a full-grown fœtus, that retroversion is most prone to take place, and the like effect is apt to be produced when from scirrhus—polypus—mole—or a combination of these affections, equal bulk is required. Again, a cause which tends much to the retroversion of the uterus, and which, perhaps, is brought into operation in four cases out of five, is the accumulation of urine in the bladder. When the bladder becomes

very much loaded with water, it makes a pressure on the uterus behind; and sometimes, when the pressure is great, it may, alone, produce the retroversion. I here show you an apparatus, which represents the bladder loaded with water, together with the uterus disposed to retroversion: on inspection, you may perceive that the operation of this cause becomes obvious enough. (Dr. Blundell here demonstrated the nature of the accident.) In retroversion of the uterus, besides these two causes, there is yet a third which sometimes operates, and that is, the sudden action of the abdominal muscles. Women labouring under retroversion of the uterus, will often tell you that they have had a fall, or that they stumbled, and made a strong effort suddenly to recover themselves; or, that by a violent fit of laughing, or coughing, the attack was occasioned. I should suppose it rarely happens, that the mere action of the abdominal muscles alone, unaided by the distended bladder, is giving rise to retroversion of the uterus; but where there is an accumulation of urine in the bladder, so as to produce, by pressure, in the way I have been showing you, a disposition to retroversion, the sudden action of the muscles may complete the displacement, as this apparatus will clearly demonstrate. (Dr. Blundell again gave the demonstration.) Lastly, retroversion of the uterus is sometimes to be ascribed, though not frequently, to an enlargement of the ovary. A dropsical ovary, or scirrhus, may give rise to retroversion; and, in these cases, just as the bladder overlays the uterus, so also may the ovary. A lady, labouring under ovarian dropsy, was recommended to take a ride in an open carriage every day, for the improvement of her health, taking the air as much as might be without occasioning much fatigue. In one of these excursions, the vehicle chanced to be turned over, and she was thrown out with violence, her abdomen striking, with great force, against a stone that was lying by the road side. On her return home, a very copious secretion from the kidneys ensued, with great abdominal pain, when, in the course of a few days, she recovered, and found herself entirely liberated from the dropsy. Sometime afterwards she entered into the marriage state, and died with an irreducible retroversion of the uterus, about the fourth month. Inspection was made; when it appeared, clearly, that in consequence of the fall, there had been a rupture of the ovarian cyst, and a flow of water into the peritoneal sac, whence it was absorbed and effused by the kidneys, the remains of the cyst falling on the uterus, and carrying it down below the promontory of the sacrum, which, becoming retroverted, was

fixed by inflammatory adhesion in the retroverted position. While this unhappy lady remained unmarried, she felt but little inconvenience, but marrying, and the enlargement of the uterus taking place, the womb, in consequence of adhesion, not admitting of replacement, a fatal pressure of the contiguous parts ensued. And here, then, are the principal causes which give rise to the retroversion of the uterus;—the enlargement of the ovaries; the strong and sudden action of the abdominal muscles; the distension of the bladder, from the over accumulation of urine; and the enlargement of the uterus itself, provided it does not acquire so large a bulk as may disable it from undergoing the retrovertive movement. Of these causes, by far the most common is the over-distension of the bladder, first, I believe, noticed by Dr. Denman. The womb is most prone to retroversion when it is about as large as the head of the full-grown fœtus.

You are not to suppose, as some seem to imagine, that the retroversion of the uterus occurs during pregnancy only, for, independent of gestation, a retroversion may be produced; and hence, as the history of the two cases is very different, it becomes convenient to divide the cases into two kinds; of those, I mean, in which you have gestation as the cause of the enlargement of the uterus, and of those, too, in which the retroversion of the uterus is wholly unconnected with pregnancy. And first, of the more frequent, and therefore of the more important, retroversion, which is occurring in the *earlier months of gestation*.

When the womb is retroverted, it not uncommonly happens, that the resulting retention of the urine becomes complete, for the enlarged uterus bearing on the neck of the bladder and on the urethra, as demonstrated by this apparatus, a total closure ensues. In this case, the patient often tells her adviser that she has been placed in some situation of restraint; and that afterwards, on retiring and trying to evacuate the contents of the bladder, not a drop of the secretion would pass away; and this has occurred perhaps, for hours before you see her, the accumulation of urine having continued ever since; so that there is a great deal of pain of the abdomen and heat, with forcing and fluctuation, which may be felt as distinctly as in a case of ascites; indeed, the efforts may be as great as those of parturition, and may very much resemble them. I wish you to understand, however, and very important it is that this should be known, that, in the retroversion of pregnancy, you have not always, nor I think generally, these complete retentions of urine; for often where the uterus is retroverted, the retention is partial. Your patient, as before, has

been placed in some situation of restraint, on retiring she finds, as before, that the secretion does not flow in a full stream, though a few ounces may, perhaps, come away, not however without much pain and difficulty; from this time, a partial retention continues; day after day the fluid is sparingly emitted, but never in such quantity as to empty the bladder completely, till by-and-by, perhaps, the secretion begins to steal away involuntarily, or she may have strong efforts to pass the urine even against her will, and with every effort a small gush may be produced, or there may be a continual dripping, and yet, notwithstanding all this, an accumulation of water may go on very gradually, so that several pints, nay, several quarts, may be gradually accumulated. At this time there may be œdema of the lower limbs, especially if your patient be in a state of gestation; and you, (for the case is exceedingly deceptive,) finding that the legs are œdematous, that the abdomen is large, as in the case of ascites, that it is fluctuating with distinctness, and that the patient, instead of having a retention of urine, on the contrary, supposes herself to labour under an incontinence of water, the retention of the secretion may be the last disease which you suspect, and you are inclined rather to ascribe all the symptoms to ascites, ovarian dropsy, dropsy of the ovum, or other causes. If you err, nothing is done, and the bladder may burst: in the preparation before you is an example of the accident. Even when the bladder is emptied, chronic disease is to be expected, or there may be a fatal inflammation, or a miscarriage. In cases of this kind the urine may continue to accumulate for three or four weeks together; nearly two gallons have been known to collect.

A woman labouring under symptoms like ascites, a practitioner proposed, I think, the operation of tapping; there was, however, some obscurity about the case—a great deal of pain more especially; and an accoucheur being called in consequence, a catheter was introduced, and water was drawn to the amount of seven quarts, (nearly, therefore, two gallons,) which had been accumulating in the bladder for two or three weeks, in consequence of a retroversion of the uterus.

That retroversion of the womb exists, you may in general suspect, provided your patient tell you she is unable to pass her water in a plenary stream, and in large quantities at once, or that she cannot pass it at all, although a few weeks, a few days, or perhaps a few hours before, this function was performed well enough. You may moreover suspect the case, provided the patient complain of a great deal of *central pain*, by which I mean pain about the hips, the thighs, the symphysis pubis, the sacrum,

joined with, occasionally, bearings down; and provided, also, the rectum appears to be abstracted, so that the contents are not expelled at all, or when expelled, flattened, for this is said to be a symptom of the disease, though I have not given attention to the symptom myself, these symptoms should the rather excite suspicion, if the woman have been placed in a situation of restraint, and if she be in the third or fourth month of her pregnancy. All these symptoms, however, can create only a *suspicion* of the nature of the disease. It is by examination, and by examination only, that it is certainly ascertained, when it may be recognised by the following marks: the abdomen you will always find of a large or swollen size, and fluctuating very distinctly, especially where the retention has been of several days' standing, and where an accumulation of water in the bladder has been gradually proceeding during the whole time; further, on examining internally, you will find a large swelling, a tumour filling the pelvis; the vagina lying before it, the rectum behind it; the os uteri in the general not to be felt, or not to be felt without a good deal of difficulty, when it lodges in front of the pelvis above the pubes. Again, on emptying the bladder, you further know the disease by ascertaining that the womb is not in its healthy situation, above the symphysis, the observation being made with facility, on account of the relaxation of the coverings; and by your observing, moreover, when the tumour is pushed from the pelvis, that it may be felt in its ordinary place. It has been asserted, you may recognise the retroversion of the uterus always, by the situation of the os uteri.

It has been asserted, that if the uterus is not retroverted, the os uteri will always be found lying forward and upward, above the brim, in front; but this is a mistake. The occurrence is sufficiently frequent to render the diagnostic worth your attention; remember, however, it is far from being the sole or principal one by which you are to judge; first, because, when the neck of the uterus is very flexible, as sometimes you may have a retroversion of the body only, the uterus doubling backwards upon its own cervix, and the os uteri remaining nearly in its former situation; or, secondly, which is a great defect in the diagnostic, where you have an enlargement of the ovary; this viscous will sometimes fall down and *tilt* the uterus, so as to place it with the fundus upon the promontory, and the month upon the symphysis, inasmuch, that the mouth of the womb will stand much in the situation in which it would be placed, provided the retroversion were of the ordinary kind. It is, therefore, here, as in most cases, by a combination of all the symptoms, and not by any

single symptom only, that your opinion must be guided, and when you find the abdomen fluctuating, the pelvis filled with a tumour, with the vagina before it, and the rectum behind, and when emptying the bladder, and raising the swelling, you find it takes the situation of the uterus, then, and not till then, can you say, with certainty, that the disease is the one under consideration.

Treatment.—In treating the retroversion of the uterus, before you attempt to put the womb into its proper place, remember that it should be your first object to evacuate the bladder thoroughly, first, because if the bladder is full, and lying over the cavity of the pelvis, it will obstruct the pelvis so much as to render the reduction of the uterus, perhaps, impossible—there will not be room for its reduction; and, secondly, because even if you were to overpower the resistance, and replace the uterus, yet, by forcing the womb into the abdomen, you might tear the bladder, and, in that way, destroy. Dr. Cheston was once called to a case of retroversion, where large accumulations of urine had taken place, and where the catheter could not be introduced; anxious, of course, to avoid the need of tapping the bladder, (a very grave operation,) he and others attempted to reduce the retroversion without previous evacuation; but, fortunately, they did not succeed; I say fortunately, because if they had succeeded in urging the tumour above the brim of the pelvis, disruption of the bladder would most probably have been the consequence. Failing in this, of course they were obliged to have recourse to their surgery, and the bladder was tapped. Now it is remarkable that in this case, after the urine was withdrawn by means of the trocar and canula, the uterus itself returned into its proper situation: and though Cheston, who was a very able man, and others in company with him, could not succeed in replacing the uterus by manual effort, yet it returned itself after the bladder was emptied.

Here, then, is one of the first steps to be taken—let the bladder be thoroughly evacuated by means of the catheter, for it will rarely happen that any tapping can be required, if the catheter be committed to proper and dexterous hands. When this has been accomplished, you may then place your patient in the usual obstetric position, on her left side, close to the edge of the bed, with the shoulders forwards, the loins posteriorly, and the abdomen facing a little towards the bed; this done, you pass your fingers, say all the fingers, of the right hand, into the vagina, so as to lay them upon the body of the uterus, and at this time, provided the patient can bear it, which may often be the case, you place the thumb in the rectum, and thus get the uterus between

the fingers, after which, with gentle pressure, often, I believe, without the least difficulty, you may raise the womb above the brim of the pelvis. This may be easily done, if you have drawn off eight or ten pints of urine, or even two or three, because the abdominal coverings become so exceedingly flaccid, that they make no more obstruction than if the body was laid open. Well, then, in this way, with the fingers in the vagina, and the thumb in the rectum, as shown by this apparatus, the womb may often be replaced without any force; but should you fail in this attempt, under gentle efforts, I should then recommend to you an excellent practice, advised by Denman, and which consists in keeping the bladder thoroughly emptied, letting your patient drink but little, causing her to perspire as much as may be, and introducing the catheter some two or three times a day; and the bladder being kept empty, the woman is placed with the pelvis inverted, for which purpose she ought to take her position on the knees and elbows. The more time she passes in this posture the better; it may be necessary to use it for hours together. She is not to give way merely on account of the fatigue, but, to continue it as long as the replacement may require. Now the bladder being emptied, sometimes the womb becomes replaced in various time; a minute may be required, or hours; but I think I may venture to add, that it pretty certainly returns at last. To this method of treating the disease I am exceedingly partial, because it requires nothing more than the introduction of the catheter, and the abstraction of the urine—no introduction of the hand into the vagina—no entrance of the fingers into the rectum—no force—no contusion—no laceration.

But it sometimes happens, and I will put this case for our consideration, that in neither of these modes can replacement be obtained; you have tried them both—you have emptied the bladder—you have pressed with the fingers—you have placed the pelvis in the inverted position, yet day after day the inversion continues. Where this is the case, I would recommend you to allow the urine to accumulate afresh, to the amount of two or three pints, afterwards abstracting it by the catheter, and then placing the patient on her knees and elbows, in order that you may have the full effect of gravity to help you, endeavour again to replace the uterus by means of manual operation. Now there are three ways in which we may endeavour, in these cases, manually to replace the uterus; in the first place, we may content ourselves with merely placing in the vagina the fingers of the right hand, more or fewer of them pressing the womb, endeavouring, at the

same time, to urge the fundus above the brim; in the next place, placing the fingers in the vagina, and the thumb within the rectum, so as to get a double bearing on the uterus, we may attempt, by this double action, to carry the uterus above the brim; or, lastly, if Dr. Hunter is to be our guide, one of the fingers of the left hand may be passed into the rectum, so as to get a bearing on the fundus uteri, which lies on the front of this bowel; and one or two fingers of the right hand may be rested upon the os uteri, and the bearings being obtained, the os uteri may be drawn downward when the fundus is elevated, and, in this manner, we may endeavour to urge the fundus above the promontory of the sacrum. This last mode, recommended by Hunter, appears plausible enough, when tried on machinery, and such preparations as are now on the table; but I am persuaded that, in most instances, it would be found to be very inapplicable in practice; in the first place, it requires the use of both hands, and the one must embarrass the other; then, too, it requires you to get hold of the os uteri, and bear downwards if you can; but what if you cannot? You may have a difficulty in reaching the os uteri; it may, too, become slippery from mucus; after your utmost endeavours, you may be unable to retain your hold. In future practice, after due experience, you must choose for yourselves among those three methods of performing the manual reduction; for myself, however, I decidedly prefer the second method of operating, by placing the fingers in the vagina, and the thumb within the rectum.

When, in one or other of these ways, you have accomplished a reduction of the uterus, direct your patient still to continue in bed for two or three weeks. If there is any disposition to a return of the retroversion, you should advise her to place herself upon the knees and elbows, once or twice in the day, for an hour or more at a time; and you may direct her also to empty the bladder repeatedly in the course of the twenty-four hours, never suffering any large accumulation to take place. Under this practice, the uterus may be expected to remain ultimately in its situation above the brim; because, in the course of a fortnight or three weeks, in the case of pregnancy, the uterus grows and enlarges so rapidly, that it becomes too bulky to admit of displacement. Add to this caution, that after the bladder has been evacuated, and the womb has been replaced, you should always be on the watch for inflammation of the bladder or of the abdomen, for such inflammation may not unreasonably be expected to occur.

At our next Meeting, Gentlemen, I will resume.

FOREIGN DEPARTMENT.

PERFORATION OF THE ŒSOPHAGUS.

C. D., a young man about twenty-four years of age, swallowed, inadvertently, a small fragment of bone, which caused violent pain in the pharynx, and seemed to be arrested at the upper part of the œsophagus; several attempts were immediately made to extract it, and these having failed, he tried whether it could not be pushed down into the stomach; he accordingly swallowed a large piece of bread, and it appeared that deglutition, although very painful, was perfectly free. The pain continued unabated at the same place, (on the left side of the upper part of the œsophagus;) and, on the following morning, it had increased so much, as to render swallowing almost impossible; the patient now took an emetic, the operation of which, however, produced no effect on the arrested bone. On the third day after the accident, he was seen by Dr. Gilbert: the pain was very violent; deglutition then impossible; and when the patient endeavoured to drink, he was tormented by an intolerable burning sensation at the places in which the bone had seemed to be arrested; nothing could be seen in the throat, or externally; but the parts were so tender as scarcely to admit of any touch; there was much fever, with a full hard pulse, headach, &c. From the patient having been able to swallow after the ingestion of the bone, it was inferred that it had descended into the stomach, after having caused a violent irritation of the œsophagus. He was freely bled from the arm, and by leeches; an emollient poultice was applied to the chest, and sinapisms to the lower extremities; he was then put into the warm bath, and a mucilaginous injection was administered. This energetic treatment had but little effect; the fever, and the severe pain in the œsophagus, continued unabated, and deglutition remained impossible; on the fifth day, however, some purulent matter having been brought up from the pharynx, he was able to swallow some fluid, although with the greatest pain; from this time he felt often sick, and vomited blood mixed with pus; on the afternoon of the seventh day, the pain in the œsophagus suddenly disappeared, and he was able to drink a great quantity of water; there was also, on pressure, but very slight pain; he said he felt quite well, although apparently much exhausted; the nights were restless; the fever had somewhat subsided, but he was often taken with shivering; the head was free, and there was no delirium. In the night of the 9th day, he was much agitated,

so that he could not remain in bed; he got up, and walked across the room; drank a large quantity of water, and swallowed very easily; in the morning and afternoon, he had several violent fits of shivering and trembling; at the same time respiration became difficult, he began to lose his senses, and did not recognise the persons around him. The local affection of the œsophagus seemed to have entirely subsided. He was ordered stimulants, and twelve leeches to the anus. In the ensuing night, he was very restless, and had frequent attacks of shivering; respiration was very short and laborious; the pulse very frequent and small, &c.; and he died on the morning of the 13th day. On examination, the pharynx and œsophagus at first appeared healthy, but, on a closer inspection, it was found that near the lower horn of the thyroid cartilage, there existed a small depression of the mucous membrane; and that between the muscles of the neck, and the left portion of the thyroid cartilage, the cellular tissue was gangrenous, and, to the extent of two inches in diameter, infiltrated with a black liquid matter, in the middle of which was found the fragment of bone, which had been the cause of death. It was two inches and a half in length, pointed, and of the thickness of a large pin. The stomach was, both the large and small curvatures, of a dark-red colour; the other organs were healthy.—*Nouv. Bibl. Medic.*

REMARKABLE CASE OF COMPLETE ABSTINENCE.

ANNA GAREÑO, of Raconis, in Piemont, died on the 19th of May, 1828, after having been for two years, eight months, and eleven days, without any solid or liquid nourishment. Sixteen hours after death, she was examined by MM. Rolando and Gallo, of Turin. The serous and synovial membranes were dry, and resembled parchment; the diameter of the principal veins and arteries was much less than usual, but the most remarkable morbid alteration was that of the digestive organs; the transverse colon had descended to the hypogastric region, its two extremities remaining fixed in their natural situation; the stomach had descended in a similar manner; and being much contracted, had the appearance of part of the larger intestine. The duodenum was in a natural condition, but the other small intestines were considerably contracted; the lower part of the cæcum, and the middle portion of the transverse colon, contained small hardened scybala: at the lower part of the colon descendens, the membranes of the intestinal canal were thickened and callous, so as to hinder the further progress of the excrement; and in

the sigmoid flexure, it was completely obliterated. The mucous membrane of the stomach was softened and friable; that of the intestinal canal had undergone the same alteration, and was of a brown colour, such as is observed in incipient gangrene; the valvulæ conniventes were hardened, and the whole tract of the small intestines was empty. The mucous membrane of the rectum was of a violet colour, thickened, beset with hard scirrhous excrescences, and covered with very fetid pus. The mesenteric glands were in a natural condition; the epiploon and mesentery exhibited no traces of fat, and were nearly in the same state as the pleura and peritoneum.—*Annali di Omodei.*

EXPULSION OF A SURGEON.

EXPULSION OF MR. THOMAS CARTER, STUDENT OF MEDICINE, FROM THE GLASGOW ROYAL INFIRMARY.

To the Editor of The Glasgow Chronicle.

SIR,—As it is but right that the operations of every public body should be brought before the eye of those by whom such body is appointed, and on the justice and uprightness of which body, in the discharge of its duty, the well-being and respectability of an important and valuable institution depend, I cannot refrain from requesting permission to lay before the public of Glasgow, (through the medium of your paper,) some few facts relating to the conduct of your infirmary surgeons, and of the Directors of that institution. During the last summer, I was induced to send a brief account of the facts connected with a case for insertion in a medical journal, called THE LANCET. The facts which I had communicated were published, and, in the course of two or three days, reached Glasgow. No sooner had the journal, containing my account of the circumstance above-mentioned, appeared, than Dr. John Couper and Mr. Cowan (for reasons to be presently mentioned) had a meeting of medical Directors of the Infirmary called, for the purpose of getting me expelled from the institution. Of course, when met, the point at issue was immediately brought forward and discussed; but, notwithstanding all the zeal, and labour, and determination, which my two friends, John Couper and Robert Cowan, displayed in the affair, the medical Directors were at last obliged to confess that they could neither expel me, nor punish me in any way, as I had only stated those things which were actually true. Thus was the truth of my statement of the case openly acknowledged.

For why, let me ask, did they thus exert themselves to get me removed? Just, simply and solely, because they were expecting to come on, almost immediately, as surgeons for the present winter.

Being, of course, equally happy to see the truth of what I had advanced thus acknowledged, and amused, to find how completely my two friends had been disappointed in their pious hopes and endeavours to effect my expulsion, I did not wait long before sending a second letter to the Editor of *THE LANCET*, acquainting him with the confirmation which my statements had received, and with the unjust, though unsuccessful, attempt which had been made to get me expelled the Infirmary. In a short time after, this second letter also appeared, and, as I was informed, gave very considerable offence to our two Infirmary surgeons, John Couper and Robert Cowan, who had then entered on their winter campaign.

In the course of days, (my memory will not allow me to speak decidedly as to the particular one,) the nurse, whose case I had reported, died; and, as I had been accused of falsehood in both my letters relating to the case, I thought the death of the nurse afforded an excellent opportunity for clearing up the matter; and learning, moreover, on the following day, that the body of the nurse had been privately inspected, I addressed a letter to the surgeons of the Infirmary, requesting that the result of the inspection should be made known as early as possible to "the gentlemen then attending the Infirmary, that they might have an opportunity of forming a correct opinion as to the truth or falsehood of what I had advanced." This request was, however, altogether unheeded; and it can scarcely be wondered that (as I was still lying under the disgraceful charge of falsehood) their silence very soon elicited from me a second, and certainly not so mild a letter as my former one; for while, in my first, I only ventured to make a request, I did not hesitate, in my second, to assure them that, if it also was unattended to, I should speedily take an opportunity of laying the whole of their conduct before the medical world, that it might have an opportunity of judging if there were not good reasons for my having spoken as I did of the surgeon under whose care the case was first placed; and also, if there did not exist a very considerable need for change in the conduct, even of our present surgeons. This seems to have been more than they could bear; for, through their instrumentality, a meeting of the Directors of the Infirmary was called, and I was invited to attend, in order that I might be allowed an opportunity of saying any thing I wished in my defence; but what I was to defend, I knew not; nor was I ever in-

formed, although I addressed a polite card to the Directors, (which card was sent into them by one of the waiters at the *Tontine Hotel*,) requesting "that, if there were any charges to be preferred against me, I might be allowed an account of them immediately, to allow me time for preparing my defence." This request of mine to the managers was also unheeded; and, after having met with them at the appointed place and hour, in order to say something in defence of any charge which they might think it proper to bring against me, I was ordered to leave the room, without being informed either of what I had done to offend, or, in short, if I had done any thing at all, and without being allowed a chance of saying a single word in defence of any thing I might have done. Now is this, let me ask, justice? Is this way of proceeding either great, or gentlemanly, or generous, or good? Shall this be told of men who would wish their names to stand fair in the remembrance of mankind? Is it, I would inquire, fair, that while the vilest murderer who ever breathed, shall be quietly and patiently heard, of any thing he may wish to say in justification of his foul deeds, I shall be thus deprived (as I have most shamefully and disgracefully been) of those rights and privileges which even the most degraded and execrable among villains is allowed, unmolested, to enjoy? And will it, I ask, be believed that this very usage of which I complain, was permitted in an assembly where the Lord Provost of Glasgow presided?

On the day following this meeting, (i. e. on Friday last,) I received from Mr. Christie, the Infirmary surgeon, a notice, that "the Directors had unanimously ordered me to be immediately excluded from attending the Infirmary;" and was also informed by the porter, on going up at the usual visiting hour, that he had received orders, both from Mr. Christie and from the attending surgeons, to refuse me admittance, in the event of my coming up.

Disposed to give Mr. Christie and his employers, the Directors, credit for as much truth and justice as possible, I had really persuaded myself, (as informed by Mr. Christie,) that I was expelled the Infirmary, purely on account of my having written the letters above alluded to, until Saturday, when I was assured of my mistake; and told that it was not on account of my having written the aforesaid letters, but because I had not thought fit to pay to my Lord Provost, Convener M Lean, and fellow-directors, just so much homage as they had hoped I would. Even admitting, however, that my expulsion from the Infirmary was determined, on account of the letters which I have written, my expulsion is at once ungenerous, illegal, and unjust, and such I

publicly and unhesitatingly declare it to be. And I challenge the Directors to show a single law, by which they are authorised to act as they have done. Secret laws, it is, to be sure, true, they might have, and secret laws they might indeed frame, for the effecting of every purpose, which it is either their interest or their desire to accomplish. But I can only say, that to no law do I consider myself amenable, unless I be allowed an opportunity of becoming acquainted with the law. If, then, there exist laws on which the students are liable to infringe, I ask the public if a copy of these laws be not a right to which every student has a just and lawful claim, and if it do not betray a proof of the grossest and most insufferable neglect, on the part of the Directors, that they shall suffer us to remain (as they now do, and as they have hitherto done) altogether unacquainted with those very laws by which we are to regulate our conduct, and to which we are accountable for all our actions?

Not satisfied, however, with simply excluding me the privilege of attending the Infirmary, when I have in my possession a "ticket of admission," which entitles me to attend till May 1, 1829;—"not satisfied," I say, are they with thus openly and unjustly trampling on any rights, but they must also deprive me of my just and lawful property, by withholding from me that pledge, which they received, alone on the condition that I should be allowed to attend the practice of the Infirmary "till the 1st of May, in the coming year," for which attendance they gave me permission, and for the receipt of which pledge they thereby made acknowledgement.

It had been my intention to lay my several letters, for which, it is pretended, I am expelled the Infirmary, together with my justification of every thing contained therein, before the public of Glasgow, through the medium of your independent paper; but perceiving that it would encroach far beyond what it is possible to allow, I have altered my mind, and intend, in the course of a few days, to print a copy of the letters above alluded to, and, at the same time, to put in my justification, together with an account of the whole affair.

I remain, Sir,
Your obedient servant,

THOMAS CARTER.

21, College Street, Glasgow,
Dec. 15, 1828.

GLASGOW INFIRMARY.

MR. THOMAS CARTER.

To the Editor of THE LANCET.

SIR,—The original of the following paper was this day delivered to Mr. Christie, Secretary to the Glasgow Royal Infirmary, accompanied with a request, that it might be laid before the Directors at their first meeting. The signatures attached to it are comparatively few, considering the number of students at present attending the hospital; but this neither you nor your readers must for one moment suppose, arises from an approval of the proceedings of the Directors. Many were actually afraid to sign it, dreading the fate of Mr. Carter himself, should they do so, while others were prevented by private considerations from the public expression of their sense of the Directors' injustice towards their fellow-student. What adds to the value of the document is, the names of more than one gentleman being subscribed, who, you will observe, state themselves to have been actually hostile to the system of hospital reporting, and public animadversion on the conduct of *public men*, in a *public charity*.

I am, Sir, your obedient servant,

AMICUS JUSTITIE.

Thursday, Dec. 23th, 1828.

"We, the undersigned students of medicine, who either have been, or are at present, attending the Glasgow Royal Infirmary, beg most respectfully to express our disapprobation of the late proceedings towards Mr. Thomas Carter.

Alex. Napier
J. W. Macnee
S. B. Smith
John Pearson
John Paddock
W. Nimmo
Andw. Allison
Joseph Lamond
Archibald King
Robert Gordon
Samuel London
John Taylor
Robert Wallace
George Buchanan

James Adshead
John H. Crawford
William Murray
John King
Hugh Cameron
J. Knowles
John Robinson
Robert Leiper
John Borland
Barry Colter
Daniel Mann
William Wilson
John Thomson

J. P., (this gentleman does not wish his name published)

James Miller; although particularly objecting to the private letters sent to Messrs. Couper and Cowan, Surgeons of Glasgow Infirmary.

A. Donaldson; at the same time much against the letters to Messrs. Couper and Cowan."

"I have ever expressed disapprobation of Mr. Carter's conduct, in regard to certain papers that appeared in *THE LANCET*, and if what is said be true, as to other letters written by him to the surgeons in office, I more decidedly disapprove; but it appears to me, that the proceedings against him, and the result of them, are iliberal and harsh, I had almost said unjust.

"I know not the laws of the hospital on the point, nor do I believe them generally known, but in these times we are accustomed so much to fair, open, and legal proceedings, that any thing like what the proceedings in question are reported to have been, bears so much the character of what might have taken place in less enlightened times, and conveys something so tyrannical, that every liberal-minded individual cannot but disapprove.

D. R. RANKINE.
 "I agree with Mr. Rankine, } GRAHAM TODD.
 WALTER DOUGLAS.
 DUNCAN M'PHEE.
 WILLIAM CRAIG."

CASES OF INTERMITTENT FEVER, IN WHICH
BLEEDING WAS EMPLOYED IN THE COLD
STAGE.

By JOHN MACKINTOSH, M.D., *Lecturer on the Practice of Physic, &c., in Edinburgh.*

(Continued from page 442.)

*The following Cases and Dissections are extracted from the Work of M. Bailly.**

CASE 1.—Pernicious intermittent fever, attended with coma and convulsions. Stay in the hospital from 2d July, 1822, to the 4th in the evening. Autopsy; arachnitis, cephalitis, gastro-enteritis.

Benoit Simouelli, *ætat.* 30 years, of a strong constitution, affected for some time with a tertian fever. He came to the hospital on the 2d July, 1822.

3. Had a slight febrile access, afterwards took ʒij. of bark.

4. Towards mid-day he walked in the ward, felt very well, and laughed with the other patients. All of a sudden he was seized with violent shivering, to which succeeded a very high fever, during which he had alternate flexion and extension of the fore-arms, and profound coma. He died in six hours after the commencement of the attack.

Dissection the following day, at 2 o'clock, P.M.—Vivid injection of the whole of the

arachnoid; colour of the cineritious matter of the brain much deeper than natural, approaching a dark reddish grey; a little water in the ventricles; no false membrane on the arachnoid; great inflammation of the stomach, especially towards its great curvature, which was every where of a deep, generally-diffused red. Many worms in the small intestines, which presented also inflamed portions, especially where the ascarides had collected.

CASE 3.—Stay in the hospital from the 2d August to the 5th, in the evening. Autopsy; arachnitis, slight gastro-enteritis.

Pierre Donati, *ætat.* 28, of a good constitution, was brought to the Hospital of Saint Esprit on the 2d August, 1822.

Towards an hour and a half after mid-day, he was seized with an accession of fever, which commenced by excessive coldness, followed by intense heat, and stupor. He lay upon his back, with his eyes half open; he awoke when any one spoke to him, and fell again into the same state of coma; his pulse was frequent and strong; the skin burning. In the night, copious sweating appeared, the intellectual faculties returned, and, in the morning, he was in a state to answer concerning his health. Took several ounces of bark.

3. The fever returned half an hour after mid-day; commenced with a very violent coldness, followed by heat, and stupor; but, nevertheless, he always awoke when any one called him, and he opened his eyes. The forearms were bent upon the arms, and could not be extended; the teeth were clenched, which prevented the state of the tongue from being seen. Sensibility of the skin diminished; he lies upon his back; there is no pain upon pressing the belly. At half past two o'clock, general perspiration, but not so abundant as the first. In the evening, return of sentiment and intelligence; cessation of contraction of the arms; but the ideas are less clear. Other doses of bark.

4. The morning of the third day after his arrival, at half past seven o'clock, the pulse frequent; stupidity; together with a drunken appearance. At eleven o'clock a return of the cold, which was less intense, and of shorter duration; fever more violent; stupor more profound, coma, return of rigidity of the limbs; subsultus tendinum; he always lies upon his back; pulse full and strong. At half past three o'clock sweat appeared, but less copious. After the sweat, he could not give an answer, and he was unconscious of his own state; cessation of the contractions.

5. At nine o'clock in the morning, a new accession of fever, the cold stage shorter, the hot more violent; contractions of fore-

* These cases have been translated as literally as possible.

arms ; coma, difficult respiration, râle. Died at 10 o'clock in the evening.

Dissection 12 hours after death.—Lively inflammation of the whole of the arachnoid ; serosity between the circuvolutions ; engorgement of the vessels running on them ; injection of the vessels of the lyra. The brain being raised, there escaped half a pound of blood. Some points, of a red colour, in the stomach and intestines ; liver gorged with blood ; spleen voluminous, and easily torn ; no morbid appearance in the chest.

CASE 4.—Pernicious intermittent fever, with coma and jaundice. Stay at the hospital from the 24th August to the 25th. Autopsy ; cephalitis, gastro-enteritis, splenitis.

François Lauretti, shoemaker, *ætat.* 60, of a lean constitution, fell sick on the 17th August, 1822. He had the fever every day, beginning with shivering, and terminating in the night by sweating. At the same time he was constipated, and had a pain in the epigastrium. Was brought to the Hospital of Saint Esprit on the 24th August. In the evening, the surface of his whole body was of a deep yellow citron colour ; said this colour appeared during the last paroxysm ; extremities cold, while he had a feeling of internal heat ; tongue red and dry ; pulse 108, like a thread. He had still so much recollection, that he smiled on seeing us approach him, for we had already spoken to him when he was brought to the hospital, and before he was yet put to bed. He complained of nothing, appeared quite tranquil, and replied perfectly to all that we asked him.

25. In the morning, coma ; immobility ; lies upon the back ; insensibility of the extremities, when they are pinched ; but when pressure is applied to the region of the stomach, he shows signs of suffering. Yellowness continues. Pulse insensible at the forearm, but in the leg it is 122. He took several spoonfuls of bark during this access, which he vomited ; and died this same morning at ten o'clock.

Dissection.—The body was of a lemon yellow colour. On opening the head, the *dura mater* was tinged as yellow as the skin ; by repeated washing, this tint could in part be removed ; but on holding it to the light, the diminution of colour was scarcely perceptible ; injection of the arachnoid ; cortical substance of a deep colour ; yellowish serosity between the convolutions. On slicing the brain, a number of red points were seen : a little water in the ventricles ; the cerebellum natural ; the lungs healthy ; the cavities of the heart appeared to us larger than usual ; in the right ventricle was a clot entirely formed of albumen, as yellow in

colour as that of the skin and *dura mater*. The belly, before being opened, was concave, and resting on the vertebral column ; the stomach contracted on itself ; it was every where of the colour of lees of wine. Although it was well washed, there adhered to its surface a thick mucus, similar to the tenacious expectoration of patients labouring under pulmonary catarrh. The smaller curvature, and a portion of the greater, presented that kind of eruption described at No. 30. When examined with a lens, it offered nothing more remarkable than to the naked eye, only instead of appearing to consist of small perfectly round elevations, and entirely separated from each other, they communicated by their bases. The redness of the stomach was less lively towards the *pylorus*, but it began again immediately at the duodenum, where it was very intense, and continued without interruption in the small and large intestines. The gall bladder was green externally, and filled with a black and thick bile ; on pressing it strongly, only a few drops could be made to pass into the duodenum ; the orifice of the *ductus choledochus* could not be distinguished in the midst of the red, bloody, and swollen folds of the mucous membrane of the *duodenum*, but by this means. The *ductus choledochus* being opened, presented nothing remarkable, except that its mouth was drawn into the *duodenum*, in consequence of the swelling of the inflamed tissue of the latter. The liver was of ordinary consistence ; its colour was of the yellow of powdered bark : this is the only time I ever saw it in this state. The spleen was of the usual size, and quite diffuent.

CASE 5.—Pernicious intermittent fever, with coma and convulsive movements. Stay in the hospital from 6th July in the morning till the 7th in the evening. Autopsy ; arachnitis, gastritis, voluminous and diffuent spleen.

Jean Olivier, *ætat.* 40, of a good constitution, was brought to the hospital on the 6th July. He was then without fever. In the evening the fever came on, preceded by shiverings, and followed by violent heat. The pulse was strong, 120 ; coma. He lies upon the back. Right arm immoveable ; the left arm bent and carried towards the head ; sensibility every where. When an attempt is made to open the left eye, he appears to experience pain, and contracts the eyelids. Belly painful.

7th, in the morning.—Coma ; lies upon the back ; pulse strong, 108. In the evening : coma ; a clammy, fetid sweat ; insensibility ; immobility of the extremities ; tongue dry. Died at seven o'clock.

Dissection.—Injection and thickening of the arachnoid ; engorgement of the vessels

which run on the convolutions, which are separated by watery exudations; the left *lyra* greatly injected; watery effusion at the base of the brain; phlegmonous eminences in the stomach, which were of a grey slate colour; invagination of the small intestines; spleen voluminous and pulpy.

CASE 6.—Stay in the hospital from 3d July in the morning till that evening. Autopsy; arachnitis, gastro-enteritis.

Vincent Orsini, *etat.* 60, came to the hospital the 3d July, 1822, in the following state:—Coma; pulse insensible; extremities cold; demi-flexion of the two thoracic extremities; when one wishes to extend them, a resistance is felt on the part of the flexor muscles. Left eye half shut, right eye open, pupils dilated, immoveable; tongue dry, lying in the very bottom of the mouth. He manifests pain when pressure is applied to the belly. He died the same evening.

Dissection of Case 6.—At the examination, vivid inflammation of the *arachnoid*, with great injection of its vessels. There escaped some serum, which was situated between the *dura mater* and *arachnoid*. A fibrous tumour, of the size of a large nut, adhered to the *dura mater*, under the posterior angle of the parietals, and compressed the brain; although the injection of the *arachnoid* was very lively on both sides, it was, however, greatest on the left. Hydatid in the *choroid plexus*, the size of a small pea. The water that was between the *arachnoid* and *dura mater* was more abundant on the left side than on the right; brain pretty soft. General inflammation of the stomach; the S. of the *colon* was of a brownish red.

CASE 7.—Stay in the hospital from the 19th June to the 20th, in the evening. Autopsy; *pephalitis*, putrilaginous softening of the liver, enteritis.

Donato Fanti, a collier, *etat.* 50, was brought to the Hospital of Saint Esprit, in a comatose state, which continued even till death. The pulse was strong, beating 80 times in a minute; when the extremities were pinched the patient manifested pain; the skin was hot and moist; when they opened his eyes, he did not direct them to any object. It was impossible to see his tongue, because his jaws could not be separated sufficiently to see it. He only complained of pain when he was pressed in the region of the liver, and he did not appear to suffer any thing when pressed on any other part of the belly.

Dissection.—On opening the cranium several ounces of blood escaped; the *arachnoid* was strongly adherent to the *dura mater* by granulations, resulting from old inflammation; the vessels of the brain were much engorged; on slicing it, drops of blood es-

caped from the divided vessels, which re-appeared even after wiping. The liver was blackish; it appeared composed only of black blood, slightly coagulated, and of cellular bands, which alone offered some resistance to the finger: where this weak resistance was overcome, the liver was but of the consistence of thin jelly, for the blood appeared effused in its tissue, which resembled a pulpy mass. The intestines were inflamed in several points, and each inflamed portion corresponded to some knots of worms, which were still alive. The lungs, the spleen, and the stomach, were healthy.

CASE 9.—Autopsy; hepatitis, pneumonitis, peritonitis.

Joseph Totti, horse-doctor, of a sanguine bilious temperament, strong constitution, was accustomed to go down every year to marshy situations, to direct the workmen in seedtime, or at the harvest, which occasioned obstructions in the spleen and liver. In 1811, in the time of harvest, being then aged forty, and working with great activity, he was affected with an intermittent fever, and which continued without using any remedies till the third paroxysm. At last he returned home; the fatigue of the journey procured for him a very short sleep. I saw him when he was affected with his fifth paroxysm. He was in the following state: agitation; impossibility of finding a position which procured him rest; pain under the right false ribs, mounting to the top of the shoulder, and extending to the left hypochondrium; pains in the articulations; head heavy; tongue covered with a white crust, bitter taste in the mouth, vomiting; thirst; face livid; pulse irregular, neither soft nor hard; great difficulty in respiring; urine red and clouded. He got an injection to loosen the belly. He had little repose during the night, for the fever returned, preceded by a general coldness over all the extremities, and the pain in his side was aggravated.

6th day. A frequent cough, without expectoration. The emulsions had eased the thirst; had no appetite. The bitter taste in the mouth had disappeared. A pound of blood was drawn from the arm; the coagulum was almost soft; the serum was livid. At the return of the fever the cold only attacked the extremity of the feet.

7th day. The pain worse and worse; the difficulty of respiring still greater; frequent eructations; urine always the same. As the tongue was white, and as he had no stools after the lavement, he took \mathfrak{ss} . of *munna*, which produced a bilious stool. In the night he had no sleep; delirium.

8th day. The patient felt the least return of the fever; the pain of the right side became fixed in the hypochondriac region,

and augmented in violence; the fomentations were found of no use in diminishing these pains, which every evening, however, presented a well-marked spontaneous remission; the brick-like sediment in the urine was more abundant. The patient having drank some soup, vomited a porraceous matter.

9th day. Pulse soft, weak; prostration; meteorism; belly always constipated. The nourishment did not oppose the sinking of the strength; he took for drink a solution of nitre. He could not support the touch of the hand upon the right side of the belly. In the evening he became delirious. No sleep during the night; he raised himself frequently to make urine.

10th day. Severe pain in both hypochondriac regions, so much so, that he could neither lie upon his back nor upon either side; he sat up in the bed; the agitation produced sweating; he had no repose, but when he supported himself upon his elbows and knees, the back being turned upwards; but soon the cough destroyed this rest; passed a very painful night.

11th day. Same state; urine clear and ready to putrify; lavements repeated; a blister applied to the right hypochondrium produced no relief. He could not even support the weight of the bed-clothes. Delirium in the night; after a short and agitated sleep he became worse.

12th day. Vague shiverings; pains in the extremities; pulse small; anxiety; diarrhoea; face downcast; a watchful night.

13th day. Respiration slight, interrupted by sighs; very disagreeable night.

14th day, in the morning. He could not rest himself in any position, and as he was raising himself to speak to his confessor, he expired.

Dissection.—The body offered nothing remarkable but a tension of the belly. In the abdomen, there was a sanious effusion, mixed with a little blood. The liver was putrid and tuberculous; this affection commenced towards the convex part, extending itself on all sides, and descending towards the concave part; nevertheless, the greatest destruction was on the convexity; the rest was engorged and inflamed; its volume was natural. The gall bladder contained a little thin, clear bile, not viscid. The inferior face of the diaphragm was erysipelatous; the stomach and small intestines were full of water; the spleen double the ordinary size, and of a black colour; the exterior surface of the right lung was covered with a white crust, the inferior part adhered to the *pleura costalis*.

CASE 10. Stay in the hospital from the 8th of July to the 10th. Autopsy; arachnitis, enteritis, splenitis.

Dominique de Marco, æt. 30, of a good

constitution, was affected with a simple tertian fever since the 24th June, 1822. On the evening of the 7th July, he was seized, according to the report of his parents, with an accession of the pernicious, comatose intermittent. He arrived at the hospital on the morning of the 8th July, and he was in the following state: coma; decubitus on the back; face red; fore arms bent and contracted; pulse 112; convulsive trembling of the fingers; legs stretched and immoveable; sensibility every where. They made him swallow three ounces of bark in six hours.

At 2 o'clock. Pulse 100; sinapisms to the feet.

9th, in the morning. He is in a sweat; remission of the fever; pulse 88; a watchful coma; he hears but does not answer, although he looks; two hours later, pulse 92, very full; several ounces of bark.

Evening. Pulse full, strong, 96; profound coma; resisting stiffness of the right arm; he cannot show his tongue; skin hot, and always moist with sweat. To make him swallow the bark, it was necessary to pinch his nose, and hold his mouth open with a key; afterwards water was poured in, which he kept in his mouth, and finished by rejecting it. He has taken seven ounces of bark through the course of the day.

10th, in the morning. Pulse 140, strong and full; coma; flaccidity; general immobility; mouth open; blood was taken from the jugular; respiration stertorous. Died towards mid-day.

Dissection.—Injection of all the vessels of the *arachnoid*, even to the very smallest ramifications, and on both sides; but on the right side, and upon the anterior lobe, it was of an intense red, without any distinction of vessels; when it was torn away from the convolutions, the *pia mater* was also removed: it adhered so intimately to the *arachnoid*, as to resemble one membrane, red, very thick, and in the tissue of which blood was effused, which appeared immediately to coagulate: little water in the ventricles; the brain of the ordinary consistence: when it was cut, there appeared a great number of red points, which immediately became the seat of large drops of blood; the *arachnoid* of the *cerebellum* was also highly injected; the consistence of that organ was natural. Stomach grey, externally, contracted, slightly inflamed; small intestines presented two invaginations; a portion of this intestine white, transparent, distended with gas; the rest grey and contracted: in three places all the circumference of the tube is red, both within and without, occupying the space of three inches in length; all the large intestine is white, &c. &c. Liver gorged with blood; spleen weighed between two and three

pounds, and reduced into a grey, pulpy state.

CASE 11.—Stay in the hospital from 6th July to 7th in the evening. Autopsy; arachnitis, gastro-enteritis, splenitis.

Paul Tossini, æt. 30, of a good constitution, was taken on the morning of the 29th June with a fever, which commenced with heat, and which returned every day until the 6th July, when he arrived at the hospital. He had had thirst, bloody stools, tenesmus, enlarged spleen; and he had taken cooling drinks and a purgative. He is now in the following state: his appearance is stupid; somnolence rather than coma; general pain of head. The patient only appears to be drowsy, for he is easily awake, and he understands sufficiently well what is said to him; decubitus on the back, the knees are drawn up, but he cannot extend the thighs, without experiencing pain; during his slumbers the right eye is partly open, the left shut; it is impossible to depress the lower jaw, without producing suffering, when the commissure of the lips is drawn a little more to the right than left; the tongue is dry, red, covered with a black crust, which extends from the point towards the middle, the breadth of which is not more than half an inch; the tongue is drawn a little to the right; at intervals, slight convulsive movements of the hands; pain of belly upon pressure; skin hot, dry; pulse 120. When the right arm is extended, the flexor muscles contract, and the patient seems to suffer much pain; but when once extended it continues so.

In the night, bloody dejections, extremely fœtid; declination of the paroxysm, which returned on the 7th in the morning; at seven o'clock the patient complained of cold. I did not see him till six o'clock in the evening, when the paroxysm was beginning to decline: the skin was hot and moist; the lips were encrusted; the pulse was not to be felt; respiration hurried; the two forearms bent, when it was wished to extend them, above all the right violent pain was produced; preservation of sensibility every where; sometimes the right eye a little open, the left being shut. He had several convulsive movements this morning, and towards mid-day. He took kina before the accession, at the moment when he already felt the cold. Increase of coma; died at half past seven o'clock in the evening.

Dissection.—General injection of the arachnoid, particularly that part which covers the cerebellum, and the lateral part of the commencement of the spinal marrow. The injection of the right side was a little more intense than that of the left, although it was otherwise as vivid as it is possible to imagine

for it was not a simple injection, which merely shows the smallest vessels. The arachnoid was of a deep red, as if all its tissue were penetrated with blood. The brain presented nothing remarkable. The intestines were injected in the same manner, from the œsophagus even to the anus; their whole thickness appeared to be impregnated with blood; they were not either thicker than natural, nor contracted; on the contrary, they were distended with flatus. Spleen weighed from eight to ten pounds; when it was put upon the table, it became flat like a bladder half filled with water; its tissue was reduced to a pulp.

TO JAMES JOHNSTONE, M.D.

“Precept” and “Example.”

DEAR JOHNSTONE,—The retirement of Dr Copland from public life, to whom you may recollect we were in the habit of addressing occasional remarks on passing events, affords us the melancholy pleasure of finding in you a fit epistolary substitute for our departed friend. As editors, like other men, are mortal, it is with sincere satisfaction we have seen the “mantle of the prophet” descend on you, in whom we therefore hail a worthy representative of the talents and attainments of that illustrious individual. We should here willingly expatiate on the virtues and premature fate of our lamented correspondent, but that, in obedience to the inspired mandate, which says, “let the dead bury the dead,” we are called from the concerns of death to the more important affairs of life. Though not personally interested in the present address, its title may possibly intimate to you the nature of its contents, without a prefatory explanation. Assisted by your knowledge of the singular occurrences of the medical world for some time back, you can scarcely fail to anticipate our intention of examining some contemporary publication, in which the concordance of “precept” and “example” has been most happily manifested for the last twelve months. That periodical, your critical sagacity must all at once convince you, can be no other than the “Subscription Humbug,” or ghost of the Medical and Physical Journal, conducted by your esteemed friend and ally, Dr. Roderick Macleod. The postponement of this comparison of practice and profession, you will immediately perceive, on reflection, presents many advantages to compensate for deficiency of novelty, and the inconvenience of procrastination. The effervescence of feeling which usually ac-

companies disputes of a personal kind, has now partly subsided, leaving the ingredients of excitement at the bottom, in a state fit for the objects of analysis. From the quality of the materials left in the cauldron, we may now estimate the character of the magician by whom this storm of the passions has been conjured into existence. Deprived by time of the veil of darkness, in which his spells had shrouded him during their operation, he may be followed through the depository of his labours before us, as the serpent may be traced by its slimy impressions in its convoluted progress through mud.

This preface furnishes us with a convenient standard, by which his subsequent conduct may be understood. He there informs us, with all the seeming of sincerity, that the "Charity Excescence" is to be carried on "with the utmost degree of judgment, knowledge, and good feeling!" We shall, for the sake of arrangement, assume these qualities as heads to which our illustrations may be referred, and which we take at random from the first volume. Under the head of "judgment" may, we think, be reduced, his opinions on the important question of medical education. His zeal for promoting that object, may be fairly inferred from the manner in which he treats an expression of public feeling on the subject, in the following passage:—"A few weeks ago, a number of young men, who are studying medicine in London, assembled at a debating society at Guy's Hospital, and made speeches, the burden of which was, that medical education is very deficient in England, and very inferior to what it is on the Continent: this farce was reported in the daily newspapers." The diminished proportions of the picture conveyed to the mind through this narrative, are perfectly preserved in every part. Thus time itself has not escaped curtailment; it was only an insignificant "few days ago;" the students were but "young men," and only a "number" of them present; they were but "studying medicine," and of course could know nothing of how the science should be taught; they assembled at a "debating society," and, like all who frequent such arenas of foolery, only "made speeches;" the import of which, like the *da capo* of a song, was but a "burden;" and, by an easy transition, next turns out to be "a farce," which, by way, we presume, of aggravation, was actually reported in the "daily newspapers!" By a similar process of descriptive inversion, the pyramids might be reduced to a play-toy, and eternity itself to a span. Johnson (not you, dear Doctor,) remarks, that once the idea of big and little men occurred to Swift; the composition of the voyages to Brobdingnag and Lilliput was a matter of little difficulty.

Doctor Roderick probably took the hint from the Dean, and, in his gigantic vision, time, London, Guy's Hospital, medical students, and all, dwindled down into a sort of pigmy creation, like the Lilliputians in the eyes of Gulliver. We have not the least doubt, that if the narrator's person had been in proportion to the microcosm, into which he reduced this meeting, but he would have extinguished its inflammatory proceedings, as Gulliver quenched the conflagration of the royal city of Mildendo.

A passage from another "leading article" supplies us with a specimen of the Doctor's "learning," while it confirms what we have been advancing with regard to his "judgment." "We have," he says, "in a former article, expressed something like an opinion, that if medical education in this country be not the best in the world, it is, perhaps, the best for us." Polyphemus, in one of his fits of unwieldy gallantry towards Galatea, reckoned, among other personal advantages by which he hoped to subdue the heart of the fair nymph, his having but one eye. The logical Cyclops of the "Medical and Physical," does not, indeed, assure the nymph of Lincoln's Inn Fields, to whom he is making love in the preceding passage, that he is absolutely a *monoculus*; but he tells her what amounts to nearly the same thing, that he sees but one side of a question, for which she happens to be interested. The fair impersonation of the corporate systems must be hardhearted indeed to resist the impassioned advances of a Sciator, who, for her sake, can discover so much perfection in the Hospital "Nepotism" of London, the "Dubbing" at Edinburgh, the "Apprenticing" in Dublin, the "Post-office Diplomas" of Aberdeen, and in all the other virtuous and consistent schemes of education over which she presides; while among her rivals on the Continent he finds nothing but defects and deformity. No wonder Cupid has been painted blind, when the venerable swain of the "Subscription Excescence" can convert the imperfections of his mistress into a theme for admiration. A classical vein runs through all the Doctor's editorial amours. He not only makes love with the blind devotion of the ancients, and arrays his favourite with all the charms of a perfect Venus, but would add to her beauty the attributes of a Minerva, by imposing on her the strictest silence, which, among the Greeks and Romans, was so expressive of wisdom. As another specimen of his "judgment," we find him, in one of his leading articles, writing thus:—"We deny that the medical officers of our hospitals can, with any propriety or truth, be considered as subject to public inspection. We deny that the treatment of disease is a thing that falls under

the cognizance of the public judgment; or ought to be brought under their notice." The Doctor is so jealous of the accomplishments of his mistress, that he is indignant at the idea of submitting them to the vulgar gaze of the public through the mirror of the press. He would monopolize all her perfections in silent fruition, and confine the inspection of her operations to the few initiated priests of her temples. The mob of students and practitioners, throughout the British empire, was to derive a knowledge of their profession through her silence; and no voice issuing from the sanctuary was to inform the public whether her rites were duly performed. All her affairs, like the mysteries of the "Bona Dea," were to be conducted in darkness and taciturnity!

We must, however, be content for the present with these examples of "knowledge" and "judgment," for the purpose of being detailed in our selections of the "good feeling," in proportion to the quantity of that article in the volume before us. It is so abundant, indeed, that the only difficulty lies in compressing it within a sufficiently short space; and so conspicuous for its politeness and humanity, that it might be supposed to have been the joint production of a Chesterfield and a Howard. In the very page in which the profession of "good feeling" was made, we find the following delicate and correct statement:—"But a few years ago, a set of literary plunderers broke in on the peace and quiet of the profession. Lecturers, who had spent their lives in collecting knowledge, arranging it for communication, and acquiring the art of oral instruction, saw the produce of their lives snatched from them, and published for the profit of others, with the additional mortification of finding what they had taken so much pains with, disfigured by bad English, and ridiculous or mischievous blunders." It would be a matter of some difficulty to determine, whether the ingenuity or the truth of this passage is most to be admired. By what Mr. Shiel would call a "rhetorical artifice," the imputed offence is magnified to excite the more commiseration for the aggrieved; while the circumstances of the aggrieved are, in their turn, magnified to excite the greater horror at the offence. Thus, without any assigned pretext, the "plunderers" are represented to have committed a regular burglary, and on whom? Why, on the quiet, peaceable, and industrious proprietors of the London lecture rooms, who spent their lives (poor men!) in the acquisition of professional property, and the art of oral instruction! What a hard case! One could almost weep for the severity of their lot! In one point only the picture is defective; it is not usual, we believe, with robbers of

any description, who carry on their trade for the purposes of profit, to deteriorate what they steal by bad English, or any other expedient, to lessen its value. Here the painter's zeal to produce effect outruns his prudence, and his fiction, consequently, becomes inconsistent with itself. It might, however, be supposed, from its plausibility, that there was some foundation, for the statement, in fact; it is now well known, that it is as purely a work of the imagination as any one of the Waverley Novels. It is, therefore, not a little amusing to imagine, with what a smile of contempt these spoliated lecturers must have read this poetical narration of their grievances, always excepting Mr. Abernethy, who, having sworn to the fidelity with which his lectures were reported, must have felt chagrined with his friend, Doctor Macleod, for putting him forward as a perjurer, or a speaker of bad English, in this splendid fiction. But we must proceed, without dwelling too long on each instance of the "good feeling."

In another paragraph of the "leading articles," we find the following complimentary language applied to passages in *THE LANCET*: "The two, taken together, exhibit a manner, and a method in lying, which can only proceed from long experience and constant practice. The paper concludes with a passage worthy of what precedes it, and which shows that the writer has a heart and an imagination filled with the foulest images and the darkest passions." The beautiful illustration of "fine feeling" displayed in these remarks, convinces us that, if the writer had only a text worthy of his natural disposition, he would certainly be the first commentator of the age. Like a good critic, who sometimes points out beauties of which the writer was unconscious, the Doctor is so thoroughly imbued with a horror of impropriety in diction and sentiment, that he is insensibly led to find it where it does not really exist. His tact in the discovery of invisible immorality, is only equalled by the virtuous indignation of his chastisements. That species of punishment inflicted by the production of proof, is entirely too slow in its operation to satisfy his notions of justice: he throws Locke and logic aside, and finds, in Billingsgate, a more expeditious castigation for "soul images," "dark passions," and "a constant practice of lying." Thus, in another passage, we find these remarks fully corroborated. Alluding to a late duel, he says:—"It is one among the daily proofs of the incalculable mischief resulting from that depravity of the medical press, which has set man in hostility to man; a system habitually carried on for the profit of a moral incendiary, (observe, we say *moral*,) who has raised a confagra-

tion which, it is to be feared, will only be quenched in blood." In addition to the other qualities of the Doctor's style, we have it here assuming the prophetic form. Having rushed at once to a conclusion, and embodied it, in the usual way, in a nickname, without the assistance of a single fact, his fancy takes fire, and he furnishes us with an extinguished conflagration, which, by the way, has never since been quenched, either by blood or water. This splendid creation of rhetorical pyrotechny was, no doubt, brought forward for the purpose of reviving the recollection of a libel, for which you, dear Johnstone, had to pay the handsome sum of six or seven hundred pounds. Our friend, Mr. Wakley, would, no doubt, look vastly comical in a caricature, warming his hands before a comfortable blaze of doctors' wigs in the middle of Bedford Square, while you, dear Johnstone, and your coadjutor, Roderick Macleod, might be seen in the distance, endeavouring to extinguish the flames with a Jukes' syringe, inserted into the jugular vein of some wounded duellist. The poor father, in one of Goldsmith's comedies, who discovers a plot of "blood and arson" in a love-letter to one of his daughters, was nothing to this discovery of blood and fire in the pages of *THE LANCET*.

One other specimen must conclude our selection at this sitting; it is as follows:—"Thomas Wakley stands convicted of falsehood before one of the most impartial judges that ever sat on the bench; and his name is recorded in the two first courts in this kingdom as a libeller." Had the Doctor been made a crier in one of the said courts, he would have been quite at home; for one can scarcely help thinking, while reading this triumphant announcement, that he is not listening to that official personage exercising his lungs and his functions through the judicial triumph. The Doctor, indeed, is never satisfied to leave his readers to deduce conclusions from facts; he naturally distrusts their confidence in his statements, and thinks they might err, unless he concluded by proclaiming his opponents "incendiaries," "libellers," "liars," and "blackguards." Thus, Junius informs us, "every common dauber writes rascal and villain under his picture, because the pictures themselves have neither character nor resemblance." Did Dr. Macleod neglect this vulgar precaution, it might be a matter of some difficulty to point out the originals of his descriptions.

We have thus, dear Johnstone, taken a few specimens, at random, of the "precepts" and "examples" of your esteemed contemporary, Dr. Macleod's "good feeling." You will allow that they are worthy of one whose heart was gangrened with hatred,

while his pen was dripping this spurious sentiment, who, to satiate his revenge against men guilty of no other crime than laughing at his stupid pretensions, turned beggar when they made him a literary bankrupt, and received the sympathetic alms of Mr. Brodie for the accomplishment of his detestable purpose. Bah! "good feeling" indeed! There is a depth of disgrace, a foulness of design, an intensity of malice, in this combination of beggary and charity between the spite-worn pauper and his patron, which makes one loathe. But, dear Doctor, knowing the "morbid sensibility" of your stomach, we will not finish the sentence; for, in imagination, we already see you, after a few ineffectual exertions to restrain your disgust, deluge these creatures in an eruption of indignant bile. Ovid, you may recollect, in his recapitulation of the fantastic philosophy of Pythagoras, makes serpents spring from the putrid marrow of human bones. If the malignity of man had then been established by a few Macleods, no wonder the fertile fancy of the ancients would have found in the circumstance an appropriate origin for the venomous tribes. This "man of feeling" no sooner enters on the stage of action, after reciting his sentimental prologue, than, in a sort of harlequinade of the heart, he throws aside the garb of benevolence, and appears in his natural character of vituperation; while all his kindness, like the waters of the Chosapes, which flowed for the exclusive beverage of the kings of Persia, is reserved for those who hold the same opinions as himself. In short, there is not an epithet remarkable for its coarseness; a noun, which has been excluded from all decent composition; or any other part of speech which could be made subservient to his abusive purposes,—that this "man of feeling" has not pressed into the services of detraction. It is worthy of remark too, (and it cannot escape the most careless of his readers,) that his attacks are essentially different from those which distinguish every other literary writer. Other authors are satisfied with attempts to prove their own superiority over an opponent; to show that he may be in error in the line of conduct which he pursues; they confine their strictures to his compositions, and comment on his doctrines, without invading the sanctuary of the heart. The sentimental Doctor reverses this system, eschews all consideration of a man's acts and arguments, and, bounding over that line which all men have held sacred in their contentions, grasps at once, with Indian ferocity, the heart of his victim, and tattoos it with the "foulest images" and the "darkest passions." And against whom, and for what crime, has all this savage vituperation been expended? Against

an individual on whom slander itself has been unable to fix one moral stigma in the social relations of life; against one whose conduct has been subjected to an unparalleled ordeal, without injury; and all because he had the originality to invent a system of efficient reform in medical affairs; the perseverance to carry it on against every species of opposition, and will, we believe, have the proud satisfaction of seeing its full accomplishment. These were merits and objects which, at least, in the minds of the candid, might compensate for any trivial errors committed in the working of a novel engine. Great moral and physical powers are difficult to manage, particularly without the experience of previous application. The lightning which purifies our atmosphere of its noxious qualities, may occasionally, in its course, smite an ox or its owner; the satirist, who exhibits vice in its naked form, to render it the more disgusting, may, indeed, sometimes offend the delicate and the innocent; but the philosopher, who sees in all sublunary arrangements, evil inseparable from good, loses sight of the minor inconvenience, in contemplating the general result. While we disclaim the impossible attribute of impeccability, we contend that the most unjust means have been taken to magnify the imputed faults of this Journal, and to affix a dangerous character to the excitement which it has in part produced. The agitation, of whatever kind it may be, is certainly not exclusively the work of *THE LANCET*; for had the system, which it has so successfully assailed, been a sound one, how little would its attacks have availed?—just as little as a political writer, who could have the folly to write against the principle of trial by jury, civil representation, or any other essential part of the British constitution. But when the structure is rotten, a touch will make it totter to the foundation. This was manifestly the case with *THE LANCET*, and the medical corporations; much less vigour than it has displayed, would, we believe, at the time, have produced this effect. Considered, therefore, in a just light, the complaint of excitement is but the confession of the conscious weakness of the supporters of this system—the crash of a corrupt and time-worn edifice, rusting in its rottenness to the ground. Were the men who have opposed this Journal persons who, while they agreed in its leading object, but doubted, through mistaken notions of propriety, of the expediency of the course it has pursued for this purpose, they would be entitled to a degree of respect which has not been conceded to them. You are well aware, however, that it is not so much to the means which *THE LANCET* has employed, as to the very principle and object of the work that these men

are really hostile. On the contrary, they are men who would not only not permit the Press to exercise a censorship over their conduct, or allow of any shade of reformation in medical institutions, but who would crush the Press itself, and corrupt the medical corporations of these countries still more. The man who cannot see this through their agents and their writings, we take to be incurably blind. Examine the individual whom they have put forward, and his compositions as examples—who is he? one who having died a natural death from stupidity in one publication, has been galvanised into a sort of artificial existence, by the metallic battery of Mr. Brodie and his Vesperilionian brothers, to gape, croak, and wriggle, like a reanimated felon for a while, in another; one who having been rescued from a literary death by the sympathies of revenge, has sold himself to become the executioner to a faction, as a convict accepts a transmutation of sentence, in consideration of performing duties still more degrading than those for which he had been condemned. This is the pure, unspotted, unshackled agent, who comes forward with the whine of honesty on his lips, but with the venom of hate in his heart, and the wages of slander in his hands, as the chivalrous avenger of an insulted profession, and the calumniator of the writers in *THE LANCET*; who, to the impulses of wounded pride, adds the lust of prospective lucre, and the obligation of servitude to a faction, to stimulate him in the performance of his mercenary duties. Look to those “leading articles” which were to have formed a portion of the “ideal model” of his publication, and what is their tendency?—to palliate the old abuses of our institutions, and to foster the generation of new. Examine his reviews, and how has he dispensed critical justice?—by rendering partiality useless to his friends by its fulsomeness, and censure harmless to his opponents by its stupid malignity. Take the scraps called “letters,” which have been published by him, and what do they contain?—complaints from mock students, that their masters have been too attentive in the discharge of their duties, and the masters themselves the next week complimenting their obsequious panegyrists. Read his “hospital reports,” and how are matters conducted here?—the reader of them must come to the general but laughable conclusion, that, for the last year, and a half, there has not been a single operation badly performed, or a medicine injudiciously prescribed, in the hospitals of London. We defy its greatest admirer to point out one instance in which an abuse was the topic, that he has not taken it under his imbecile protection, and attempted to shield its abettors against exposure. Point

out one passage, on the other hand, in which an opportunity presented for the calumny of the expositors of abuse, that he has not availed himself of it; in which an episode against the moral character of the Editor of *THE LANCET* and its contributors could be possibly interwoven, that he has omitted to turn to account; and we will concede that we are wrong in looking on his journal as the most singular composition ever yet published, because it is the only one, we believe, that ever made the systematic calumny of the motives of a contemporary, the exclusive grounds and objects of its existence. Hence its aspect is as dreary as its purposes are detestable. Every page is darkened by the nightshade of the heart—every column saddened by the rank luxuriance of the hemlock. You, dear Johnstone, know the man, and have been honoured with a personal insight into his gloomy, honourable, and “charitable” occupations.

ERINENSIS.

Dublin, Jan. 1829.

HOPITAL BEAUJON.

CASE OF STONE, IN WHICH THE HIGH, AND AFTERWARDS THE RECTO-VESICAL OPE- RATION WAS PERFORMED.

A boy, fifteen years old, was, on the 1st of December, admitted into the hospital under M. Blandin. He stated, that for the last five years he had been subject to pain in the region of the bladder, which was considerably augmented by walking, and the evacuation of stools and urine, and which extended from the bladder, along the urethra, to the glans, where it was most violent. The penis was continually in a state of semi-erection; the urine was discharged involuntarily, and the anus was prolapsed and inflamed. A sound being introduced into the urethra, was arrested at the neck of the bladder by a solid, and, as it appeared, immoveable body, which was also very easily felt by the finger in the rectum; the existence of a large stone in the bladder was clearly ascertained, and the patient being much exhausted by his continued sufferings, the high operation was decided upon, and performed on the 7th of December, in the following manner. A mucilaginous fluid having been injected into the bladder, which, from its contraction, or the size of the stone, could be made to contain but a small quantity, the skin was divided by a longitudinal incision, about two inches in length, and the linea alba opened to such an extent, as

to admit of the introduction of the finger with a probe-pointed bistoury, by withdrawing which the wound was enlarged inferiorly, and the fundus of the bladder laid bare. This being considerably thickened, was divided with great difficulty, and the wound being held open by a blunt hook, a pair of strong forceps were introduced, and the stone was easily grasped, but was so immoveable, that after long and forcible efforts, the operator was at last obliged to desist for a time from further attempts. The finger being now introduced into the bladder, a smaller calculus was found at its upper part, and easily extracted. The attempts at removing the larger stone were now renewed, but were as fruitless as before, although an assistant with his finger in the rectum, and another with the staff in the urethra, endeavoured to raise the stone, and to assist the action of the forceps.

M. Blandin, being now convinced of the impossibility of removing the stone by the upper opening of the bladder, determined, with the unanimous advice of his colleagues, upon the immediate performance of the recto-vesical operation. He accordingly introduced his finger into the rectum, and, forcibly pressing the bladder, from the hypogastrium downwards, divided its neck, the prostate gland, sphincter ani, and perineum, in the median line. The stone, being now felt by the finger, was grasped by the forceps, and, while an assistant depressed the stone with his hand in the upper wound of the bladder, was, at last, with great difficulty and exertion, extracted. It was of an oval form, two inches in its largest, and an inch and a quarter in its smallest, diameter, of very firm consistence, and weighed two ounces. Although the operation, of course, lasted a considerable time, the patient did not lose much blood. The wound of the hypogastrium was united by a bandage, sixteen ounces of blood were taken, and a small quantity of opium was given. In the evening, slight fever acceded, but the patient was free from pain, except in the wounds, and he passed a quiet night.—On the following day, the fever was much increased, and he complained of vague pains in the abdomen. The bleeding was repeated, and a large emollient poultice was applied over the hypogastrium. On the second day, when the report was taken, he had violent pain in the hypogastric region, though not in the rest of the abdomen; his countenance was very pale, and expressive of anxiety; he had vomited several times, and had still nausea, and a very small pulse.—*Journ. Hebdom.*

As soon as the result of this case (which can hardly be otherwise than fatal) is known, we will take care to lay it before our readers.

THE LANCET.

London, Saturday, January 17, 1829.

WE have received several communications from members of the Westminster Medical Society, announcing their determination to secede from a body, whose "Hole and Corner" proceedings are calculated to disgrace and degrade the profession. The Society is, in fact, *felo de se*, as far as all purposes of professional or public utility are concerned; it has accomplished, in effect, its own destruction, and its actual dissolution will, in all probability, soon follow its virtual disorganisation. For what is the avowed principle upon which Mr. LAMBERT has been excluded from their body? What is the ground unblushingly assigned as a fit reason for expelling one of their ablest and most efficient members? Mr. LAMBERT has given publicity to, instead of screening, the failure of one of his professional brethren. This is the *unprofessional* conduct, as it is termed, for which Mr. LAMBERT has been declared unworthy of continuing to take a part in the proceedings of the Westminster Medical Society. If, indeed, the report of Mr. BRANSBY COOPER's operation, communicated by Mr. LAMBERT to this Journal, had contained a tissue of false statements, there would have been some ground for impugning the moral character of the writer, and for contending that the author of such a report ought not to hold a seat among the members of a scientific body. But all the material facts in that report remain uncontradicted; nay, their truth is established beyond the possibility of contradiction, by the report of the operation just published by Mr. BRANSBY COOPER himself—a report avowedly withheld by that gentleman in order to increase his chance of obtaining a verdict, and which, had it been published *before* the trial, must have rendered a verdict in his favour im-

possible. What, then, are the sum and substance of Mr. LAMBERT's offence in the eyes of the members of the Westminster Medical Society? Is it the colouring, the dramatic form of the report, which has pointed out to them the necessity of sitting in judgment upon Mr. LAMBERT, as arbiters of taste? Or is the malice which Mr. LAMBERT was charged with having entertained towards Mr. BRANSBY COOPER the ground upon which they have deemed it right to animadvert upon his conduct, as censors of the morality of the profession? No, no, no! the charge of malice was successfully rebutted by Mr. LAMBERT in his candid and manly speech. He showed that a friendly intercourse had long subsisted between him and Mr. BRANSBY COOPER; that they had had indeed their altercations and reconciliations, but that he had never entertained any thing like a hostile feeling against him. It is not the bad taste, it is not the alleged malicious colouring of Mr. LAMBERT's report,—it is its truth, its unanswerable, its admitted truth, which has rendered him obnoxious to certain members of the profession, who care nothing for Mr. LAMBERT's motives, or Mr. BRANSBY COOPER's reputation, but who dread every thing for themselves. Persons whose interest it is that the blunders of unskilful members of the profession should be screened from the public eye, naturally hate and dread the man by whom such blunders have been faithfully recorded. When the majority of a society consists of such persons, it is an honourable distinction to an able and independent member of the profession, to be deemed, by that majority, unworthy of belonging to it.

It is in anticipation, we presume, of some similar disgraceful proceeding on the part of the London Medical Society, that Dr. HASLAM has announced his determination of retiring from the office of President. That gentleman has declared that he will not sanction, by his presence in the chair,

a proceeding which he cannot but regard with unqualified disgust, and which must cover with disgrace all who have the meanness and the folly to participate in it. If such a proceeding were unjustifiable before the publication of Mr. BRANSBY COOPER's own report of his operation,—a report which the operator did not venture to publish before the trial,—it will be still more base and unwarrantable, if persisted in after Mr. BRANSBY COOPER's publication, which establishes, beyond all doubt, the truth of Mr. LAMBERT's report. We do not hesitate to affirm, nor can any professional man who reads Mr. BRANSBY COOPER's own report of his operation, deny, that there are many parts of that report far more unfavourable to Mr. BRANSBY COOPER's surgical reputation, than any thing which was stated in Mr. LAMBERT's report. If, then, the London Medical Society be as ambitious as the Westminster Society of hastening its own dissolution, let it bring a substantive charge against Mr. LAMBERT, and boldly put upon record the ground upon which it deems him unfit to retain a seat within its walls. Let it not affect a fastidious disapprobation of the bad taste which could assimilate the real butcheries of a hospital operating theatre to the fictitious carnage of the stage—let it not outrage common decency by pretending to feel for unskilful operators a sympathy which is really due to the victims of their unskilfulness—let it not add hypocrisy to meanness, but endeavour to atone for the cowardice of expelling a man, whose talents and inflexibility are his real offences, by frankly avowing the true grounds of his expulsion—let it tell him, “You have exposed to the eye of the public the failure of one of your professional brethren, whom, if you believed him to be incapable, it was your duty to have screened. You have been unprofessional enough to put the life of a pauper, and the security of the public, in competition with the reputation and the domestic comforts of a gentleman, with whom you

were living on terms of friendship, and whose urbanity of manners is universally acknowledged. The short but touching reply which a Scotch serving-man once made to his laird may teach you to reflect with shame upon your conduct. The laird, on the eve of his departure from the house of a friend, inquired at his serving-man, whether he had packed up all that belonged to him. ‘At least, your honour,’ said the careful steward of all, and more than all his master's property. How different has been your conduct! You have published the truth when it was your professional duty at least to have suppressed it, and when the calls of friendship should have stimulated you to a generous abuse of the confidence reposed in you. You are too scrupulous in the use of means by which you may serve a friend, and screen professional imbecility, and we therefore reject you from our society.

THE public will learn with disgust that, notwithstanding the late horrible disclosures at Edinburgh, no steps whatever have been taken to subject the operations of the dissecting rooms in this metropolis to any sort of control, and that the traffic between anatomists and resurrectionists,—probably between anatomists and MURDERERS,—is still carried on, in defiance of all law and decency, and with a brutal indifference to the present excited state of the public feelings. Why, we ask, is the Government thus culpably supine? We say *culpably* supine; for upon whom will the responsibility rest, if it should turn out that the anatomists of this metropolis have been supplied with human bodies, during the last fortnight, from the same horrible source which has supplied the surgeons of Edinburgh? Until the Legislature shall have placed the supply of our anatomical schools with subjects, under due regulations, the dissecting rooms in this metropolis are public nuisances, which ought to be abated;

and, if no steps be taken to abate them, we shall feel it our duty to enter into such details and disclosure as will probably compel the teachers of anatomy to pay some respect to public opinion, and some regard to public security.

Natural Theology, or Evidences of the Existence and Attributes of the Deity, collected from the Appearances of Nature. By WILLIAM PALEY, D.D. Illustrated by a Series of Plates, and explanatory Notes, by JAMES PAXTON, Member of the Royal College of Surgeons, London. Second Edition. Oxford: J. Vincent. 1828. 2 vols. 8vo.

THESE volumes have, most deservedly, reached a second edition; and, if they are appreciated to their full extent, they will occupy a place in every library in the kingdom. Few readers of Paley can avoid seeing the advantage his *Natural Theology* is capable of deriving from engraved illustrations; to no book, addressed to men of all classes, and not to the professional man in particular, could the arts more properly be devoted. Conviction carried to the mind through the medium of the eye, is not only quicker, but infinitely more permanent than that derived from any other sense; and we are well satisfied that, clear and agreeable as is the *Natural Theology* of Paley, it will be understood and remembered now, by many who were previously insensible to its beauties.

The text itself will hardly admit, or we should say, will hardly need, quotation, either for the purpose of informing the reader what this edition is, or to recommend it. The former has carried its own recommendation for a quarter of a century; and, though the learned men of the *Quarterly Review* can afford to devote four or five dozen pages to so well-known a writer as Paley, in the year 1828, we cannot reconcile it to our own minds to imitate them;

we might as appropriately sit down to review "Butler's Analogy."

Of Mr. Paxton's labours we will, however, say a few words. The present work is an excellent and elegant reprint; the designs of the plates are all of them original, "obtained from the most authentic sources, and" (independently of the qualifications of Mr. Paxton, as a professional man) "have been submitted to the critical examination of the most competent judges." The volumes contain about forty plates, comprising some hundred distinct objects, and the interest of the reader is insensibly secured at the outset by a familiar illustration, which the engraver has given, of the mechanism of a watch, in support of the argument which Paley has, in his first chapter, so ingeniously stated; the simplicity, to which the work is now reduced by a like attention to every object mentioned, renders it as enchainingly to the reader as the most vivid romance. In running through the pages, one object in particular caught our eye, though it did not present to the engraver so many points of interest as it might have done, had he been a medical man. In Paley's hands, even "THE BAT" is made to contribute to the general proofs of design in the creation. A few words of extract will serve to show the mode in which the text, the illustrations, and the explanatory notes bear on each other. In Chap. xvi., under the head of "Compensation," (of which Paley says, "it is a species of relation; it is relation, when the defects of one part, or of one organ, are supplied in the structure of another part, or of another organ,") the following occurs respecting that creature.

"The hook in the wing of a BAT is strictly a mechanical, and also a *compensating* contrivance. At the angle of its wing, there is a bent claw, exactly in the form of a hook, by which the BAT attaches itself to the sides of caves, buildings, &c., laying hold of crevices, joinings, chinks, and roughnesses. It hooks itself by this claw; remains suspended by this hold; takes its flight from this position; which operations compensate for the decre-

pititude of its legs and feet. Without the hook, THE BAT would be the most helpless of all animals. She, (says Paley, oddly enough, after speaking of it in the neuter,) can neither run upon her feet, nor raise herself from the ground. These inabilities are made up to her by the contrivance in her wing; and in placing a claw on that part, the Creator has deviated from the analogy observed in winged animals. A singular defect required a singular substitute."

An excellent engraving of a BAT is close at hand, and an interesting thing, or, as Sir Astley Cooper would say, "a curious thing it is to see," for those who do not know the form of this animal, or the situation of its hook. The editor adds the following note:

"Osteologically considered, the wings of the bat are hands, the bony stretchers of the membranes being the finger-bones extremely elongated: the thumb is short, and armed with a hook nail, which these animals make use of to hang by and to creep. The hind feet are weak, and have toes of equal length, armed also with hooked nails; the membrane constituting the wing, is continued from the foot to the tail."

The engraving we cannot give, but the anxious inquirer will have no difficulty in obtaining a sight of several BATS, even in this busy city, if he be desirous of beholding such interesting objects.

We take leave of the editor, with an earnest recommendation of the work to medical students, and to all other persons who wish to obtain a vast fund of information most agreeably communicated.

LONDON MEDICAL SOCIETY.

January 12, 1828.

Mr. DRYSDALE, Vice President, in the Chair.

DR. HASLAM not having appeared a few minutes past eight o'clock, Dr. Blick moved that the Vice President do take the Chair.

The Minutes of the last Meeting having been read,

The REGISTRAR read a paper on two cases communicated to the Society, by Mr. Edward Hallam, of Walworth, of children who had had a *cul de sac* in the pharynx, which obstructed the passage of any nourishment

whatever into the stomach. When any thing was introduced into the throat, violent convulsive efforts were occasioned, until the whole that had been introduced was ejected, and which came away principally through the nostrils. In the one case, clysters of mutton broth had been occasionally given, and there the child lived for nineteen days, gradually from birth wasting away. In the other case, the child was born on the 25th of November, and died on the night of the 29th. The preparations of the morbid parts, as well as a drawing of them, were exhibited to the Society.

Mr. CALLAWAY observed, that Dr. Blundell having heard the cases were to be brought before the Society, had also sent a preparation of a similar case met with by Dr. Haighton, and which he begged leave to show to the Society.

Mr. SALMON considered it extraordinary that in the one case the child should have lived for nineteen days. He conceived that it could not have been originally fat, and that the circumstance altogether threw much light on the physiology of hunger. He believed that no case was on record, where an individual was known to live longer, without any nourishment, than twenty days; and that was in the case of a father and son, who were condemned to be starved to death, and where the former survived the latter nine days.

Mr. DERMOT considered that the child must have been fat, and that the sole nutriment of the child all along must have consisted in the absorption of the fat.

Mr. SAKARLEY stated, that there were many instances where patients in typhus fever had lived a fortnight or three weeks upon nothing but a little cold water.

Mr. DERMOT considered that in these cases there was an inactivity of the system altogether, and that there was not that expenditure required for the assistance of animal life, that in other cases was necessary.

Mr. PETTIGREW said, there were also cases of typhus fever, where there was an inordinate degree of expenditure required.

Mr. BROWN had been attending a child that had died on the former day, eight weeks old, and which had lingered even from birth. Having heard the relation of two cases that had been read, he had been induced to state, that something of a similar kind, though in a much milder form, existed in his case, and that for the purpose of ascertaining the fact, he should avail himself of the opportunity of making a dissection. While addressing the Society, he could not help entering his *veto* against Mr. Salmon's doctrine, that *phthisis pulmonalis* and a diseased rectum were necessarily dependent upon, and were associated with, each other. Dr. Farr had also stated to him, in a conversation,

that his experience had not led him to Mr. Salmon's conclusions.

Mr. SALMON had never stated, that they were necessarily dependent on each other, or that they were always concomitant. He had often seen cases of diseased rectum without phthisis pulmonalis; and it was not because any gentleman chose to say his experience did not lead him to agree with the conclusion of another, that therefore the doctrine was to be considered by the profession as unsound. He himself had attended a case with Dr. Farr, of ascites, with a diseased rectum as the exciting cause, where he had been requested by the Doctor to tap the patient, never once suspecting a disease of the rectum. Mr. Salmon, however, cured the patient of a stricture of the rectum, the symptoms of ascites subsided, and the patient got perfectly well. He afterwards went to Dr. Farr under a sort of disguise, who prescribed for him as if he had been labouring under an affected liver, without recollecting he had ever seen the man before. On one occasion, Dr. Farr had expressed himself thus:—"I have a great liking to see you succeed in your profession, Mr. Salmon, and I hope you will, but I trust you will not split on the rock you have been setting up to me. I have never seen a diseased rectum in the course of 40 years' experience." Mr. Salmon enquired if he had ever looked for one? The Doctor replied, "I do not know that I have."

Mr. BROWN was sure Dr. Farr had never examined a rectum, unless in some case or cases where he had been required to do so by the surgeon, from the surgeon having had doubt as to the nature of the malady.

Mr. SALMON considered it highly improper for any gentleman, from such very limited personal experience upon this subject, to impugn the doctrine of another, who had made the diseases and examinations of these parts the great portion of his study and occupation. Post-mortem examinations of the rectum had been very much and blameably overlooked by the profession.

Mr. SHEARLEY cordially concurred with Mr. Salmon in his last observation. For his own part, he had hardly ever seen a rectum examined, and he believed that very few medical men ever thought of examining it.

Mr. PROCTOR entered the Society at a late hour, and by an observation he made, showed that he had split on the same rock against which Mr. Brown foundered, namely, the assumption that Mr. Salmon had maintained, that disease of the lungs and of the rectum were necessarily associated.

A further dodging sort of discussion took place on the subject, in which the anatomy of the rectum, the physiology of its action, the power the mind has over it, and the

sympathy existing between it and other viscera, were descanted on, but in the course of which no wonderful light struck the Society. Mr. Dermot took so active a part in the debate, as to have required to be informed, both by the fidgety state of the members' feet, and from the lips of the Chairman, that gentlemen were out of order who spoke more than twice on the same subject in the course of the evening, before all present had had an opportunity of delivering their sentiments.

Dr. BLICK wished to correct a statement that had appeared in print, respecting what he had said on the use of the ergot of rye, upon the discussion of Mr. Lord's late case. The person who had made the statement had signed himself R. C., or R. S. What he (Mr. Blick) believed he had really said on this medicine was, that he had given it in many cases where labour had taken place afterwards, but that he did not believe the labour was the result of the ergot, inasmuch as it was not invariably the consequence of it.

DR. HASLAM'S RESIGNATION.

To the Editor of THE LANCET.

SIR,—Feeling, under existing circumstances, I have no security that the following letter will be divulged to those Gentlemen whom I wish to address; and as I desire my sentiments to have the utmost publicity, I solicit their promulgation through the medium of your impartial and widely-circulated Journal.

Your obedient servant,
JOHN HASLAM.

15th Jan. 1829.

TO THE MEMBERS OF THE MEDICAL SOCIETY OF LONDON.

GENTLEMEN,—When the wholesome and protecting laws of a community are subverted, in order to facilitate the baneful intrusion of human passions, there is a natural inference, that its existence will be of very limited duration. In your printed book of Statutes, page 9. chap. 4, which treats of the duties of the President, it is expressly laid down,—“He shall summon all extraordinary meetings of the Society, and enforce the execution of their Statutes.” On this subject, as your President, I have never been consulted, nor has my sanction been given to any such proceeding as is contained in the following notice:—

" Medical Society of London, Bolt Court.

" Jan. 8th, 1829.

" Sir,—I am instructed to inform you, that a Special General Meeting of the Society will be held, on Monday the 19th instant, at eight o'clock in the evening, precisely, 'To take into consideration the conduct of Mr. James Lambert, and to take such measures as shall then seem fit.'

" I am, Sir,

" Your obedient servant,

" JAMES FIELD, Registrar."

The time appointed is therefore as illegal as the purpose of the meeting; and if, on this fictitious summons, I were to take the chair, I should expect to be saluted with a merited volley of groans, hisses, and the various vocal issues that convey scorn and detestation. By what authority the Medical Society of London proceeds to inquire into the conduct of its members, must be unfolded: the book containing its laws is wholly silent on this point. By what unheard of metamorphosis a medical Society can be transformed into a tribunal of criminal judicature, remains to be explained; and sufficient reasons must be adduced, before the medical assemblage in Bolt Court can be considered a "court of ease to the Old Bailey." Had Mr. Lambert been convicted of any flagrant crime, the laws of his country would have awarded the degree of punishment; and the record of such disgrace would be sufficient to exclude him from the society of all gentlemen, professional or otherwise, and an ample justification for erasing his name from the list of your members. At the meeting on the 5th inst., I had the honour to preside, and when the paper, which is a copy of the summons for the 19th, was indelicately insinuated to the interruption of the legitimate business of the Society, I asked, "What has Mr. Lambert done?"

" Meruit quo crimine ———

Supplicium? Quis testis adest? Quis delulit ———?"

To this question the whole phalanx was mute; there was not an individual that had the courage to accuse him. One of the Council, who appeared to speak the unanimous sentiment of that collected wisdom and impartiality, in addressing me, said,— "Sir, we hold him innocent at present, and he will have an opportunity of defending himself." This Christian sentence, I presume, requires no comment, and I now hasten to the conclusion. Be assured I shall ever retain a grateful sense of the honours you have conferred on me, and I have uniformly felt, that the manly and unremitting discharge of my duties would be the purest acknowledgment and most satis-

factory return for distinguished and accumulated favours. Gentlemen, into your hands I resign the Chair of the Medical Society of London. I take my leave with reluctance and regret. Of moral courage, I possess sufficient for all the honourable purposes of civilized society, but I freely confess to you, that I am a stranger to that cold-blooded diplomacy, that enables a human being to become the presiding minister of injustice, and I want nerves to witness the character of an innocent person, mangled and lacerated by his own brethren, as an expiatory sacrifice for a disastrous operation.

I am, Gentlemen,

With profound respect and grateful impressions,

Your very obedient servant,

JOHN HASLAM, M.D

15th January 1829.

Hart Street, Bloomsbury.

ST. BARTHOLOMEW'S HOSPITAL.

VIOLENT GONORRHOEAL OPHTHALMIA OF BOTH EYES, SUCCESSFULLY TREATED.

SAMUEL SEGAR, ætat. 20, footman in a gentleman's family, was admitted into Henry the Eighth's Ward, under the care of Mr. Lawrence, on Wednesday, the 5th Nov., 1828, with gonorrhoeal ophthalmia of both eyes, a partial slough of the right cornea, opening into the anterior chamber of the eye; the left cornea unaffected, and chemosis of the conjunctiva of both eyes. About a month ago the patient had gonorrhoea; was sure that none of the virus had been conveyed by any act of his to his eyes; though he can remember having wiped his face with a towel in the course of the week, on which there may have been a part of the discharge from the urethra, before the inflammation in the eyes appeared. On the Thursday morning preceding his admission, felt an uneasiness in his left eye; in the evening it began to discharge pus, and on the following day he was unable to see with it. On Sunday morning the other eye became affected in a similar way, and in the course of Monday, or the following day, the sight of both eyes was completely gone. When admitted, the discharge of pus from both eyes was very considerable. As the discharge from the eyes increased, so that from the urethra gradually diminished, though it had never entirely stopped. It was with the utmost difficulty Mr. Lawrence succeeded in obtaining a view of the cornea of the eyes. The discharge so exactly re-

sembled the thick yellowish appearance of that from the urethra, that the two, when separated from the parts, were not distinguishable. Though there was excessive distension of the conjunctiva of the right eye, yet, as is generally in these cases, the disease was most extensive in the eye that was first affected; great intolerance of light common to both eyes. Leeches at different times, to the number of two dozen, had been applied in the neighbourhood of the eyes; a lotion, and a blister; which Mr. Lawrence considered by no means adequate to the urgency of the case. A practitioner, he said, could not be aware of the very destructive effects of this disease attacking the eyes, who did not meet it by the most prompt and active measures. The prognosis here was very unfavourable, the great probability being, that sight of both eyes would be irrecoverably lost. Pulse 108, full and hard. Ordered to be bled from the arm *ad deliquium*; 24 leeches to be applied round the eyes in the evening; poppy fomentations afterwards; 5 grains of calomel and 15 of jalap immediately, and, subsequently, the saline mixture, with a drachm of the solution of tartarised antimony every six hours.

6. Thirty-six ounces of blood were yesterday taken from the arm; the first was buffed and cupped, the next less so. Feels much relieved. Swelling of the eyelids diminished; inflammation of the conjunctiva partly subsided; tongue white at the base; pulse sharp, and 76. Repeat the 24 leeches, and calomel and jalap, a blister to the neck, and the lotio saturni to the eyes.

7. The inflammation of both eyes diminishing, but the profuse discharge continuing. Pulse 88. Repeat the application of the leeches, and continue the lotion. Mr. Lawrence now regards the right eye as safe.

8. The chemosis and swelling much subsided, so that a more perfect view of the eyes can be obtained, than could be since admission. There is a white spot and partial slough observable at the inner side of the left cornea. The pain in the eyes and across the forehead lessened. Pulse 95; tongue brownish. Repeat the leeches; omit the saline mixture, with antimony. Apply a poultice to the eyes, and take every six hours an ounce and a half of the *mixt. menth. sulphurici, c. sulph. mag.* a drachm.

9. Apply the leeches again.

10. The pain gone. Can distinguish objects with both eyes. The chemosis of the conjunctiva has almost disappeared. A small ulcer perceptible on the cornea, with adhesion of the iris at the inner side of the

left eye, but which is not likely to produce much inconvenience. Apply the extract of belladonna above the left eye, and common cerate along the margin of the palpebra.

11. Keep a cloth dipped in the lotio saturni constantly over the eyes, and the patient in as dark and quiet a situation as possible.

12. The chemosis and discharge of the right eye entirely disappeared. A small excavation seen at the inner side of the cornea. The conjunctiva unnaturally vascular. Some chemosis of the conjunctiva of the left eye still visible. A clear vesicle in the situation of the ulcer, occasioned by a small portion of the iris slipping through the opening.

13. Vascularity of the conjunctiva of both eyes increased. Pulse sharp and full. Apply sixteen leeches.

14. Much the same. Take twenty ounces of blood from the temples by cupping. Omit the belladonna.

15. The renewed inflammation, in part, subsided. Take twenty-four ounces of blood from the arm.

16. Has been relieved by the bleeding, but still there is inflammation of the conjunctiva.

18. The vascularity much diminished, and the swelling gone. Can see objects clearly. Let twelve leeches be applied about the left eye.

19. The tumour in the cornea of the left eye, appears to be about the size of a split pea, and is approaching towards staphyloma. Pulse 90, and soft. A small discharge from the urethra still continues.

29. The discharge from the urethra has ceased. A slight fresh attack of inflammation of the left eye. Apply six leeches, and take the mixture ordered on the 8th.

Dec. 20. The patient has gone on improving, with slight interruptions. The right eye is now quite free from inflammation, and the ulcer of the cornea is gradually healing. The left eye is of the natural colour; there is yet slight staphyloma, but which is diminishing, and does not materially interrupt vision.

23. Discharged cured, and with perfect sight of both eyes.

This is an admirable instance of the beneficial effects of active treatment in cases of this description. Had a few hours longer been suffered to have elapsed before the adoption of this treatment, in all probability the sight of both eyes would have been irrecoverably lost.

WESTMINSTER HOSPITAL.

WOUND OF THE ABDOMEN.—PROTRUSION OF THE OMENTUM.

THOMAS FAWKES, aged 23, a muscular sanguineous man, admitted into Luke's Ward, under Mr. Guthrie, November 10, 1828, with a penetrating wound of the belly. He is a butcher, residing in Pimlico, and was wont to carry his slaying knife in his coat-pocket, but getting drunk this evening, he forgot to put it into a scabbard, and falling, the point of the knife pierced the abdomen, just below the left inferior rib. A general practitioner of the neighbourhood was forthwith called in, and found five inches of omentum protruding. He attempted to return it, but did not succeed. The patient was brought into the hospital at midnight, and Mr. Lant Smith, the house-surgeon, after some trouble, restored the protruded part to its proper situation. The external wound was about an inch long, but that in the peritoneum did not exceed half an inch; the edges were adjusted to each other, and secured with a suture and strapping. He was put to bed, and drank some warm tea. At six o'clock next morning, his pulse was 100, full, and strong. Considerable pain of abdomen, aggravated by each inspiration, tension, and tenderness on pressure. Forty-five ounces of blood were abstracted from the arm, which produced a swoon. On coming to himself, he felt better; pulse 110, small, and feeble. A bolus of calomel and opium was prescribed directly, and a clyster of gruel every two hours.

Two, P.M. The pain in the abdomen having returned with considerable violence, pulse 110, full, and strong, he was bled to sixteen ounces; an ounce of castor oil instantly; fomentations. The pain was alleviated by these means.

Four, P.M. Mr. Guthrie saw him for the first time, and recommended thirty leeches to be applied about the navel.

12. He slept during the night. At day-break, pain of a colicky kind occurred in the vicinity of the wound; pulse 112, small, and compressible. Thirty more leeches were applied. Copious evacuations had taken place from the bowels.

At one o'clock, P.M., Mr. Guthrie visited him. The whole face was pale and haggard; lips exsanguous; expression intently anxious, marking excessive nervous irritation; respiration hurried; he complains of severe pains over the entire belly. A pound of blood was abstracted in the presence of Mr. Guthrie. An hour afterwards, Mr. Guthrie found the symptoms unabated, and directed him to be cupped to eight ounces; after this the poor fellow was easier. A

drachm of Epsom salts to be taken every half hour in peppermint water. Thirty leeches repeated.

Nov. 13. Has slept a little; pulse 116, small, and hard; bowels open; pain of hypogastrium extending along the dorsum penis; pressure occasions no pain in the other parts of the abdomen; twenty leeches; a bolus of calomel and antimony.

Two, P.M. Temporary relief only was afforded by the leeches. It was evident, from the patient's countenance, that he was moribund. The irritation increased, as the strength diminished; perpetual retching; a constant desire of micturition, and general restlessness, preceded the last struggles of departing life. He went off early in the morning of the 14th.

Examination twenty-eight hours after Death.

A careful scrutiny was made of the whole alimentary tube, in the expectation of meeting with an aperture; the transverse arch of the colon was accidentally punctured by the gentleman who conducted the examination, but no other solution of continuity was found. The peritoneum, both visceral and parietal, was slightly inflamed in patches, most considerably in the transverse mesocolon, and the plica splenis, which were minutely injected. Adhesions of the omentum had taken place round the margin of the wound. The other viscera of the abdomen, and those of the thorax, were sound.

DISEASE OF THE ANKLE-JOINT.—OPERATION.

JAMES KING, aged 35, a fair man, of middling size and good symmetry, admitted into John's Ward, under Mr. White, 3d September, 1828, with disease of the right ankle. This joint was affected with inflammation about three years ago, which recurred occasionally, but not to such a degree as to prevent his working. In March the joint swelled, and became very painful, the inflammation was not checked, suppuration followed, and, two months before his coming in, the matter found an exit for itself. Thus a sinus was left, leading into the joint. On admission there was a considerable discharge of laudable pus from the wound; the purulent discharge deteriorated from day to day, and, notwithstanding the assiduous and judicious use of alteratives, aperients, and tonics, the health of the patient gradually declined, and the countenance began to assume the hectic tint. A number of sinuses were formed round the joint, an extensive caries of the tarsus existed, and nearly three ounces of sanious unhealthy pus were daily excreted.

Under these circumstances, the conclave of surgeons resolved that an amputation of the limb should take place the 29th November. Mr. Harding accordingly performed

the double-flap operation; six arteries were taken up; there was a good deal of venous hæmorrhage. Mr. Guthrie took charge of the tourniquet. The man, being much exhausted, a gill of wine was given to him on his being put to bed.

On examining the limb, the cartilage covering the socket of the tibia and fibula was entirely absorbed, and the osseous surface carious. Small dots of discoloured cartilage remained on the astragalus, and the suppurative process extended through the whole tarsal articulation.

The theatre was thronged with spectators, but very few were so fortunate as to see the operation; because, on these occasions, the floor of the theatre is crowded with people, whose heads constitute a barrier impenetrable to the visual powers of the students. A number of neighbouring practitioners, dubbed "annual governors," by subscribing three guineas, arrogate to themselves superior privileges to pupils who have paid twenty guineas; they likewise possess a voice potential in the government of the institution. These gentlemen are the chief intruders to the area of the operation theatre. The pupils have sought redress, in vain, for these abuses. On Mr. White's days they are carried to the greatest pitch.

A few of the more forward pupils likewise thrust themselves into the scene of action, and add to the general embarrassment. It would be becoming in these gentlemen to retire; and Messrs. Edwards and Tebbs might leave the floor, without detriment to their own modesty, or to the success of the operations.

November 30. The patient passed a tolerable night, occasionally troubled with subsultus; pulse 100, full, and strong; tenderness of the hypogastrium; he was bled to ten ounces; the crassamentum was buffed, and cupped.

December 1. The symptoms continuing, he was bled to 16 ounces. The crassamentum this day was only slightly buffed; the unpleasant symptoms disappeared. He was ordered, now and then, an ounce of castor oil, mixed with the yolk of an egg.

7. Secondary hæmorrhage occurred; Mr. White separated the flaps, and scooped out with his finger a large coagulum, which emitted a putrid smell; the sides of the wound felt as cold as marble. The stump having been bathed in warm water, and all the irritating coagula removed, the hæmorrhage ceased; 16 ounces of blood were lost. A cordial draught was administered, and he drank a gill of wine, and eat a mutton-chop.

8. Slept well in the night, awoke, refreshed, this morning. About two o'clock in the afternoon, just as Mr. White was entering the hospital, hæmorrhage took place

again. The stump was immediately undressed, and an active search instituted for the bleeding point; but the blood appeared to flow from the general surface of the stump. Mr. White shaved away with a scalpel the sloughy superficies from which the hæmorrhage proceeded, and succeeded in stopping it. Not more than eight ounces of blood were lost, but the man gradually sunk, and died at four o'clock. Sixteen ounces of brandy were given to him whilst under the hand of the surgeon.

Inspection twenty-four hours after Death.

The whole body presented a beautiful appearance; the skin was of the most delicate texture, and the symmetry was perfect. On opening the thorax, the lungs only partially collapsed; they crepitated at their bases; slight adhesions existed between the proper and reflected pleuræ. An incision from the apex to the base of each lung, exposed a mass of tubercles of different ages, but none in a state of suppuration. The mucous membrane of the bronchi was tinted of a pale red. The heart was small, but perfectly healthy. In the abdomen, the capillary system appeared quite empty; the villous coat of the stomach and small intestines were inflamed in irregular spots, the vessels having a brown arborescent appearance. The head was not inspected.

When Sir Anthony Carlisle came to the Hospital on Saturday last, Mr. White was examining a man's eye in the surgery:—"What! do you expect to cure that!" said the Knight. "Why! it's considerably better," replied Mr. White, "and that which can be made better, *may* be made well." After examining some patients in Mark's Ward, (present Mr. Lynn, Sir Anthony, Messrs. White, Guthrie, and Harding, and about 30 pupils,) Mr. Guthrie presented Sir Anthony and Mr. White with a pamphlet each "for their amusement on Sunday." Sir Anthony observed, "I shall read it with a great deal of pleasure; but I decidedly object to these things being so much brought before the public; I object to the publication of the evidence before the House of Commons; I do not approve of making the public mind, if I may so term it, familiar with such things; they should be strictly private. There is a superstitious reverence for the dead among the public generally, which I would by no means do away with; it would be destroying one of their finest feelings; without it, what are they? I would by no means allow the poor people who die in Hospitals to be given up for dissection, and while I am surgeon to this Hospital, it shall never have my consent."

"Had we not better speak of this in some other place," said Mr. White, in an under tone. "No! Why?" replied Sir Anthony, I wish them (the patients) to know it;" and there the conversation dropped.

GUY'S HOSPITAL.*

LITHOTOMY BY MR. BRANSBY COOPER.

EARLY on the forenoon of Tuesday last, the operating theatre was crowded by a large assemblage of students, to witness the operation of lithotomy by Mr. Bransby Cooper, which was announced in our last. At ten minutes past one, the patient, a child between three and four years of age, was brought into the theatre, and sounded in the usual manner, when all of the surgical staff declared their belief of the existence of a *very large stone*; and, during the operation of sounding, the striking of the instrument against the stone could be distinctly heard at some little distance from the operating table. The patient was then bound, and the operation commenced by cutting through the perinæum, in the usual way, into the groove of the staff. UPWARDS OF FOUR MINUTES elapsed, however, before Mr. Bransby Cooper could clearly satisfy himself that the point of the knife was fairly in the groove of the staff. The knife was then carried onwards, and the staff at the same time depressed. A small gush of urine followed. The operator then passed his finger through the wound in perinæo, and ascertained that the opening into the bladder was not sufficiently large to extract the stone. The knife was therefore carried a second time along the groove of the staff, and the wound in the bladder dilated. The finger was then again introduced, and upon it the forceps. The stone, which appeared to be situated at the back part of the bladder, was very readily laid hold of, and in a few seconds, by an alternate motion of the forceps from side to side, extracted. It was a mulberry calculus, of an oval shape, and nearly as large as a common walnut. The patient was immediately put to bed.

DISEASE OF THE FINGER—AMPUTATION.

An elderly woman was then brought into the theatre, and the middle finger amputated at its junction with the metacarpal bone, for

* In our report from this Hospital last week, it should have been stated, that the child affected with *nævus* is about the age of ten weeks, and that the boy on whom Mr. Morgan performed the operation of amputation, is aged fifteen years.

a disease of the last joint, which had apparently destroyed the last phalanx. Two ligatures were applied to the bleeding vessels, and the divided parts were brought into contact with sutures and adhesive straps, and a bandage encircled the fingers, to keep them in apposition. The patient then quitted the theatre.

The operator then proceeded to amputate a second finger. The patient, (a young healthy-looking fellow) had, some time previously, lost the ring and little fingers of the same hand, by being caught in some machinery. The accident had also occasioned severe compound fractures of the metacarpal bones of those fingers; and subsequent inflammation had produced ankylosis of the metacarpal bone of the middle finger. On this account, the fore-finger and thumb were rendered comparatively useless. The operation was performed by cutting into the joint on the exposed (*inner*) side, then inclining the knife upwards, and forming a flap from the radial side of the finger. This flap was brought into contact with the amputated parts with two or three sutures, and kept there by adhesive straps.

After these minor operations were completed, Mr. B. Cooper turned round and addressed the students as follows:—"Gentlemen, as there have been public misrepresentations of operations performed in this theatre, I think it my duty to state to you my reasons for introducing the knife *a second time into the bladder*. The first time I carried it along the groove of the staff, I not only divided the prostate gland, but also opened the bladder. Upon, however, introducing my finger into the bladder, I found that the opening was not sufficiently large to admit of the extraction of the stone with safety to the patient, and also that my finger was closely embraced by the divided portions of the prostate gland. I therefore deemed it more prudent to dilate the wound in the bladder by a second introduction of the knife, than to run any risk of *tearing the soft parts*, by attempting to extract the stone, which *I felt confident was much larger than usual*."

HOPITAL ST. ANTOINE.

TREATMENT OF THE COLIC FROM LEAD, BY ALUM.

1. P. FOURNIER, *ætat.* 45, a painter, of a robust constitution, was, on the 22d of September, admitted into the Hospital, under M. Kapeler. He had been eight times affected with the colic, and was treated in the Charité and Hôtel Dieu, but never recovered his health, and even at the time of intermission was affected with costiveness, pain in

the belly, and a paralytic affection of the left wrist. At the beginning of September, he was seized with violent colic pain, diarrhoea, sickness, and extreme lassitude, so that he was unable to continue his work. On his admission, the abdomen was violently contracted and painful; the pain intermitting, and relieved by pressure; he complained of sickness, sour taste, excessive thirst; entire loss of appetite, headache, restlessness, tenesmus, and costiveness, of five days' standing. The tongue was white and moist, the pulse very slow, the skin dry and cold. The extremities, especially of the left side, were in a constant convulsive motion; the left arm was completely paralysed and insensible. M. Kapeler ordered mucilaginous potions, an emollient injection, and a drachm of alum daily. On the following day, the patient was considerably better; the pulse was 120; the colic pain was much diminished; he was free from sickness, the convulsive movements of the extremities were less violent, and not so frequent as before; he had slept for some hours. The bowels had been moved several times, and the tenesmus was much decreased. Under the continued use of alum all the symptoms gradually disappeared; the bowels became regular, the abdomen free from pain, the trembling of the limbs ceased; the left side only was for a considerable time benumbed and weak, but at last also regained its former strength and sensibility.

2. C. Baudin, of a feeble constitution, 31 years old, a potter, was, on the 26th of February, suddenly seized with abdominal pains, so violent, as almost to render him delirious. Being on the 27th carried into the Hospital, he was found in the following state:—the limbs were in a constant convulsive motion, and almost insensible; he complained of the most excruciating colic pain, which could only be somewhat appeased by forcible compression of the belly; the eyes were bright and glassy, the face indicative of great pain and distress, the tongue dry and black, the bowels costive, the pulse very small and slow; a few hours after his admission, he became delirious, so that it was necessary to apply the straight waistcoat. He was ordered an emollient glyster, mucilaginous potions, and a drachm of alum. On the following day he was in the same state, in constant pain and delirium; two drachms of alum were ordered, and an oleaginous injection every half hour. On the evening of the 28th, he recovered his senses, after having had three copious stools; the pain was much diminished, and the abdomen soft. Under the continued use of alum he rapidly recovered, and was discharged perfectly cured, after eighteen days.

The *Archives Générales de Médecine*, contain ten cases, in which alum effected a speedy cure, and the reporter states, that M. Kapeler, after having for thirteen years adopted this method, prefers it by far to the use of narcotics and drastics, which, under the name of "*Traitement de la Charité*," are almost invariably employed in the other Parisian hospitals.

HOTEL DIEU.

ASCITES.

T. LECOUTURIER, *ætat*. 44, habitually in the enjoyment of good health, had been for some months affected with indigestion, loss of appetite, frequent costiveness, hectic fever, great emaciation, and, latterly, with swelling of the abdomen, and dyspnoea on the least exertion. When admitted into the hospital, under the care of M. Borie, he exhibited the following symptoms:—The abdomen was enormously swelled, the skin very tense, the umbilicus prominent, and the scrotum infiltrated. There was distinct fluctuation, but no pain on pressure, nor could any tumour be discovered. The face was of a sallow icteric hue, the tongue red, skin hot, urine scanty and high-coloured, the bowels very costive. He complained of loss of appetite, great dyspnoea, dry cough, fever, with nocturnal exacerbations, restlessness, and great thirst. The abdomen being punctured, eleven pints of an inodorous limpid serum were evacuated; saline and oleaginous aperients were given, and the abdomen compressed by a bandage. The patient was much relieved by the operation, and, on repeated examination, the abdominal viscera were found in a healthy state. Four days after, the swelling having regained its former size, and all the other symptoms, dyspnoea, restlessness, &c., having re-appeared, the tapping was repeated, and no less than fourteen pints of fluid were evacuated. In a week the swelling returned a third time, without, however, arriving at its former size; and, under the use of saline aperients, mercurial frictions, and astringent fomentations of the abdomen, the patient was perfectly cured.

ANGINA PECTORIS.

Josephine Vala, *ætat*. 34, of a florid complexion, was, on the 14th of November, admitted into the hospital, having been about four months before, without any known pre-

vious cause, seized with palpitations, violent intermitting pain on the left side of the thorax, extending over the left arm, and frequent attacks of suffocation and syncope. These symptoms being treated by blood-letting and antiphlogistics, gradually subsided, but had returned a few days before her admission, at which time she was found in the following state. The intermitting pain on the left side was very violent, and accompanied by suffocation; the pulsations of the heart were very loud; the pulse was hard and frequent; the patient seemed very low-spirited, and complained of restlessness, headach, and the most oppressive fainting sensation. Having been several times bled, she seemed to be somewhat relieved; but the attacks of syncope, pain, and suffocation, became more frequent, &c.; and in the night of the 20th, she suddenly started up, vomited several times, and died in a few minutes. On examination of the body, the brain was found somewhat injected, but healthy; the lungs loaded with blood, the left ventricle of the heart hypertrophic, and its substance of a paler colour than usual; the other parts of the heart were healthy, but the aorta was considerably diseased; its internal membrane being almost entirely destroyed, the muscular coat of a villous appearance, and presenting numerous yellow spots surrounded by a white margin. The principal arterial branches were healthy.

M. Recamier observed, that although the disease of the heart, and the morbid condition of the aorta, formed the principal anatomical features of the case, its most remarkable symptom was, the sudden periodical pain in the region of the heart and of the upper arm, which, under the name of angina pectoris, has been so differently explained by medical writers, and sometimes occurs without any visible disease of the heart, while there is scarcely any affection of this organ, in which it has not occasionally occurred; ossification of the coronary arteries, which was, by Heberden and Parry, considered to be the cause of this affection, is found but in very few cases; and the latest writers on the subject, Bertin and Bouillaud, assert even that they have met with ossified and obliterated coronary vessels, without any previous symptom of angina pectoris. According to Laennec, it is a symptom of most organic diseases of the heart; M. Recamier considers it as a nervous affection, which occurs at least as often without, as with alteration of the structure of the heart.—*La Clinique.*

ROYAL UNIVERSAL INFIRMARY FOR CHILDREN, WATERLOO BRIDGE.

To the Editor of THE LANCET.

SIR,—As you did me the favour to insert my letter of the 17th November, in your 275th Number, and as you also, in the following Number, inserted the letter of the house surgeon, and in the 278th Number, the letter of "the medical officers," perhaps you will still further oblige me by giving place in your next Number to the following brief reply:—

"1. It is asserted by "the medical officers," that not a single instance of neglect on the part of the medical officers of the charity has ever been before the Committee."

I will leave "the medical officers" to reconcile the above assertion with the following extract from the minutes of the proceedings of the Monthly Committee, held at the Infirmary, on the 31st March, 1828:—

"Read resolutions adopted at a meeting of the physicians and surgeons, to consider a resolution of the Committee requiring them to meet and consult respecting such measures as shall ensure their regular attendance at the Infirmary."

"Resolved,—That a book be provided, in which the physicians and surgeons be requested to sign their names on every day of attendance, and that they do likewise state the date, and the number of new patients they admit on each day."

The above resolution was confirmed, unanimously confirmed, at a general meeting of the directors and governors held on the 2d of May, 1828. The "medical officers" have told you, Sir, in their letter, that the motion "was treated by them with the respect it deserved," viz. *not one line has ever been written in the book by either of the gentlemen.* But they have "proper register books of patients;" yes, Sir, they have a "proper" book; but the house surgeon enters all the cases in this "proper" book, with the name of the medical gentleman, whose day of attendance it may happen to be, whether he is there or not. Is this evidence of the general attendance of the medical officers, when the house surgeon refuses to answer any questions as to the days of their attendance, because he considers himself as one of the "medical officers" of the institution? The answer I leave to the public.

Now for the case of Eliza Cole, (not Edward, as entered in the "proper" book.) Do the "medical officers" state that the mother did not attend from eleven o'clock till nearly four on the 21st October? Was there either physician or surgeon in attendance on that day? Did she find on the

Friday either physician or surgeon in attendance? And on the Saturday was there more than one medical gentleman in attendance? The case was cited by me as an instance of the neglect of the medical gentlemen in not attending to their duty: their answer has established the facts.

2. "The tearing out of a leaf in the house visitors' book," is admitted, and, as I before stated, it is once put at end to the impertinent remarks of the house visitors; for, although the house visitors are still appointed, the gentlemen have not generally attended.

3. The resolution "respecting a book," as it unanimously passed the Committee, and was subsequently confirmed by a general meeting, also unanimously, I have given above; but the "medical officers" have thought proper to add to this resolution what was never once named in the Committee, viz. "*the time of their arrival at, and departure from, the institution.*" Why this misrepresentation? Again: "This (the signing of the book) the medical officers, without a single exception, have refused to comply with." Why, Sir, one of these very "medical officers" stated again and again in the Committee, that he had no objection to sign the book, as an individual; but, as the majority had determined otherwise, it would be invidious in him to do so!

4. It is asserted that, "where one dispenser only is kept, a number of patients cannot always be provided with their medicines in a short time." True; but how much longer must these poor applicants be detained, when the "dispenser" has to perform the offices of physician and surgeon, previously to his taking upon himself his own proper office of "dispenser!"

It is true, Sir, that my letter was written without the knowledge of any one of the Committee; but it is also true that the Committee had unanimously supported the resolution, and that one of these very "medical officers" had given it his sanction.

As it was determined, at a special general meeting of the directors and governors, on the 25th of last month, that an additional physician, and an additional surgeon, should be elected, I do hope that the subscribers to this excellent charity will attend at the general meeting, and that such regulations may then be agreed to, as will be most likely to ensure prompt and efficient relief to the poor diseased children of this great metropolis.

I am, Sir,
Your obedient servant,
CHARLES WOOD.

Poppin's Court, Fleet Street.

REJECTED CANDIDATES.

To the Editor of THE LANCET.

SIR,—Through the medium of your invaluable Publication, THE LANCET, I have to solicit the favour of the insertion of a few lines, which, in themselves, are by many, as well as myself, deemed worthy of the most serious consideration of the Company to which they appertain. I allude, Sir, to the disadvantages and privations some young men feel, who, after having presented themselves for examination, and having the misfortune to be rejected, are, by their regulations, prevented from again appearing before that select body of apothecaries, till after the expiration of *six months*!! Many are the instances which have occurred, where a young man's prospects have been blighted by this arbitrary rule; and two have come under my own observation, emanating from a want of pecuniary means to pass six additional months in London. *These things ought not to be*, Sir; if even half that period were suffered to elapse before a second examination could be given, great indeed would be the benefit derived to many parents, who cannot actually afford to keep their sons in London for six months, but who, from the present order of things, are compelled to take them into the country, where the means of obtaining their medical education are, in a great measure, precluded.

If, Sir, the hint I have given, shall, in any way, tend to remedy the evil which the Company of Apothecaries, in London, have in their power to subdue, incalculable would be the benefit arising to the community at large, and trusting the same may be carried into effect,

I beg to subscribe myself
A WELL-WISHER TO PARENTS AS WELL
AS PUPILS.

Monday Morning, Jan. 4, 1829.

PARTIAL DISLOCATION OF THE JAW.

To the Editor of THE LANCET.

SIR,—I send you the following case, as I consider it one of unfrequent occurrence; indeed I do not remember to have met with a similar one, neither have I ever read of a case like it.

A cabriolet-driver came to me a few weeks since, with what he called "a locked jaw." He said that, as he was gaping in his cabriolet about half an hour before, he

found that he could not close his mouth again, and it gave him great pain, having been endeavouring, in vain, to rectify it himself. When I saw him, the mouth was about half closed, and a little thrown to the right side, and the saliva was flowing profusely from his mouth. I could not, at first, discover the nature of the accident, for reasons stated above. The two condyles of the jaw were *in situ*, but they would not permit of motion readily. However, on putting my fingers into the mouth, I found that the coronoid process, on the left side, was brought forward, and that it was laying on the cheek bone. Such being the case, I immediately depressed the jaw, and at the same time pressed it inwards, and the parts regained their natural situation, and he had the free use of it instantly, inasmuch that, although I had tied the jaw up, he returned to me, in the course of ten minutes, with the same accident. I reduced it again in the same manner, and, having tied his jaw more securely, with a charge not to open his mouth so wide, I dismissed him.

I am yours obediently,

P. M. HOSKING.

Fleet Street, Dec. 9, 1828.

THE silver cup offered by the physicians conducting the American Medical Recorder, for the best Essay on Typhus Fever, has been awarded by the umpires to Dr. Stephen Brown, one of the physicians of the New York Hospital. The motto to Dr. Brown's paper embodies his most important sentiment on the subject: "*Nullum ego cognosco remedium, nisi quod tempestivo usu fiat tale.*" The name of Dr. Armstrong occurs very frequently in the course of the Essay, and some of his opinions on typhus are opposed.

TO CORRESPONDENTS.

"X," came to hand.

We are aware of the intrigues which have been concocting at St. George's; they will be noticed in due time.

"Y. R." is requested to send the papers. The fellow must be exposed.

The *Thing* forwarded by "Veritas" was received; and in consequence of the statement it contained, we thought it our duty to address a note to Dr. Gregory. The following is an extract from his reply:

"When Dr. Gregory's attention was first drawn, by the conversation of those around him, to Mr. Wakley, he was leaning on the stairs; and Dr. Gregory has no reason to believe, that he ever came in contact with him." It is unnecessary to say more; but we may as well add, that Mr. Thompson, son of Dr. A. T. Thompson, who witnessed the whole transaction, has authorised us to

state, that he fully confirms the account published in *THE LANCET*, of what occurred on the landing-place, and that the account published in the *Charity Excrescence* is an infamous misrepresentation.

The letter of Mr. Dendy shall be inserted next week; it was accidentally omitted in our present Number.

Thanks to J. H. S., of Birmingham.

To "A Constant Reader."—He can recover, unless in a case of *mala praxis*.

Many complaints having reached us relative to the irregular delivery of this work, we can only say, that if orders be transmitted to our Office they shall be immediately placed in the hands of *Newsmen* for whose dispatch and punctuality we pledge ourselves. *THE LANCET* may be in the possession of every Practitioner, within the Two-penny Post District, by EIGHT O'CLOCK ON SATURDAY MORNING.

CONTENTS.

Dr. Blundell on the Diseases of Women and Children.—Lecture XI. Of some of the Diseases of the Unimpregnated Genitals.—Of Retroversion of Uteri	481
Perforation of the Oesophagus	485
Remarkable Case of complete Abstinence	486
Expulsion of Mr. Thomas Carter, Student of Medicine, from the Glasgow Royal Infirmary	486
Glasgow Infirmary.—Mr. Thomas Carter Cases of Intermittent Fever, in which Bleeding was employed in the Cold Stage. By John Mackintosh	489
To James Johnstone, M.D.	493
Hopital Beaujon.—High, and Rectovesical Operation, for Stone	498
Hole and Corner Societies.—Mr. Lambert	499
Traffic between Anatomists and Murderers	500
Review of Paley's Natural Theology ..	501
Meeting of the London Medical Society ..	502
Dr. Haslam's Resignation	503
St. Bartholomew's Hospital.—Gonorrhœal Ophthalmia	504
Westminster Hospital.—Wound of Abdomen	506
Disease of the Ankle-Joint	506
Sir Anthony Oyster	507
Guy's Hospital.—Lithotomy by Mr. B. Cooper	508
Disease of the Finger.—Amputation ..	508
Hopital St. Antoine.—Treatment of Colic ..	503
Hotel Dieu.—Ascites	509
Angina Pectoris	510
Rejected Candidates	511
Partial Dislocation of the Jaw	511
Silver Cup for the best Essay on Typhus ..	512

THE LANCET.

Vol. I.]

LONDON, SATURDAY, JANUARY 24.]

[1828-9.

LECTURES
ON THE
DISEASES OF WOMEN AND CHILDREN.
DELIVERED AT GUY'S HOSPITAL BY
DR. BLUNDELL.

LECTURE XII.

RESUMING the subject of the preceding morning, Gentlemen, you may proceed to ask what is to be done in those cases of retroversion of the uterus, now and then to be met with, in which a reduction of the retroverted position is attempted, indeed, but cannot be accomplished? Why, your treatment here must vary, according to the effects of the pressure. If the urine can be drawn off by the catheter, or passed by the ordinary efforts, and if the uterus does not compress the rectum with that degree of force which may prevent the discharge of its contents, it is unnecessary that you should interfere, (a meddling midwifery is bad,) but you should rather trust to the natural powers. As the womb enlarges, it may rise out of the pelvis more or less completely, and thus, day after day, the compression may become lighter and lighter, until, at last, it is removed altogether. It does not follow, therefore, because a womb remains retroverted, that the woman must necessarily die; and, consequently, in attempting reduction, you ought to be careful not to use the higher degrees of force, as the case is not sufficiently desperate to justify it. But it may now and then happen, where the womb remains retroverted, that under the pressure which it makes on the contiguous parts, neither the rectum can be cleared of their contents, nor the bladder, as in Dr. Cheston's case, noticed in a former lecture. Now, if the obstruction of the bladder is complete, and the accumulation of urine large, it is peremptorily necessary that something should

be done, otherwise rupture of the bladder, and death, may be expected. In such cases it has been proposed that we should tap the bladder; and, now and then, this practice would seem to be proper enough, and may, perhaps, be the only effectual mode of proceeding in some cases. It has been proposed further, if the reduction of the womb is prevented solely by a deficiency of room, that we should divide and open the symphysis pubis. Cruickshank, I think, recommended a measure of this kind. I am not aware that it was ever done in cases of this kind; but if the case were well chosen, I can conceive it might be of use to the patient; at all events, it would render the introduction of the catheter more easy, and the room in the pelvis somewhat more capacious. Alarming as the operation is, it is far from being a fatal operation; nevertheless, as I have never myself seen this operation performed, and, indeed, know of no case of retroversion in which it has been attempted, I do not venture to recommend it. In a case of retroversion, where the catheter could not be introduced, nor the rectum emptied, I should myself feel inclined to consider the propriety of tapping of the uterus, which might, perhaps, be found, on the whole, to be as desirable an operation as the tapping of the bladder, or the dividing of the symphysis pubis. I should not take a great trocar and canula, as if I were going to tap in a case of ascites, wounding a great many vessels, and perhaps occasioning death; but I should prefer an instrument of a very small size, by which I could perform a sort of acupuncture, which I am told has been tried upon the hearts of animals, without necessarily endangering life. Perhaps an instrument, contrived on the principle suggested, might be introduced into the uterus without much danger; and then, if a contrivance were fixed upon the other end of it, so as to bring away the fluid by a sort of suction, it may be that a good deal of the liquor amnii might be drawn off; and if the uterus was evacuated of the liquor amnii, there would immediately be a considerable reduction of its bulk, and perhaps, at length, an expulsion of the ovum; the womb might

he tapped either from the vagina, or the rectum; vaginal tapping would, I conceive, be preferable. But I want experience here.

In retroversion of the uterus, it would not, perhaps, be impossible to introduce some small, yet strong instrument, into the cavity of the uterus, along the mouth and neck, so as to break up the structure of the ovum, and, in that way, to give rise to its expulsion. It is very easy to conceive, that if the os uteri could be felt, and if an instrument could be carried into it, with which the ovum could be broken to pieces, an expulsion of the ovum might ensue. All these expedients are, more or less, hazardous; they are to be had recourse to only in those cases where there is no other hope; the woman's bladder being in danger of laceration, and this it is which justifies us, in making attempts not without risk.

But besides retroversion of the uterus, which I have here been considering at large, and which is the result of pregnancy, it now and then occurs either independently of gestation, or with circumstances very different from those which we have described. In the earlier months it may happen, that the womb becomes retroverted, and so it may continue throughout pregnancy; so that in the end of gestation, when delivery commences, the retroversion may continue still. Well then, what is to be done in these cases? Why, a retroversion of this sort is recorded by Dr. Merriam, a very solid and prudent practitioner, and the result of it is to prove, that the less the accoucheur interferes, the better. When first we examine internally in these cases, we find no os uteri whatever, for it lies above, out of reach, and the first impression made on the mind is, that the Cæsarian operation must be had recourse to; but if the practitioner suffer the woman to take her pains, the os uteri becomes gradually more and more expanded, and, as it enlarges, the inferior limbus approaches nearer and nearer to the brim of the pelvis in front, till at length a segment of it can be felt in the region of the symphysis pubis; this segment descending and enlarging more and more, till at length the child's head, not without much difficulty and pain however, descends till it comes within reach, and the child is born, probably, if not in all cases, dead, the mother escaping, though not without difficulty; from all which it appears, that in a retroversion of the uterus, either in the earlier or latter months, it does not necessarily follow, that you ought to distrust the natural efforts.

Again. I have sometimes found a retroversion of the uterus occurring after delivery, and, on the whole, that accident, though not perhaps very frequent, may, however, easily occur, for after delivery the

womb is about as large as the head of a full-grown fœtus, and where the bladder has been suffered to become overloaded, after laborious labour, for example, it is liable to become retroverted. The case being ascertained, introducing the catheter, you may draw off the urine, and as the womb is becoming less and less every day after delivery, and making a continually decreasing pressure, of course it is not necessary that any thing should be done as long as no symptoms press. If, indeed, after emptying the bladder, you can replace the womb with little effort, this ought to be done; but there, if your attempts to reduce the uterus fail, content yourselves with emptying the bladder when needful, watching the symptoms with vigilance.

Replacement might, perhaps, be obtained, as in the ordinary retroversion, by placing the patient on the knees and elbows, as formerly recommended, but the propriety of this practice during the first few days after delivery may admit of a doubt.

Further. When the womb is enlarged from scirrhus, polypus, mole, or hydatids, and by the two former, more especially, it may acquire the size of the fetal head, and become retroverted; and thus you may have a retroversion of the womb, independently of pregnancy occurring, in unmarried women. In this case, however, owing to the slow growth of the uterus, except in cases of hydatids, the symptoms of pressure may supervene in a very gradual manner, there being much irritation about the bladder and rectum, joined with obstruction of the urethra, more or less complete, and this perhaps for weeks or months together, before the nature of the disease is ascertained. In these cases it will, of course, be your main object to replace the uterus if this can be effected; and to accomplish this you must proceed in the same manner as if you were attempting to replace the retroverted womb when pregnant. Of course the replacement of the womb leaves the original disease of the uterus where it found it.

Again. In different women the womb varies much in its virgin bulk, for in some it is three times as large as in others, varying in magnitude much in the same manner as the most prominent feature of the face. Now, if it so happen that the womb is very small, and that retroversion has taken place without impregnation, the pressure which it occasions may be so inconsiderable, that the nature of the accident remains unsuspected; but when the womb, though unimpregnated, chances to be of large size, and when, more especially, the pelvis is small or contracted, considerable pressure may be produced, and we are first led to investigate its nature in consequence of the irritation and obstruction of the bowel and the bladder, when it

is soon recognised by the characteristics before given. The treatment of this case must proceed on the same principles as that of retroversion, associated with gestation.

Lastly, the uterus, when in healthy position, is placed obliquely, as stated in a former lecture, with its fundus forwards, and its mouth posteriorly, the fundus lying a little, and but a little, above the level of the brim, and the mouth and neck a little below it; this I have observed in the living women a hundred times. Now, it is said that *anteversion*, that is, a supposed change of position, in which the fundus comes forward and the mouth recedes, may take place; but, the truth is, that the womb is almost always ante-verted,—frequently the fundus is pushed down below the symphysis pubis. How often, in making examinations, have I perceived it in this position, between my fingers; so that these ante-versions of the uterus can scarcely be looked upon as extraordinary and morbid. I might say, with truth, that they are perfectly healthy; and notwithstanding some one or two cases which have been put upon record, I look on this as a variety of disease on which it is unnecessary to dwell.

Prognosis.—With respect to the prognosis of retroversion, I have to remark, that where the womb is replaced, the patient in the general does well enough, provided you proceed on the principles prescribed; yet it is not impossible that miscarriage may take place after a reduction; in two or three instances I have known this. Inflammation of the bladder of the acuter kind may occur, and you may have a chronic disease of this organ. Where there is a good deal of inflammation, your patient may die of exhaustion; and you may find that some officious hand has thrust a catheter through the back of the bladder into the peritoneum, and that the escape of the urine into the peritoneal sac has destroyed the patient. The bladder, in some rare cases, may be burst open, as in the preparation before you; or, as in one case which I saw myself, the ovary may be dropsical and ruptured, and this may assist in destroying the patient. So that although these retroversions are, on the whole, by no means very dangerous, it does not always follow even when the womb is replaced with skill, that the woman will ultimately do well. Those cases are more dangerous and unfavourable, where the retroversion of the uterus is connected with some other disease, whether enlargement by hydatids, or scirrhus, or polypus, for when you relieve the retroversions, you are curing only that part of the disease which depends upon the displacement, but the original affection still continues in all its force.

Recto-Vaginal and other Pelvic Tumours, independently of Pregnancy.

In the pelvis, we sometimes find various tumours of different sizes, some as big as a pullet's egg, and some as big as the head of a full-grown foetus; those tumours I divide into two kinds, the recto-vaginal, and those which are not situated between the vagina and the rectum.

Respecting those tumours which are not situated between the rectum and vagina, and which occur independently of pregnancy, I have few useful practical observations to make, and therefore I shall pass over them lightly, observing merely, that they grow sometimes from the promontory of the sacrum, sometimes from the sacro-sciatic ligaments, so as to obstruct parturition, occasionally from other parts, which may cause great pain and inconvenience during delivery, the difficulties and management of which I took occasion to consider at large, when treating of the anomalous labours.

But more generally, where tumours form in the pelvis, they are of the recto-vaginal kind; and water, intestines, and, above all, the enlarged ovary may lodge in this part. There are various causes from which the ovary may become enlarged—from dropsy, for example, from scirrhus, from extra-uterine gestation, or the like; and when the ovarian enlargement takes place in that manner, the tumour falls down between the rectum and vagina, I think I may say frequently, and may give rise to much inconvenience. If it make but little pressure on the pelvis and bladder, it may not require much attention, and even when the woman is very uneasy, and greatly distressed by it, if it become larger, so as to get its bearing above the brim of the pelvis, a spontaneous cure of all the symptoms may be obtained; but where it so happens that the pelvis is small, and the ovary large, and the parts irritable, the tumour lying in the hollow of the sacrum, between the vagina and the gut, very violent symptoms may be produced; and those symptoms, of an anomalous kind, may be worth a little study from us. In the first place, there is a great deal of irritation about the rectum, and your patient may be supposed to labour under *hemorrhoids*; then, too, there may be a good deal of obstruction in the bladder, so that the urine may be intercepted, or may pass with difficulty, a catheter being required. Nor must I forget to mention, that there may be a great deal of central pain felt in the back, and about the symphysis pubis, together with a shooting down the thigh; the patient saying that she feels a ripping pain, running, perhaps, in the course of the nerves, the anterior crural, and the great sciatic especially. With recto-vaginal tumours, lastly, the patient may be para-

lytic in the lower limbs, and one limb may be weaker than the other. I will not say all muscular power goes from the leg, but the muscular power may be reduced; in different cases, the degree of paralysis varies; it may be so slight, that the patient scarcely perceives it, or it may be so considerable that she is obliged to lie on the sofa, and to be lifted to bed. Now where you have these symptoms occurring, want of power in the lower limb, nervous pains, obstruction of the bladder, and obstruction of the intestine, there is good reason for suspecting that there is some tumour or other in the pelvis; and if you make a careful examination, of course the disease is ascertained easily enough.

Treatment.—In cases of recto-vaginal tumour, it should be your first object to press the swelling above the brim of the pelvis, if this can be accomplished without much effort, and you must proceed precisely on the same principle as in the case of a retroverted womb. If you cannot place the recto-vaginal tumour above the brim, you must leave it in its situation, palliating the symptoms, by keeping the bladder empty, and advising the patient to use that sort of food and drink which will not require much evacuation. In these cases, I know of no effectual mode of relieving the paralytic symptoms, or the pain which the patient has in the lower limbs, though the latter may be palliated somewhat by means of bleeding anodynes. When those recto-vaginal tumours become large, they not unfrequently rise spontaneously above the brim, so that the disease cures itself; and so it sometimes happens, that as recto-vaginal disease has been advancing, though neither the sufferer nor her adviser have known what was the matter, the disease has given way. I have more than once seen patients labouring under much abdominal intumescence, and an ovarian dropsy, whose first symptoms, though attributable to this cause, have been clearly misunderstood. This, therefore, you should mention, because it is a great encouragement to patients; the larger the tumour, the more likely it is to quit the pelvis, or, at all events, so to alter its bearings, that the symptoms arising from compression may be effectually relieved.

Let me add here, that it is in the highest degree dangerous for a woman to become pregnant while she labours under a large recto-vaginal tumour; if she does, the high probability is, that both herself and the child will perish. If she be single, there will, of course, be little danger; if married, she ought to be upon her guard, abstinence being her best security. There are other ways in which she might guard against pregnancy, but which I do not think it proper publicly to mention; but this delicate subject I have touched on before.

One half of the puerperal uterus I here show you; when it becomes retroverted, it may produce all the signs of the disease, but, then, the symptoms produced are considerably less.

I here show you a preparation of a uterus enlarged from scirrhus, and retroverted; it produced all the symptoms of the disease, with this difference, that they came on more gradually, because the growth of the scirrhus was not so rapid as that of the uterus under pregnancy.

For the preparation here shown you, I am indebted to a very excellent young gentleman, the late Dr. Cox; it is a specimen of tubercular scirrhus and polypus combined, and such a womb becoming retroverted, must give rise to the symptoms of the disease.

The next preparation exhibits the case of the pelvis removed, so that you see all the viscera in their different situations, with respect to each other. This preparation is well calculated to throw light on the bearings produced by retroversion.

Here is another preparation, of the same parts, on the large scale.

Here is a very beautiful preparation, which shows the retroversion of the uterus, with disruption of the bladder. The uterus is as large as a child's head; above the retroverted uterus is the bladder, which has been ruptured. It is remarkable, that in this rupture of the bladder, which has arisen from its over-distension, it is not the front—that surface of it I mean, which has no peritoneal covering—but it is the posterior surface, invested by the peritoneum, the back part of the body, which is the region of the rent. Now it was this,—and I may mention it here, lest by any accident I should be prevented from making these observations hereafter—it was this which first led me to propose, that where a rupture of the bladder takes place in any case, but especially in a retroversion of the uterus, we should not give the patient up for lost; for if there is reason to believe that the bladder is burst into the peritoneal sac, we might make an opening into the peritoneum—say above the symphysis pubis, by which we might discharge the urine, and then injecting distilled water, of the temperature of 98°, we might wash out the viscera, so, perhaps, as to prevent a general peritonitis; this done, we might draw the bladder up to the opening in the abdomen, and close the rent by ligature. This operation I have performed on several rabbits; in one or two experiments I brought the bladder out, tied it up, and took away about one quarter of it, viz. the whole of the fundus, and the animal did perfectly well. This operation I have never had occasion to try on the human subject; but in a case otherwise desperate,

I should be inclined to recommend it. I may remark here, that since I have suggested this method of closing the bladder by ligature, a surgeon of eminence (Mr. Travers) has performed the operation on the stomach. There was a slight wound in the organ; he boldly tied up the aperture; the thread came away, and, as he told me, the case did perfectly well.

I request you all to read the excellent paper of Dr. Merriman, On Recto-vaginal Tumours. You will find it in one of the earlier volumes of the Medico-Chirurgical Transactions.

When we meet again, I shall proceed to a very important class of diseases, those which depend upon the descent of the pelvic viscera.

LECTURES

ON

MUSCULAR ACTION, AND ON THE CURE OF DEFORMITIES.

BY MR. SHELDRAKE.

On the most effectual Method of Instructing Young Persons in those Exercises, that will improve their Personal Appearance, and render their Forms more perfect.

THIS subject may be arranged under two divisions. First, that which may be practised in every gentleman's family, by those who are usually employed to take care of young children in the earliest periods of their lives; and who, indeed, would be more beneficially employed in the practices that will now be recommended, than they are in performing the duties that are commonly laid upon them. The second consists of young persons, who are so far advanced in life as to be the subjects of professional attention. I shall, at present, confine myself to the first class.

Young children, in the families of gentlemen, are generally well managed while they are in the nurse's arms, because the anxiety of parents, and the attention of professional men, who are, at that period, much employed, prescribe a rational course of treatment, and compel the nurses to follow the course that is prescribed. It is in the succeeding stages that the mismanagement begins; and this is too often carried to excess that is productive of lasting injury.

The children are given to girls, or very young women, first to carry, and then to lead them about, as they acquire the power of using their limbs, to give them exercise, which, it is supposed, may be increased at

pleasure. It is believed that this requires no other care but that of the servants, and, of course, the children, being kept in motion. As they increase in age, their exertions are increased, and the scenes in which those exertions are made, are extended to walking, to running about, and engaging in such other exercises as the discretion of the servants shall direct; for the management of children, at this period of their lives, is believed to be so simple and so easy, that it may be safely entrusted to the care of that class of servants that has the least knowledge, and has had the least experience. Let us now inquire into this fact.

The persons who become nursery-maids are usually the daughters of cottagers, or of persons in some inferior stations in life; they have been brought up among their natural relations, and, as persons of every class of society have peculiarities which distinguish them from all others, these servants carry the peculiarities of their own class into their new situations. As man is an imitative animal, the servants, who teach the gentleman's children to do whatever they are employed to teach, instruct them, by showing by their own actions, what is to be done. The consequence is, that the gentleman's children learn to imitate the habits and manners of the servants, instead of those of their own class. This will happen when the utmost caution is used; but the want of care, and, sometimes, worse motives, induce those, who have the care of children, to do them very serious injuries, without having any fixed intention of doing so. Of this kind of mischief I have known many very striking examples, but shall content myself with giving one.

A man of business, of the first class, who lived in Pall Mall, had a family of young children; the nursery-maid was regularly employed to take them, for air and exercise, into St. James's Park; but was ordered, on no account, to extend her walk beyond the length of the Palace-garden wall, so that she might certainly be found, if wanted. One of the children was not able to go alone, and of course must be carried; the other was a girl of five years old, and very well able to walk. After some time this child became unhealthy, and weak, her knee bent, her ankles were distorted, and she became a patient of mine, to have that defect remedied. No satisfactory account could be given of the cause that produced this unexpected alteration in the health and form of a child that had been so healthy; at last the servant was dismissed for some other fault, and then the whole truth became known. This girl had a little affair to manage with a man who lived at Chelsea. The only opportunities the lovers had to meet, were when she was sent to walk in the Park with the children. She

then, with one child in her arms, and the other running by her side, made the best of her way to Chelsea, and, when the purposes for which her assignation was made were effected, she returned without being missed, as her mistress, taking it for granted that her orders were obeyed, did not take the trouble to see if she remained in her appointed place. The child could not go on long in this manner without feeling its consequences; she was fatigued by this excessive exercise, and cried as she walked, or rather ran, along the road; she was well beaten for this, as well as to prevent her from telling what she went through; being thus intimidated, the poor child went on in this injurious course till the servant was dismissed, when all that she had suffered was made known, and effectual remedies were provided.

In this course of education, if it deserves the name, children are continued five or six years, or till they make the next decided step in the progress of education, which is either the preparatory school, or some private course, in which practices that resemble those which prevail in preparatory schools, are adopted. In the first course, as it has been described, if the children escape all the injuries to which they are liable, all possible means have been used to make them active, robust, healthy, and high-spirited; qualities of which, in the next stage of their education, much trouble is taken to deprive them; they are taught to remain confined to their seats for many hours in the day; to "behave pretty," as it is called, with arms folded, demure faces, and eyes fixed upon their books, to learn their appointed lessons. In this stage of education, all possible means are used to deprive them of those qualities, which it was the business of the first instructions to teach them.

After the preparatory period of education is past, boys diverge into a course into which it is not our business to follow them; but we shall proceed to investigate the subsequent education of girls.

The parents of those ranks for whose use these observations are intended, think it is an object of the first consequence that their daughters should obtain every perfection of form that can be acquired, and as many accomplishments as their circumstances will enable them to add to them; and, to acquire these, the schools, or practices in private, which resemble those of the schools, are resorted to. It is an object in all schools, that the scholars should be kept still and quiet for many hours in the day, that the teachers may instruct them, each in their turn, and without interruption. The high spirits, which are natural to early life, are now completely checked, and when girls, under these cir-

cumstances, are compelled to remain fixed to one place for hours together, with looks demure, and book upheld, they are said to be in good order. It will now be proper to notice some of their employments.

The author, who has already been mentioned, has written that the practice of music is injurious to the human form; this is positively untrue, for the practice at the piano-forte, which is the most general favourite with the ladies, is as favourable to the figure, as any exercise that can be devised; the practice upon the harp, indeed, if not managed carefully, may, under some circumstances, be injurious; but when the form has been injured by imprudent practice at the harp, those injuries may be easily cured, and, with moderate care, may always be prevented. Dancing has been universally, and is still very generally, resorted to; but as I have treated on that subject in a separate discourse, I shall not enter upon it here, nor should I mention the gymnastic exercises, as they are called, for the same reason, but for the pertinacity with which they have been forced upon public attention, and intruded as being worthy of general adoption, and to supersede dancing, as a healthy as well as pleasurable exercise; as it has been shown that they are highly injurious in every respect, they certainly ought on every account to be discontinued.

After having given this rapid sketch of the practices which have been adopted to improve, as it was thought, the persons of young people, it will be proper to point out one peculiarity which pervades the whole. The practice of every stage, as I have called it, is calculated to counteract the effect of that which immediately preceded it: thus, in the first stage, the object was to give as much activity, strength, and elasticity to the forms and spirits of young persons, as the circumstances of the case would require; the object of that stage of the treatment which immediately followed, was calculated to diminish the activity of body and buoyancy of spirits which had just been created; and the same alternation of effects pervades the whole system.

In the course that I shall recommend to be adopted, instead of that which has been followed, I shall propose what is essentially good, and may be effectually practised at all times, by the usual inmates of a gentleman's family, with a certainty of success; so that all who will take the trouble that is necessary, will certainly give to their children all that perfection of form of which they are susceptible.

As I shall, in other discourses, enter more largely into the theory of muscular action, and endeavour to explain some of its phenomena, in a way that has not been

done or attempted, I shall content myself here with pointing out certain practices, which, if adopted early in life, and steadily followed, by persons even of ordinary intelligence, will enable them to give to young children the power of using their limbs with firmness and precision; this will become natural to them, if they are well grounded in those practices in the early period of their lives, and will enable them to acquire any other exercises they may have occasion to learn, at any future time, with more facility than they could do if they had not been previously so instructed.

These exercises should be begun as soon as children can walk firmly alone, and understand any directions that are given to them; they should begin with the simplest exercises, one at a time, and not proceed to a second, until they are completely masters of the first. After having mastered the most simple, they should proceed to those that are more difficult, and so on progressively, till they are masters of the whole, which they should then practise carefully and regularly for a certain portion of time every day. If all children were instructed, and required to practise these exercises, they would grow up with a power of using their limbs, and a freedom from personal defects, to which so many children are subjected at present, and which are so often injurious to them in the course of their future lives. The longest room that can be set apart for this practice should be preferred; upon the floor, make a straight line the whole length of the room; a second line should be made parallel to it, and the two lines should be connected together by a return at each end, so as to make the whole one continued figure; these lines should be one inch wide in the whole of their length, and should be painted upon the boards, or described and laid down in any other durable manner. If the room is carpeted, a white tape, or web, may be fixed on the carpet to answer the same purpose.

The child that is to be instructed must be made to stand quite erect, still, and firm, upon both feet, with the heels close together; the spine must be kept firm and erect upon the pelvis, and the pelvis equally firm upon both legs, but without being fixed in a stiff position. While the child is in that position, all its parts on one side of the body will be equal to the similar parts on the other, and the head must and will be erect upon the spine, for it is quite impossible that it should be otherwise, while the body and all its members are held in the manner that has been described.

When the child is familiarised to this position, and is able to stand in it for some time, say a minute or more, let her stand upon the line with her heels close together,

and the inside of her great toe upon each foot close to the outside of the line; she will then be able to place her feet upon the ground firmly, and she will be able to step or stand still in the most advantageous manner. When this position is become familiar to her, she should be directed to remain in it, (without moving the body, or any member that is attached to it,) standing upon one leg, while she lifts the other by bending the knee; in this position she should remain for a few seconds, at first, then set it down in the place from which she raised it, and raise the other in the same manner; after standing upon the second foot for the same time as she stood upon the first, she is to return that to the ground, and raise the first in the same manner again: thus changing her feet, and standing upon each in its turn, till she has acquired the power of standing upon either foot, and changing from one to the other, without changing her place. She should repeat and vary this exercise, till she is able to stand for a minute or more upon either leg. When she is quite familiarised to this exercise, she is to stand firm on one foot; while she raises the other by bending, at once, the knee and the hip joint. Having stood for a short time in this manner, she should straighten the knee joint, by which the foot will be moved forward; which should then be placed upon the ground, and the other foot moved forward in the same manner. She is then to be placed upon the line, and directed to move gently forward till she has walked round the line as many times as may be found convenient or practicable.

The use of this exercise will be very great; it will, without any improper exertion, enable her to direct her feet to any particular point, to walk evenly and firmly, habits which, when once acquired, will never afterwards be lost, unless by the grossest negligence. As the children, for whose use this practice is recommended, belong to that rank in society which gives much attention to the education of its offspring, it is not to be expected that when the importance of this practice, simple as it appears to be, is understood, it will be omitted or neglected. The only danger is, that when servants are entrusted to manage, they will neglect it, for it is the practice of ignorance to neglect or despise what appears to be simple: the authority of parents to compel the proper use of this practice, while it is a novelty, ought to enforce it, and when its effects have once been seen, its evident utility will recommend itself.

The child, when instructed to walk in this manner, should be directed to look at its feet, and see that it places the inside of each foot exactly even with the out-

side of the line; when the habit of doing this is obtained, she will, in consequence, have obtained the power of standing firm upon both or either of her feet, and of walking evenly and firmly. Whoever walks well, will likewise be able to run or perform any other muscular action well; and thus all to whom this practice is rendered familiar very early in life, will have laid a solid foundation for the management of their persons in the more advanced periods, when their time and attention should be directed to objects of a different nature. Some objections, which have little real importance, may be made to beginning this practice so early in life, because it may be said that it will fatigue the child's attention, and it may be added, that it might be learned equally well at a later period; and if the old prejudice is revered, it may be said, that it will be better to let Nature, as it is called, take its course. To all this, the plain answer that ought to be given is, that it requires no mental exertion in the pupil to practise this exercise; it occasions no restraint or uneasiness. As children must have exercise to keep them in health, it will be better for them to use this exercise, which *must* have a beneficial effect, and which *may* be so managed as to have much the character of amusement, and will be better than to have them run about in what has, erroneously, been called the natural way. Persons who talk in this manner will be surprised to learn, that for human beings there is no natural way of moving about: all practise locomotion, but every class of beings move in a way that is dictated by the habits they have acquired, and differ so much from each other, that there is no resemblance between them, more than the simple fact that they all move themselves, by some inherent power, from one place to another. The country labourer walks in one manner; the labouring artisan in another, and the gentleman in a way that differs from either of the preceding.

FOREIGN DEPARTMENT.

TREATMENT OF PHTHISIS BY SMOKING BELLADONNA.

PROFESSOR CARVEILHIER has lately used the belladonna in phthisis with great success, in the following manner: the fresh leaves were infused in a strong solution of opium, and then dried up like tobacco; the patients began by smoking two pipes a day, and the quantity was gradually increased to six pipes. In several cases of confirmed

phthisis the cough became less frequent and violent, the pain and irritation of the larynx subsided, the dyspnœa disappeared, the expectoration diminished, and became less troublesome, the profuse nocturnal sweats, the heat and febrile excitement, became less, and the disease seemed to be completely arrested.—*Nouv. Bibl. Medic.*

ON THE EXTRACTION OF A MILK-TOOTH WITH THE CAPSULE OF A PERMANENT TOOTH.

M. OUDET lately communicated to the Académie Royale de Médecine the case of a child of five years and eight months, in which, on extracting the second molar tooth of the lower jaw, the capsule of the permanent tooth was extracted. It was between the roots of the tooth, but not attached to them, and its external tubercle was almost complete. It seems that there is no danger of this accident in extracting the incisor and canine milk-teeth, the capsule of which lies behind the simple roots, while that of bicuspid and molar teeth is situated between the roots of the milk-teeth; even in the latter case the capsule of the secondary tooth is so very seldom extracted, that the possibility of this accident has been altogether denied. It is at all events not sufficient to deter the practitioner from extracting a milk tooth, whenever caries, oblique position, &c., render it necessary.—*Bullet. des Sc. Med.*

REMARKABLE CASE OF STONE IN THE BLADDER.

THE subject of this observation is a young Sicilian, who from his infancy exhibited symptoms of stone in the bladder; in his ninth year he was examined by Dr. Assalini, who found a stone of considerable size, and accordingly proposed lithotomy; but when about to perform it, the stone could not be found, and the operation was put off. From this time the patient suffered much, during eight years, from chronic cystitis, stranguary and ischury; he became much emaciated, &c., till he was at last presented to M. Portal, who found him almost in a dying state, a large abscess having formed in the perinaeum from infiltrated urine. An incision was immediately made into the tumour, from which with the urine a stone of the size of a bean was removed. The wound became gangrenous to a very great extent; but at last healed. M. Portal now examined the bladder very carefully, and having convinced himself of the presence of a very large stone, decided upon performing the high operation without any further delay. The stone was found attached to the upper part of the bladder, and when it was with some difficulty extracted,

a portion of hard fibrous membrane was adherent to it. The stone had an uneven surface, was yellow, very hard, *five inches long, and two inches and a half thick, it weighed five ounces and a half*, and consisted of cystic oxyde, uric and oxalic acid, and animal substance. On examining the bladder, which was very large, a round stone of the size of a filbert was found, and easily extracted. The day after the operation the patient was greatly exhausted, but the fever was moderate; the urine passed through the urethra, &c. On the third day the wound had suddenly taken a gangrenous appearance, and on the sixth day a large eschar had formed, which being easily removed, was found to communicate with the cavity in the bladder; from which there was also thrown off a large portion of gangrenous membrane, containing a small stone. From this time the wound reassumed a healthy appearance, and within two months the patient had perfectly recovered.—*Esculapio*.

SINGULAR ACTION OF ARSENIC ACID ON SEVERAL SORTS OF SUGAR.

A SOLUTION of the arsenic acid and common sugar being mixed, the fluid, after a few hours, assumes a beautiful purple colour, resembling that of raspberry syrup; if instead of common sugar that of starch is used, the same colour, but somewhat brighter, is produced; the sugar of milk assumes a reddish brown colour; manna becomes of a brick colour; diabetic sugar and the saccharine principle of oil, as well as gum and pure starch, are not changed at all by the arsenic acid. Caustic potash and ammonia, have no power of destroying the colour of the above-mentioned liquids; nitric and muriatic acids render it brighter; sulphuric acid changes it into a dark brown colour.—*Schweigger's Jahrbucher*.

DIVISION OF IRREGULARLY UNITED FRACTURE OF THE THIGH-BONE, AND PERFECT RECOVERY OF THE LIMB.

A child, about five years of age, broke his left thigh, three inches below the great trochanter; in consequence either of neglect or bad treatment, the fragments united in such a manner as to form a right angle, the lower portion of the limb being turned inwards and upwards. The child being thus entirely deprived of the use of his limb, was, thirteen weeks after the fracture, brought to Dr. Wasserfuhr, of Stettin, who found the callus so perfectly consolidated, that nothing could be expected from extension or bandages. Under these circumstances, the artificial fracture of the limb was proposed, as the only means of re-

moving the deformity, which was indeed so great, that amputation would have been better, than leaving it in such a condition. The chances which this method offered, were very doubtful; an artificial fracture of the callus scarcely appearing practicable, even in case it should be possible to apply mechanical violence sufficient to break the bone, without materially hurting the soft parts. It having been found, on repeated examination, that the callus, from its thickness, had pushed the muscles towards the anterior and posterior surface of the limb, Dr. Wasserfuhr thought it would be possible to lay it bare, by a transverse division of the soft parts over it, and then to saw through the bone sufficiently for it to break at the place where it was necessary, without any great violence. For this purpose, he had a truncated pyramid made of wood, which, being fixed with its base on a board, might support the concave part of the callus, so that, on forcibly depressing the two extremities of the bone, it might break at the place where it had been broken before. Having communicated this plan to several of his colleagues, it was carried into execution on the 9th of January, 1821. A transverse incision having been made through the skin and muscles over the callus, the soft parts were pushed upwards and downwards as much as possible, so that the callus was laid bare, sufficiently for the application of the saw. One-third of the callus having been sawn through, the wooden pyramid was placed in its concave angle; but the attempt which was then made to break the bone having failed, the operator was obliged to apply the saw a second time, after which the bone easily broke over the pyramid. The operation lasted only about five minutes; very little blood was lost, and fracturing the bone appeared to cause much less pain than the pressure of the pyramid on the soft parts. The recovery, after the operation, was very tedious; the limb was carefully kept in a straight position; an abundant suppuration took place at the wound; excoriations and ulcers formed from the pressure of the bandage; and large abscesses formed around the wound, which had a torpid oedematous appearance, till, at last, several pieces of bone exfoliated, after which the cure proceeded very rapidly.

On the ninetieth day after the operation, the apparatus was removed for the first time; complete re-union had taken place; the new callus had acquired perfect solidity, and the limb was in a straight line. Within a short time, the little patient endeavoured to stand and to walk, and has now acquired the use of the limb in such a manner, as to leave hardly any trace of the previous deformity.—*Rust's Magazin*.

HOPITAL BEAUJON.

THE stone patient whose case we reported in our last Number, died on the third day after the operation, apparently with all the symptoms of violent peritonitis; on examination of the body, the abdominal cavity was found filled with purulent serum, the intestines adherent to one another by false membranes, and the peritoneum injected and thickened; the superior wound of the bladder extended from the fundus almost to the prostate gland; its parietes were very firm and considerably thickened; its muscular membrane was of a fungous appearance and livid colour. The perineal incision comprehended the skin, the sphincter ani, the anterior part of the rectum to the extent of an inch above the sphincter, the lower part of the bladder, the prostate gland, and that portion of the urethra which is surrounded by it. The neck of the bladder was thickened and very firm; the prostatic portion of the urethra exhibited a large dilatation, corresponding with the size and form of the stone, so that there could be no doubt of its having been firmly lodged there. The cellular tissue surrounding the bladder was infiltrated with a purulent matter of urinous smell, the ureters were enlarged, the kidneys softened and atrophic; their calices and pelves at least six times their usual size.

HOTEL DIEU.

FALSE ANEURISM OF THE BRACHIAL ARTERY.

T. AUGUSTE, *ætat.* 32, having been admitted on account of cerebral congestion, was several times bled; in one of these bleedings the brachial artery being opened, a great quantity of blood was effused under the fascia of the forearm; the hæmorrhage was arrested by compression, the extravasated blood began to be absorbed, and the wound of the vein completely healed. Six weeks after the accident, the absorption appeared to make no further progress; the tumour was then of the size of an egg, and had an obscure pulsation, which ceased altogether when the arm was held in a state of extension, or when the brachial artery was compressed. The movements of the arm being considerably impeded by the aneurismal tumour, M. Dupuytren decided upon tying the brachial artery at the inferior third of the upper arm. The operation was performed in the following manner. The arm being kept extended, a longitudinal incision, two inches in length, was made over

the internal margin of the biceps, through the skin and aponeurosis; on raising the edge of the biceps, the artery and nerve became visible, and M. Dupuytren was going to separate the median nerve from the vessel by means of a probe, when the patient fainted, and the arterial pulsation having completely disappeared, the further progress of the operation was arrested, until after about half an hour, when he recovered his senses, and the pulsation of the artery returned; it was now readily isolated and tied in the usual manner. The pulsation in the tumour and of the radial artery immediately disappeared, and the temperature of the arm became somewhat lower, but increased again after a few hours. On the next day slight erysipelas appeared round the wound, and the patient was somewhat feverish, but the tumour had collapsed, the temperature of the arm was natural, the pulse at the wrist could be distinctly felt, and the movements of the arm were perfectly free. In about a week the wound had healed, and the patient was discharged cured.—*La Clinique.*

GLASGOW ROYAL INFIRMARY.

FRIDAY, January 2, 1829. On entering the Hospital to-day, we found a notice of "an operation," which, from the rareness of its occurrence for some weeks past, was by no means unwelcome. On arriving in the operating theatre, the benches were, as usual, already occupied, but the gentlemen seemed to have hastened themselves thither, quicker than occasion required; for, after waiting patiently more than half an hour, and depriving ourselves of the opportunity of profiting by the physicians' visit to their patients, no operator made his appearance. At length, after much noise by some of the less judicious and impatient part of the audience, Mr. Cowan entered, and told us, "that a minute's time was really not his own, and it certainly was only an occasion of an urgent nature, which could detain Dr. Couper from the hospital." He concluded by hoping, "that such disturbance would not be repeated, of the impropriety of which, all of us, on consideration, could not but be convinced." I was sorry to see Mr. Cowan pass over this occurrence so lightly, which happens but too repeatedly, and which cannot but be both annoying and hurtful to many of the patients in the neighbouring wards. It ought at once to be decidedly checked. Dr. Couper shortly afterwards arrived, and performed the operation. The case was as follows:—

A woman, aged 31, was admitted December 27, with a tumour situated over the right eyebrow, of the size of a horse-bean, soft spongy feel, and purple colour. Blood was occasionally discharged from its surface. There was another situated immediately above the former, but more flattened, and firmer. The skin covering it was nearly of a natural colour, but superiorly, to the extent of half an inch, it was of a dark brown colour, and around its margin there were three hard small tubercles, and over the external canthus, one still smaller. It was tender when pressed, and moved freely under the skin. The disease was of long standing; but for two months previous to her admission, the right parotid gland had become affected, and was occasionally subject to severe gnawing pain. The patient's health was good. The diseased substance was removed with the scalpel, and a piece of lint inserted in the wound. No attempt was made to draw its edges together, which, from its proximity to the upper eyelid, would very probably have produced lagophthalmos.

After the patient had left the theatre, Dr. Couper handed the diseased substance to the students, remarking, "that he found some difficulty in giving the disease a name, that he was afraid it was of a malignant nature, and only remembered one case which it resembled. In that case the tumour was situated immediately under the skin on the abdomen, and shortly after its removal, although the wound healed kindly, hardened strings were found extending towards the glands in the axilla. The case ultimately terminated fatally." The disease in the present instance presented scarcely any appearance of scirrhus, and was confined to the skin. The patient has been doing well.

STRANGULATED HERNIA.

P. M., aged 30, was admitted on the same day that the operation was performed on the preceding patient, with an inguinal hernia of the right side. It was larger than a man's fist, extending along the course of the inguinal canal, and was firm, tense, and painful. The abdomen was slightly tympanitic. There was hiccup, restlessness, nausea, and hot skin, but he did not complain of thirst. He had vomited twice, and had had no stool for 24 hours. His pulse was 84. The patient said he had been subject to hernia for the last ten years, which, however, had never been larger than a small walnut, and was always easily reduced, till the morning of his admission, when, after drinking freely, he was attacked by three men on his way home, kicked, and left in a state of insensibility. When he

recovered, he began to complain of pain in his groin and scrotum. He was bled to 30 ounces, and an attempt made to reduce the hernia by the taxis, but without success. A consultation was called, which met at two, p.m. Ordered the patient to be put into the warm bath, to be bled *ad deliquium*, and another attempt made to reduce the strangulated gut. Thirty ounces of blood were again taken, and when the patient became faint, he was removed from the bath, and the taxis tried, but without success.

Mr. Cowan, under whose care the patient was placed, now entered the operation-room, and told the students, who were waiting in the expectation of an operation, "that it was the opinion of the consultation, from an enema having produced two slimy and scybulous stools, that the operation should be postponed. In the meantime, 20 leeches would be applied to the lower part of the abdomen, and six ounces of the infusion of senna given, with three of sulphate of magnesia, in divided doses." He also informed us, "that the consultation would again meet at 7, p.m., when he would have an opportunity of acquainting us with their resolution."

Seven, p.m. By this time a considerable number of students had assembled. The patient was found restless, still complaining of severe pain, and although the tumour at its lower part was softer, its firmness superiorly had increased. The hiccup was also more severe. The operation was now resolved on, and performed in the common manner. Ten inches of intestine, of a red colour, were found strangulated. The stricture was situated at the external ring, and was divided by Sir Astley Cooper's knife; but the edge of the transverse muscle presented another obstacle to the return of the gut, which it was also found necessary to divide.

3. The patient had passed a good night, and had six drachms of castor oil given him, without producing a stool. There had been discharge of flatus.

4. Had twelve grains of Dover's powder last night at bedtime, and had slept well. Twenty-four leeches were applied to the abdomen, which was painful, with relief. His pulse was 90. One ounce of castor oil was ordered to be taken immediately, and in the evening Dover's powder to be repeated.

5. Had passed a good night, with less pain than yesterday. Pulse 84, and wound adhering throughout. Ten ounces of blood were ordered to be taken from the arm, and Dover's powder to be given at bedtime.

10. This patient is now convalescent, and is the first instance of the operation for strangulated hernia having succeeded. I believe, for many years, in this Hospital.

LACERATED WOUND OF THE ARM, AMPUTATION, AND DEATH.

Jas. M'Cormick, aged 14, was admitted on the 14th Nov. with a lacerated wound of the left arm. Above the elbow there was a wound dividing the integuments, and extending completely round the arm, excepting one small space on the posterior part. From the inside of the elbow, there was another wound stretching upwards, and joining the former. The skin was also detached from the fascia covering the lower third of the humerus, and the whole extent of the anterior part of the fore-arm, to within three inches of the wrist. On drawing aside this flap of skin, the flexor muscles were seen bruised and separated from each other. The finger could be passed along the bones between the muscles for several inches, and one of the muscles was hanging out of the wound, lacerated and detached, adhering only by a small nervous filament. Neither of the principal vessels of the fore-arm appeared to be injured, but there was a very copious discharge of blood from the cutaneous vessels, two of which had to be tied. The edges of the wound were brought together by stitches and adhesive plaster, and a bandage applied over all. He was ordered an anodyne draught.

16. The dressings were removed, and the lacerated integuments on the outer side of the fore-arm and arm looked healthy, retaining their natural appearances, and were of a natural heat; but those on the inner, though neither cold nor destitute of sensation, were of a livid appearance. His bowels were open from some castor oil that he had been ordered on the day previous, and his pulse 120. The hand of the affected arm was swollen.

17. Dressings were a second time removed, and the appearances of the wound nearly the same, with the exception of one small space, about the size of half-a-crown, on the anterior part of the fore-arm, which had assumed a dark and gangrenous appearance. The hand still continued swollen; the little finger had become livid and cold; pulse 120, and bowels open.

18. The integuments on the inner side of the fore-arm felt cold, livid, and destitute of sensation, or, if the elegant phraseology of the case book may be employed, *they were senseless*. Wound to be dressed with camphorated oil, and cloths dipped in oil of turpentine to be applied to the hand. Four ounces of wine were also ordered.

19. Sloughing was found to have extended to the flexor muscles of the fore-arm, and the palm of the hand was tense and crepitating when pressed. The inflammation had also extended upwards. A free incision, which had been made the day before through

the sloughing integuments of the fore-arm, was enlarged to relieve the tension. Another was also made through the integuments of the palm. The pulse was 98, of tolerable strength. Wounds to be dressed with camphorated oil; a poultice to be applied and renewed every fourth hour; turpentine to the hand, and common enema immediately. The wine was also continued.

20. The hand was cold and livid, although the wound was discharging better pus. There was some slight separation of sloughy matter. Slept tolerably.

21. The mortification having extended, all further attempts to save the arm were abandoned. It was, therefore, amputated by the circular method, three inches beneath the head of the humerus. To have an anodyne; wine and full diet to be omitted.

24. Dressings removed; the parts were not united, but discharged healthy pus.

26. Again removed. The face of the stump was covered with healthy granulations. The fever was moderate, and his bowels open.

Dec. 4. The stump looking well, but he had several rigours during the two preceding days, with cough, but there were no symptoms of any local disease. His appetite was also bad.

5. He had had several rigours, and also complained of pain in the left hypochondrium, aggravated by cough and inspiration. His pulse was 120 and feeble; was thirsty, and felt no inclination to eat. The emplastrum lyttæ was ordered to be applied to the pained part.

6. The stump looked well; he had had no return of the rigours, and although the pain was relieved on the left, he complained of much uneasiness in his right side. His pulse was 120, of better strength. The emplastrum lyttæ was ordered to the right side, and, to relieve the cough, the mucilaginous mixture.

8. Still complained of pain over the right side of his thorax, accompanied with cough. His respiration was quick; pulse 120, and feeble. He was ordered a grain of calomel, and half a grain of opium every fourth hour. The emplastrum lyttæ to right side, and to omit the draught.

He gradually declined in strength, and died on the 13th. There were eight ounces of sero-purulent fluid found in each side of the thorax, and the pleura, lining the posterior part of the lungs, was covered with lymph. The half of each lung was consolidated, and apparently unfit for respiration. When cut into, they presented numerous irregularities of a yellowish colour, surrounded by indurated portions, circumscribed in some places, in others, passing into a healthy structure. The other viscera were healthy.

ROYAL INFIRMARY FOR CHILDREN.

To the Editor of THE LANCET.

SIR,—Unwilling as I am to prolong the discussion of a subject, which has already occupied so much space in the pages of your journal, yet I consider it my duty to attempt the removal of every erroneous impression which might be detrimental to the interests of a public charity.

In alluding to the letter of "One of the Monthly Committee," of the Royal Infirmary, I wish not to withhold my entire belief in his anxiety for its prosperity, however I may regret that the mode he has adopted is so subversive of the desired end. It is a manifest injustice to come forward before the public with one sweeping charge of neglect against a whole medical establishment. If such be allowed, it must lay an icy finger on that professional enthusiasm and labour, which, for their reward, look equally towards a consciousness of the performance of a philanthropic duty, and the guerdon of a merited praise. But when such charge is grounded on circumstances erroneously reported, on a case from which false inferences may be drawn prejudicial to the professional reputation of the Infirmary, he is a tacit enemy to charity who shrinks from a reply.

It happens, Sir, that on the Friday, when the author of the letter writes, "No physician, no surgeon," my own notes, and the evidence of our House Surgeon testify my having been at my post; but the child not being a patient of my own, was not brought to me, in submission to that sort of professional etiquette, which custom has so strangely established; but which, in a practical sense was, I am convinced, productive of no evil in this case.

It was unfortunate that an unforeseen hemorrhagic tendency should have intervened after the incision of the gums; but we have many instances (when such a state of the vascular system exists,) of a fatal result from the extraction of a tooth, or even from a much slighter lesion. That the imputation of *mala praxis* should attach by inference to the treatment of the gum, is most unwarrantable. We are told a *ligature* was applied to the gum for the suppression of hemorrhage; the excessive irritation produced by such a mode, may be at least as fairly adduced as the cause of death, as the slight oozing from the incised gum.

I impeach not the practice of the surgeon, whose name does not appear, nor is it here I would discuss its propriety; but it is, at least, an illustration of the line—

"Incidit in Scyllam qui vult vitare Charybdim."

Sir, the Royal Infirmary for Children, has had to contend with almost overwhelming difficulties, which I should not be justified in relating. By the labours of philanthropy, and mainly, I would add, by the exertions of its excellent treasurer, a heavy building debt has been most materially reduced, and a plan for its ultimate liquidation matured. It is now shaking off the trammels which have cramped its energies; it will prove that the bruised reed will not be broken. As the intimate colleague of the lamented founder of that Institution, which I have made for more than eight years my most interesting field of comparative study, I confess I cannot look with indifference on any statement calculated to injure its interests, or to cast the slightest stigma on those who deserve it not. The letter states that since Dr. Davis's death, "the attendance of the medical officers has been less constant." Sir, I challenge the proof of this assertion: I fearlessly challenge the proof of any *dereliction* of my duty, during the years of my professional attachment to the Royal Infirmary.

On these feelings, Sir, I ground my apology for thus troubling you, and I must yet beg to rectify a slight error in our letter of the 29th ultimo. In the resolution of the Committee regarding the signature of the names of the medical officers, an insertion of the time of arriving at, and of departing from, the Infirmary, is not required.

I am, Sir,

Your most obedient Servant,
WALTER C. DENDY.

Upper Stamford-st. Dec. 5, 1829.

P.S.—The insertion of a second letter from Mr. Wood in THE LANCET of the 17th inst., renders it essential that I should add a very brief postscript to my letter, the omission of which you acknowledged in the above Number.

In the letter of the medical officers, the defence against a charge of neglect on their parts, referred to their *practical*, and not to their *political* duties.

My first letter will rectify the error which Mr. Wood has repeated in his second allusion to the case of Eliza Cole. It will also evince my desire to have acknowledged a slight mis-statement of the Committee's resolution, contained in the former explanatory letter. Regarding this resolution, I may probably still labour under some imputation of inconsistency.

I did not wish to oppose the resolution in the Committee, and even expressed myself not unwilling to accede to its mandates: at the same time candidly stating, that (with the sincerest respect for its members, among whom I was proud to rank so many personal friends), a *professional* delicacy towards my

colleagues would prompt me to obtain their sentiments, and indeed, their acquiescence in the measure, without which an individual signature would be invidious, and not tend to any practical advantage to the Institution.

In justification of this feeling, I hesitate not to add, that were the interests of the Institution, to which I am so much attached, endangered, I would never allow professional, or even private friendship, to draw me from the conscientious discharge of public duty.

Jan. 20.

H. C. DENDY.

ROYAL INFIRMARY FOR CHILDREN.

To the Editor of THE LANCET.

SIR,—In my answer in your 276th number, to a correspondent in your 275th, who signed himself "One of the Committee," I concluded with hoping that to "the next communication he favoured you with, he would have the courage to affix his name, &c." This hope he has fulfilled, for in No. 281, is a letter from him subscribed Charles Wood, Poppin's Court, Fleet Street. This, Sir, is as it should be; it is open and manly, and like a true Englishman. But to the question:—speaking of a resolution passed by the Committee, on the 31st of March, 1828, relative to the physicians and surgeons signing their names, &c., in a book, Mr. Wood observes, "they have told you, Sir, in their letter, that the motion was treated by them with the respect it deserved," viz., *not one line has ever been written in the book by either of the gentlemen.* In answer to which I beg leave to say, that they have not done so because they considered it, (at least the majority did) as derogatory for gentlemen, and members of a learned profession, to be placed on a level with minor clerks in offices, or porters in a warehouse, and this feeling was openly and manfully expressed by the junior physician, and I believe by the senior surgeon also, at the general meeting, in May 1828. The register-book of the house surgeon is a "proper book," though Edward was written, in a hurry, for Eliza, and though the physician and surgeon under whose names patients are entered, may, on those days, happen to be absent. Mr. Wood asks "Do the medical officers state that the mother (of Eliza Cole) did not attend from eleven o'clock till nearly four?" One medical officer, and he presumes to consider himself such, will state that *no mother ever remained at the Infirmary from eleven till four.* New patients who come before a quarter to twelve are always prescribed for

and furnished with medicines by the house surgeon, without delay.

When I offered myself to the notice of the Governors of this Infirmary, it was in consequence of an advertisement headed thus: "To SURGEONS, APOTHECARIES, and HALF-PAY MEDICAL OFFICERS;" my "own proper office," therefore, is not only to furnish the patients with medicines, but to prescribe for them in the absence of the physician or surgeon, and in the discharge of that duty, my valued friends the physicians and my no less valued friend the senior surgeon, as well as the relatives of the patients, will, I am sure, most readily and willingly acknowledge, that I have given them full and entire satisfaction.

I remain, Sir,

Your obedient Servant,

JAMES WOODHAM,

House Surgeon.

Royal Infirmary, Jan. 20, 1828.

CHARITY RODERICK.

To the Editor of THE LANCET.

Well, an the fire of grace be not quite out of thee,
now shalt thou be moved.—1st Part HENRY IV.

SIR,—On perusing an article last week, in the *Exorcescence*, on your late trial at the Court of King's Bench, I found myself in such a quagmire of bad grammar, ignorance, and absurdity, that I really cannot resist the inclination I feel to solicit the attention of the worthy Editor of that concern to a few points, which certainly would never be allowed to pass current in a schoolboy's exercise.

We are, with gravity, informed, near the beginning of this ever-to-be-admired article, (for there are no less than from 14 to 16 notes of admiration in it,) that "they have heard it said, and they believe it to be the general feeling, that the amount of damages ought to have been larger; but that this would depend entirely on the light in which the subject is viewed." Now, this is really important information; * information which should be communicated forthwith to every jurymen in the country. Note also this, ye editors of journals, and marvel at the modesty of the *Exorcescence*; there actually is not a note of admiration after this rectified spirit of a sentence.

"By every impartial man, acquainted

* That the amount of damages should depend on the light in which that subject is viewed for which damages are sought, is, indeed, a very important piece of information.

with the subject, Mr. Cooper will be regarded as having met with one of those difficult and perplexing cases, where the efforts of the most expert and skillful surgeons are not always crowned with success till after much anxiety and delay." Why, thou inflexible tincture of inconsistency! thou redoubted excrecence! dost thou not tell us, a few lines on, "it is impossible that any one but the operator can adequately judge of the difficulties of the case."

"To all reflecting men it must be matter of serious apprehension, to think what the consequences may be, if the difficulties and fearful responsibility attending capital operations, are to be yet further increased by the consciousness, on the part of the surgeon, that there are present those who, instead of participating in his anxious efforts, gloat with fiendish delight," &c. Instead of participating in his anxious efforts! Why, thou inveterate blunderer, if the 200 persons who were present at Mr. Bransby Cooper's operation, had "participated in his anxious efforts," there would have been 200 fingers in the patient's perineum. Shouldest thou mean participating in his anxiety, canst thou not say so? Indeed, indeed, my talented Editor of the Excrecence, thou revilest others for meaning what they say, whilst thou, good Lord! sayest what thou dost not mean.

"The character of Mr. Cooper has been subjected to the severest scrutiny, and the result has proved, beyond the possibility of doubt, not only his general skill as a surgeon, but his dexterity as an operator; several competent judges having sworn that they had frequently seen him perform, not only lithotomy, but some of the other most difficult operations, in an admirable manner."—His dexterity, as an operator, proved by this trial!!

Prince Hal. What's the matter?

Falstaff. What's the matter? There be four of us here have ta'en a thousand pound this morning.

Prince Hal. Where is it, Jack? Where is it?

Falstaff. Where is it? Taken from us it is: a hundred upon four of us.

Competent judges have seen him perform operations in an admirable manner. Admirable? What! in the sense of having power to excite wonder?

In the next sentence, while speaking of *THE LANCET*, follows this:—"What an exposure of deep-laid contrivance, of rankling enmity, of implacable revenge! By what a set of ignorant and unprincipled men has the profession been betrayed, and the public deluded!"—Was the Editor of the Excrecence drunk when he perused or wrote this sentence, that he should send forth such a

tissue of nonsense? Deep-laid contrivance, schemed by ignorant men, is something new. Doctor, Doctor, you must have had your wig awry.

"We would willingly throw a veil over the odious details, but that it concerns the vital interests of the community that they should know something of the character of those who have assumed the office of medical dictators, and that they should see in what manner the reputations of honourable men have been sacrificed for the revenge of one miscreant and the lucre of another."—Now, as I should perfectly agree with what is inferred by this sentence, might I substitute half a dozen words for others? Let us see how this sentence will read with my substitutions.—

We would willingly throw a veil over the odious details, but that it concerns the vital interests of the community that they should know something of the character of those who have assumed the office of *hospital surgeons*, and that they should see in what manner the *diseases of the poor* have been treated by the *attention of one and the inattention of another*.

In speaking of the witnesses brought forward by you, Mr. Editor, on the late trial, this sentence occurs:—"Such are the men who have dared to pass their judgment on an operation which only one among them ever performed."—Why, what can the Editor of the Excrecence say, then, of those hospital surgeons who came forward to speak to the skill evinced in an operation which they never saw?"

Then again, talking of "pupils forgetful of the modesty which becomes their age."—Becomes their age! Heavens above! Why, where it *becomes* their age, it does become it; and, becoming it, is not forgotten. Forgetful of the modesty that *would become* their age, you bungler. You also speak, my learned Doctor, of the "absolute contempt, but perfect good humour," with which Sir Astley gave his evidence. If I remember right, you will find, by reference to the *Pharmacopœia* of common sense, that these two articles are incompatible. Really, Doctor, this is not at all professional.

After calling the defendant in the late trial all sorts of names, the learned Editor of the Excrecence says:—"From this we turn to a more grateful subject;" and immediately commits another egregious blunder. It is said that people are generally fond of that which their minds can compass with facility. This, I suspect, is the case with the Doctor, and the reason why he terms blun-

* Mr. Partridge also is requested not to repine, because he spoke the truth while he was upon his oath.

dering a grateful subject. The blunder is this:—"The generous sympathy in Mr. Cooper's feelings, which has been evinced by the students in the Borough."—What! can that which is in Mr. Cooper be evinced by others? "Heaven forefend!" You blundering blockhead! do you mean the generous sympathy with Mr. Cooper's feelings, which has been evinced, &c.? If you do, why can you not say what you mean? But I am tired of correcting.

Praising the pupils, too, for evincing their opinion of Mr. Cooper's skill by their intention of presenting him with a piece of plate, and speaking, at the same time, of their incompetency to judge. Faugh!

Regretting that I have occupied so much space on so unworthy a subject,

I remain your obedient and
humble servant,

A PUPIL OF ST. BARTHOLOMEW'S.

24th December, 1828.

RICHMOND SCHOOL OF ANATOMY.

To the Editor of THE LANCET.

SIR,—In your last Number you have published a second letter by Lennox, the worthy author of a refuted libel on Mr. Carmichael. Although the character of your correspondent renders him unworthy of a reply, yet I request you will do me the favour of inserting the following observations upon his recent production; they are probably the last with which I shall ever trouble you on so disgusting a subject.

The letter begins with a flourish of penny trumpets, and the voice of the literary warrior chaunting his own mighty deeds; telling abroad among the nations, how he has fought, how he has conquered! how he has pointed his pop-gun with unerring precision against the great toe of "The Hero of the Richmond," and with a single discharge of that deadly weapon scattered his dust to the wind, not to mention the dispersion of some thousand pounds worth per annum of practice amongst the needy "Filii Æsculapii," "the hungry sheep" that "look up and are not fed." Mercy upon us! what furious beings in our wrath are we scribblers! Oh, how we pippins swim! The ludicrous affectation of courage, with which the *anonymous libeller* plumes himself on his hazardous exploits, reminds me forcibly of the similar achievements of that ancient worthy,

"——— T'engage the Tory,
Who, to his great and endless glory,
Out of a bush a shot let fly,
And killed a man that passed by,
For which he was exalted high!"

Quod Dii bene vertant! May the omen be propitious! May a similar reward crown the virtuous labours of Lennox and his honourable compeers!

I know not but I am offering something like an insult to Dr. McDowell, in at all defending him from the weak aspersions of Lennox, a man whom your correspondent Richmond has convicted, beyond the power of reply, of having published in your Journal a tissue of malicious falsehoods; one argument, however, I shall venture, in order to show in what estimation such productions as those of Lennox are held by the medical public. Notwithstanding the attacks made by him, and that other kindred spirit "Filius Æsculapii," on the conductors of the Richmond Hospital and School, the class there is now nearly by a fourth more numerous than that of last year. If this be not sufficient to convince Lennox that he and others like him are despised, as they should be, I have an expedient to propose for the purpose, which if tried will, I promise, be successful. Let him announce his real name, let him own his productions, let him come into the theatre of the Richmond School, and declare himself the author of the precious letters in THE LANCET, and if he does not read in the countenances of the class the most legible expressions of those feelings, which falsehood, malignity, and cowardice like his, are calculated to produce in every honourable breast,—if every gentleman present do not shrink with disgust from the contact of a thing so loathsome, if they do not leave him, like Catiline in the Roman Senate, to stand alone in his vileness, then I am ready to submit to almost any penalty, aye even though it should amount to the infamy of acknowledging his acquaintance.

As if Lennox had not enough to do on his own account, in digesting the severe reproof of your able correspondent "Richmond," he must needs step aside to afford his high protection to his injured brother "Filius Æsculapii." It seems the reply of "Filius Patlandici," to this person was an "ungentlemanly tirade," and himself a "spalpeen," for whom the blush rises upon the eloquent cheek of the sensitive Lennox. Whoever the author of that reply may be, I cannot but congratulate him on having acquired the enmity of your correspondent, and if I know the former at all, and do not judge him partially, he is not altogether unworthy of such an honour; as you will see, Sir, from the sketch I shall give of him, in negative touches, after the manner of Lennox. *Inprimis*, then, he is not the secret slanderer of men he dares not openly confront. He has never brought, to say the best of it, a rash charge of meanness and dishonesty against an honourable and inde-

pendent man, nor visited upon him as a wilful neglect of duty, what was but the necessary result of sickness: he has not, with unprovoked malice, sought to injure the fortunes of a young man of respectable habits and acquirements, by a sweeping charge of professional incompetence, the truth of which he was from circumstances as incapable, as by nature he was careless, of ascertaining; finally, he is not one, on whose character the brand of falsehood has been indelibly affixed.

I now take my leave, I trust for ever, of this wretched scribbler. I know not whence he has sucked in the venom that alone redeems him from insignificance. Certain I am, he had it not from the distinguished and amiable man, under whose auspices he began his professional studies, and whose lamented death transferred the viper to the care of him, whose kindness he has requited in a manner so congenial to his nature. Let him continue his darling work of defamation, the public will judge between him and the honourable men whom he slanders, and of whom it is no more than negative praise to say, that they have nothing in common with the coward and the ruffian, nothing that can move the regard of such a being as Lennox.

Your obedient servant,

Dublin, Dec. 12, 1828.

REMARKABLE CASE OF FRACTURED CRANIUM WITH EXTENSIVE INJURY TO THE BRAIN.

Treated by EDWARD HERON, Esq. of the Irish College of Surgeons.

Pat. Nutley, ætat. 11, of slender habit, on Saturday, the 30th of October, 1823, having quarrelled with another boy, received an injury, the particular nature of which he was not conscious of. His antagonist held in his hand a round iron instrument, blunt at the extremity, which enfluted it. Shortly after, he was attacked with vomiting and nausea, which continued for that and the succeeding day. He returned from his work in the evening, and did not complain of any thing except the nausea, and that his eye was hurt in boxing, the lids being black. On the succeeding day he became a little delirious, and complained of pain in his head, and the day following he became insensible. Medical advice was then sought for; his parents, not being aware of any thing particular, did not seek for it sooner. I saw him, and his symptoms were as follow:—He lay upon his back, very restless, drawing back the bed-clothes when drawn

off him, and insensible, not answering when spoken to; his breathing was increased and difficult, attended with heaving of the chest; his skin very hot, and dry; pulse frequent, and hard; the pupils were somewhat dilated, but contracted upon the application of light; the tongue was dry, and he had slight difficulty of deglutition; his urine and faeces were passed involuntarily; he had no paralysis, but was occasionally slightly convulsed; the lids of his left eye were ecchymosed, and, upon the most minute inspection, no trace of wound or injury could be seen, save a slight scratch on the integuments of the lower lid. He was bled from both arms, and got purgative medicines, and, in the evening, his symptoms not being mitigated, some blood was taken from the external jugular vein; but his breathing, which was the most prominent symptom, became severer, and he died at 10 o'clock the third day after the receipt of the injury.

Post-mortem Examination.—Ten hours after death I examined the head, and, even then, could not discover a wound between the eye and lid; but upon raising the brain off the orbital process of the frontal bone, it was discovered that the instrument had passed between the eye and orbit, and entered nearly at its apex, making an opening in it about half the size of a sixpence. The instrument ran into the brain, and up through the body of the lateral ventricle, and into its substance, for at least three inches. The brain, in the track of the wound, appeared as if it was broken up, and very similar to brain that had sloughed, and the ventricle was filled with bloody serum.

This case is remarkable in a threefold point of view. 1st. As it shows that an extensive injury done to the brain, and even at its base, may not be followed by any particular symptoms for some time, or even known to the patient himself, and that, even under such circumstances, life may be prolonged for a considerable time. 2dly. That an instrument, even of a good size, may pass between the orbit and the eye, without the least trace of a wound being seen; so that, as in this case, the brain may be severely injured by a wound inflicted from without, and yet no trace, during life, by which it made its entrance. 3dly. That, in this case, the symptoms were doubtful as to the nature of the case, the appearance of the patient being rather like one in the last stage of typhus fever, or even, as it was said in this case, like a person in the last stage of acute hydrocephalus. The patient having continued at his work, and walked home, a distance of better than a mile, in the evening, and not having complained; and being previously a little unwell from cold, threw much obscurity upon the real nature of the case.

THE LANCET.

London, Saturday, January 24, 1829.

THE Bats and Corruptionists are endeavouring, but vainly endeavouring, to make the same use of the late trial, which they attempted to make of the case of *Rolfe v. Stanley*, that memorable case, wherein a hospital surgeon and teacher of anatomy was amerced in damages for having mistaken a piece of flint, of about an inch in diameter, and at the distance of nearly two inches from his patient's ENTIRE patella, for a portion of that patella. If, it was argued at that time, hospital surgeons are to be exposed to loss of money and reputation for accidents of this description, how much worse must be the situation of the general practitioner! If the heads of the profession are not exempt from legal responsibility for their occasional mishaps, what is to become of the members of a SUBORDINATE department of the profession? It is evident that, if there were any ground for the supposition on which this argument is founded, namely, that low as the state of knowledge notoriously is among the persons styling themselves the heads of the profession, there is a still lower degree of intelligence and professional information among the great body of medical practitioners, such a state of things would of itself demonstrate the existence of a vicious system, and the necessity for medical reform. But the truth is, that the whole argument is founded upon a false and insolent assumption. The men who call themselves the heads of the profession are, in reality, as we have uniformly maintained, and repeatedly proved in this Journal, at the tail of that profession. They have, for the most part, obtained their situations through the influence of a corrupt system, and are decidedly worse informed, less conversant with pathology and therapeutics, less acquainted with the progress

which medical science has made in other countries, and, consequently, less worthy of having the health and lives of the public confided to their care, than the majority of that respectable and enlightened class of practitioners, which they have insolently denominated "a SUBORDINATE department of the profession." One of the most baneful results of the system of nepotism which prevails in the patronage of our public hospitals is, that all prospect of improvement, all chance of calling forth the vigorous efforts of unpatronised talent by the encouragement of free competition, is completely cut off; if the root be rotten, the shoots must be feeble, knowledge will be transmitted in a decreasing ratio, but ignorance will descend from sire to son, or from uncle to nephew, like an heir-loom in a family.

"*His parentum pejor avis tulit
Progeniem vitiosiore.*"

What can more strikingly illustrate the truth of this position, than the confession of ignorance—though the possibility of such ignorance is scarcely conceivable—which we elicited, at the late trial, from the mouth of Sir ASTLEY COOPER? When we asked that worthy Baronet whether he was aware that it is the practice of surgeons in Paris and Edinburgh, after they have tried to extract the stone in vain for a certain time, to send the patient to bed, what was his answer? We entreat the reader's attention to this answer: "I DO NOT KNOW OF THAT PRACTICE; I have studied at Edinburgh, and been at Paris repeatedly, and seen operations there, and never saw the circumstance occur, NOR DID I EVER HEAR OF IT!!" Such was the worthy Baronet's answer; and we are bound to believe that answer, for otherwise we should be guilty of a libel by insinuating that the worthy Baronet had committed an indictable offence, for the sake of obtaining a verdict for his nephew. Such, then, was the worthy Baronet's confession; and what are the facts? The practice of which Sir

ASTLEY COOPER swore that he had never heard, was known to Franco in the seventeenth century—the operation *en deux tems*, which Sir ASTLEY COOPER swore that he had never seen nor heard of, has been successfully adopted by the French and Scotch surgeons from that period down to the present time. The practice of not persisting to extract the stone after a certain time, when perseverance in the attempt must lead to the almost inevitable destruction of the patient, and when, by prudence and forbearance on the part of the operator, the patient's life would, in all probability, be saved, is insisted upon as well by ancient as by modern authorities. The books are full of cases illustrating the soundness of this practical rule, and the success with which it has been acted upon, when surgeons have been more solicitous for the safety of their patients, than for the *éclat* of being considered dexterous operators. The practice is distinctly detailed and recommended by all the best writers on lithotomy, both ancient and modern, by Celsus, by Albucasis, by Franco, by Calot, by Saviard, by Tolet, by Louis, by Heister, by Haller, by Camper, by Perty, by Deschamps, and by Carpué. Yet Sir ASTLEY COOPER swore that HE HAD NEVER HEARD OF IT! Mr. LIZARS, of Edinburgh, has given publicity to many successful cases of the operation *en deux tems*, as performed in conformity with the rule laid down by all the best authorities. Yet Sir ASTLEY COOPER swore, that HE HAD NEVER HEARD OF IT!

Now, if Sir ASTLEY COOPER, the *paterfamilias* of the surgical family at Guy's and St. Thomas's Hospital, be, upon his own confession in a court of justice, ignorant to this extent, what must be the natural inference, as to the knowledge of the junior branches of that surgical family? If Sir ASTLEY COOPER has never heard of a practice laid down by the best authorities, both ancient and modern, on the subject of lithotomy—if Sir ASTLEY COOPER has

never seen, or heard of an operation performed from the seventeenth century down to the present time, by the best French surgeons—if Sir ASTLEY COOPER stands self-convicted, upon his oath, of this degree of ignorance, what security, we ask, has the public for the knowledge of the juniors of Sir ASTLEY's family, holding official situations at Guy's and St. Thomas's Hospitals? What security has the public that Sir ASTLEY's nephew, Mr. KEY, of Guy's Hospital, will be better informed? What security has the public that his nephew, Mr. TYRRELL, of St. Thomas's Hospital, will be better informed? What security has the public that his apprentice, Mr. TRAVERS, of St. Thomas's Hospital, will be better informed? What security has the public that his godson, Mr. GREEN, of St. Thomas's Hospital, will be better informed? What security has the public that his apprentice, Mr. MORGAN, of Guy's Hospital, will be better informed? Finally, What security had the public on the melancholy occasion which produced the late trial, that his nephew, Mr. BRANSBY COOPER, would be better informed?

The system of nepotism that prevails in the distribution of patronage at our charitable institutions, is "foul, and stinks to heaven." Human life is sacrificed to it; medical science is sacrificed to it; the character and respectability of the profession are sacrificed to it. We repeat, that the infallible consequence of such a system is, that if there be unsoundness in the root, there will be weakness and rottenness in all the branches that derive their nourishment from that root.

We were not permitted, at the late trial, to go into the details of the corrupt system prevailing at Guy's Hospital. Although the allegation that Mr. BRANSBY COOPER owed his situation at Guy's Hospital to corrupt influence was declared upon as a part of the supposed libel in the plaintiff's declaration; and although we evinced our

readiness, by a substantive plea, to justify that allegation, and could not, in fact, have answered the whole of the plaintiff's declaration without justifying it, yet the Court held, that the question of corrupt influence formed no part of the issue. When we called upon Mr. BENJAMIN HARRISON to state, upon his oath, whether he would have elected Mr. BRANSBY COOPER to the office of surgeon, in preference to Mr. CALLAWAY, had he not been the nephew of Sir ASTLEY COOPER, he evaded the question, and the Court would not compel a direct answer. Let the reader look at this part of the evidence, as stated in Mr. BRANSBY COOPER's own report.

"Mr. Wakley. Would you have elected Mr. Bransby Cooper to the office of surgeon only to the institution, leaving the anatomical school quite out of the question, if he had not been the nephew of Sir Astley?"

Lord Tenterden. He says, I cannot tell what I should have done in other circumstances.

Mr. Benjamin Harrison. It is quite sufficient for me to attend to the duties of my situation."

Again, when we called upon Mr. BENJAMIN HARRISON to say, whether he believed Mr. BRANSBY COOPER's surgical skill to be superior to Mr. CALLAWAY's, he evaded the question, and the Court again extended to him its protection.

"Mr. Wakley. Do you believe Mr. BRANSBY COOPER's skill is superior to Mr. Callaway's?—No answer.

Mr. Wakley. Mr. Harrison, I ask you, on your oath, whether you believe Mr. Bransby Cooper's skill is superior to Mr. Callaway's?—Answer. I think he was a person peculiarly calculated for the office.

Lord Tenterden. You are not bound to draw comparisons; it is the most invidious thing; suppose they are both of equal skill."

An invidious thing! Undoubtedly it was an invidious thing. It was an invidious thing to question Mr. BRANSBY COOPER's capacity to fill the office of surgeon to Guy's Hospital, or Mr. HARRISON's fitness to fill the office of Treasurer, or having elevated Mr. BRANSBY COOPER above the shoulders of his senior, because he was the ne-

phew of Sir ASTLEY; but these were the very allegations which were charged against us as libels; these were the very issues which we were bound by our plea of justification to substantiate. Be that as it may, law threw its shield over Mr. BENJAMIN HARRISON and over the system that prevails at Guy's Hospital. The charge of corruption, though declared upon as a libel, and justified by us in our plea, was held to be irrelevant to the issue. The corrupt system at Guy's was a bit of sacred territory, from which we were warned off, whenever we attempted to approach. It was a sort of *pomerium*, a dark place behind the wall, within whose precincts our unholy footsteps were not permitted to intrude.

But, though law threw its shield over Mr. BENJAMIN HARRISON, and over the system that prevails at Guy's Hospital, was justice, was humanity satisfied? Or, rather, did not enough transpire, notwithstanding the technical trammels with which we were surrounded, to satisfy the public that the system of patronage pursued at Guy's Hospital, is a CORRUPT SYSTEM? Mr. BENJAMIN HARRISON stated in his evidence, that Sir ASTLEY COOPER was appointed consulting surgeon to Guy's Hospital; Sir ASTLEY's nephew, Mr. BRANSBY COOPER, surgeon, and Mr. CALLAWAY assistant surgeon, on the 4th of May—all on the same day. Now let the reader look at the following evidence:—

Mr. Wakley. Is Mr. Key, the senior surgeon of Guy's, the nephew of Sir Astley Cooper?

Mr. Harrison. Yes, I believe he is; he married his niece, Sir.

Is Mr. Morgan one of the surgeons of the hospital?—Yes.

Whose apprentice was he?—The apprentice of Sir Astley Cooper.

Mr. Key was the apprentice of Sir Astley Cooper?—He was, I believe.

Whose apprentice was Mr. Callaway?—The apprentice of Sir Astley Cooper, too.

Is Mr. Callaway the senior of Mr. Bransby Cooper?

Here Mr. BENJAMIN HARRISON paused, and we shall not easily forget the impression

which this pause of Mr. BENJAMIN HARRISON made upon our minds. He *could not*, apparently, answer the question from recollection, for he referred to his book, and having referred to his book, he replied :

Yes, Sir, he is.

Mr. Wakley. He is ?

Mr. Benjamin Harrison. Yes.

Mr. Wakley. Had you a consulting surgeon at Guy's before the 4th of May, 1825 ?

—No, Sir.

You had not ?—No, Sir.

Now can any rational man who reads this evidence doubt, that the three simultaneous appointments on the 4th of May were a job, or that Mr. BRANSBY COOPER was put over the head of his senior, Mr. CALLAWAY, not on account of his superior talents, but because he was the nephew of Sir ASTLEY COOPER ? The transaction would speak for itself, even if Mr. BENJAMIN HARRISON had not evaded our question as to the comparative merits of Mr. BRANSBY COOPER and Mr. CALLAWAY, which question we maintain,—notwithstanding the observation that fell from the Court,—and whatever the law might be, every man of common sense must agree with us,—was most material and essential to the fair trial of the issue on which the jury were called upon to decide. If Mr. BENJAMIN HARRISON believed that Mr. CALLAWAY was a man of greater professional ability than Mr. BRANSBY COOPER—and it is evident that he did believe so, or he would not have evaded the question—why was the public, why were the sick poor, for whose benefit Mr. GUY left upwards of a QUARTER OF A MILLION in the reign of Queen Anne, deprived and defrauded by the system, of the advantage of Mr. CALLAWAY's superior talents, or of the talents of many who are, perhaps, superior to Mr. CALLAWAY ? We might say by Mr. HARRISON, for it is notorious that he alone governs the hospital ; he alone distributes its patronage ; he alone possesses all the power, and all the influence belonging to the institution ; and that though the forms of co-operation may be kept up, the rest of

the governors, under the present system, are mere ciphers.* We were not allowed to develop the workings of the corrupt system at Guy's Hospital in a court of justice, but will the public consent be hoodwinked ? Did the Parliamentary Committee show the same indulgence to Mr. BENJAMIN HARRISON, which was extended to him in the Court of King's Bench ? Let any impartial man read the evidence given by Mr. BENJAMIN HARRISON before the Parliamentary Committee on Anatomy, and the analysis of that evidence in the 264th Number of this Journal, and then say whether this gentleman does not come under the description of a *shy witness*. That Parliamentary Committee, with a gentleman at their head, whose active mind is ever on the alert to promote objects of public utility, and whose multifarious, yet accurate and profound information pre-eminently entitles him, if we may be excused the pedantry of an expression, for its peculiar appropriateness, to be distinguished among public men, as *πολυμαθεστατος*,—that Parliamentary Committee showed no indulgence to Mr. BENJAMIN HARRISON. He tried in vain to set up his official character as a claim to the immunities of concealment, and he was *raked* sufficiently to place his evidence under a more disadvantageous aspect, than that of any other gentleman examined before the committee. It may be truly said that more equivocal, not to say equivocating testimony, was never published in a parliamentary report. Of Mr. BENJAMIN HARRISON's private character, we have never heard anything that is not in a high, and even in an extravagant degree, encomiastic ; he is one of those persons whom

* When our attorney waited on Mr. THORNTON, the president of Guy's Hospital, with a subpoena, " Sir," said Mr. THORNTON, " it is useless waiting upon me ; I know nothing of the affairs of the institution ; the books and all are in the hands of Mr. HARRISON ; he is the only person who can give information !"

we never hear spoken of, but as one of the best of men; and we will not imitate the illiberality of those who contended, on a late occasion, that the pursuit of a humble species of traffic, at one period of a man's life, must necessarily incapacitate him from forming a correct judgment on matters of science at another; we will not, we say, imitate this illiberality, by insinuating that, because Mr. BENJAMIN HARRISON, before he became treasurer to Guy's Hospital, carried on a trade in bottles to the great satisfaction, we believe, of his numerous customers, he is therefore incompetent to superintend the surgical department, and apply the immense revenues, of that institution. We have nothing to do with his private virtues; but we denounce the system which he has pursued as a public officer of Guy's Hospital, as injurious to the interests of the profession and the public. For thirty years he has reigned, in effect, the sole despot of the hospital; nearly every Governor has, by this time, been elected by his *fiat*; he has had the power, if he had the disposition, to appoint men high in character and station, but little inclined to take an active part in the affairs of the hospital; and the government of the institution under the mockery of corporate forms, like the government of the Roman emperors with the shadow of republican institutions, is, in substance, an absolute unmitigated despotism. Let the profession, let the public, bear in mind, that the picture which we have here sketched, is not more strong or highly-coloured than that which was once drawn by the hand of Sir ASTLEY COOPER himself. Year after year did Sir ASTLEY COOPER denounce the system pursued at Guy's Hospital, under the auspices and control of Mr. Benjamin Harrison, with regard to the treatment of patients, as infamous and disgraceful—we use the worthy Baronet's own words, and it was not till publicity was given in this Journal to the worthy Baronet's denunciations, that

the infamous and disgraceful practice against which they were directed was corrected. Private virtues! Bah! Mr. BENJAMIN HARRISON may be a saint, for aught we know, in the relations of private life, but as the sole, and, but for a FREE MEDICAL PRESS, the irresponsible manager of the affairs of Guy's Hospital, he stands denounced by Sir ASTLEY COOPER as a sinner. No reputation for private virtues, no adventitious dignity arising from official situation, ought to screen the conduct of a public officer from public scrutiny and animadversion. If Mr. ROWLAND STEPHENSON, the Treasurer of St. Bartholomew's Hospital, had stood in a witness-box, before his true character was detected, the same shield would have been thrown over him against a searching cross-examination, which was extended over Mr. BENJAMIN HARRISON. Yet who shall say, that if corrupt influence in his capacity of Hospital Treasurer, had been charged against Mr. ROWLAND STEPHENSON, before the detection of his appropriating propensities, it might not have been highly expedient to allow the utmost latitude of inquiry, notwithstanding his unimpeached, and supposed unimpeachable reputation?

The fruits of the corrupt system that prevails at our public hospitals, are seen in the numerous cases of ignorance and incompetency on the part of hospital functionaries, which have been recorded in public journals, though these, it must be admitted, are few indeed, compared with those which have actually occurred. The destruction of Wheeler from this cause, was recorded by a Coroner's Jury. The destruction of others from the same cause, is also recorded by Coroners' Juries. At one of our public hospitals the operator, in attempting to perform the operation for popliteal aneurism, tied the *femoral sheath*, including, of course, the vein and artery, and he also included the *anterior crural nerve*! "Enlarged glands," says a surgeon of St. George's, "are often mistaken for

hernias." These things shall no longer be concealed. We have seen a hale athletic man, who supposed that he had stone in his bladder, enter an operating theatre, where he was sounded with such violence, that he was incapable of returning to his home. He was put to bed; violent inflammation came on, and he became delirious. His bladder, as it was afterwards discovered, had been *pierced* by the sound; the scrotum and the integuments at the lower part of the abdomen, *mortified*; in ten days after the sounding, his sufferings were terminated; and the unfortunate man, who entered the hospital sound, and hale, and healthy, to seek advice for a complaint which existed only in his imagination, was dead, and perhaps dissected, before his family knew what had become of him. Such are the exploits of the men, who style themselves the heads of the profession. Another hospital surgeon mistook a pebble for a part of a man's knee-pan, though the man's knee-pan was entire, and nearly two inches distant from the pebble. Yet the same Hospital Bats, who swore the other day that an operation which they had not witnessed was scientifically performed—the same Hospital Bats, who are always on the alert to wing their way to a court of justice, when a colleague's skill is questioned—the same Bats, who, like Day and Martin in the advertisements, are "ever anxious" to prevent exposure—swore also, in the pebble case, that the patient had been scientifically treated.

Some of the blunders of these hospital functionaries are of a less serious description than most of those to which we have adverted, and partake of the nature of tragedy, or farce. Of the purely farcical description, was that memorable specimen of diagnostic skill, exhibited by Dr. HEWETT, the Cambridge Professor of Medicine, who pronounced a case of pregnancy to be one of severe peritonitis, and who, after diligent fomentation, was only restrained from the

application of forty leeches to the tumefied abdomen, by the protrusion of the head of a chopping boy. Another Hospital Surgeon, to whose turn it recently fell to remove an extensively diseased testicle, made his first incision over the *sound* testicle, and the patient would probably have been emaculated, if a dresser had not himself detected the error. This reminds us of the surgery of a gentleman of the sister kingdom, who once held the situation of assistant surgeon on board one of his Majesty's ships of war, and who being required to amputate a man's right leg, dismembered his patient with great dexterity, but unfortunately discovered, when the operation was completed, that he had removed *the left leg*. This achievement was supposed to afford evidence of such singular acuteness, that his friends recommended him to quit surgery, and betake himself to the bar; where we know not whether he has ever found his match in law, though in surgery, and the exact sciences, he may certainly find his equal in Sir JAMES SCARLETT. Another surgeon has had the misfortune to perform the operation of lithotomy, when there was no stone in the bladder, not once, but in repeated instances. When a French Abigail has had an affair of the heart, and has given an infant to France, she is said to have had her *malheur*, and the accident, so far from destroying her character, is considered rather a guarantee for her future prudence; but a repetition of these misfortunes will ruin even the reputation of a French Abigail.

Nullum Numen abest, si sit Prudentia;
nos te
Nos facimus, Fortuna, Deam.

Such are the men who style themselves the heads of the profession! such is the race of hospital apprentices, *nerveys* and *noodles*, who insolently domineer over the great body of the profession! What, it has been asked, must the priests have been in a country, where the god was a monkey? If such men were at the head of the profession,

who could be at its tail? The truth is, we repeat, that the highest degree of professional knowledge and skill, as well as the greatest amount of intelligence and activity, is to be found among that enlightened, though hitherto degraded class, which has been stigmatised by the corrupt few, as a subordinate department of the profession. In conclusion, we earnestly impress it as a rule of conduct, subject to a few, and very few exceptions, on all who value the health and lives of those who are near and dear to them: "*So long as the present corrupt system of patronage continues, avoid the men who style themselves the heads of the profession; above all, avoid the metropolitan hospital physicians and surgeons!*"

A Compendium of the Medicinal Properties of the Chlorides of Lime and Soda; and of their uses in destroying noxious effluvia, and preserving the health on board ships, and in warm climates.—By FREDERIC FINCHAM. London, Richardson.

THIS pamphlet is neither more nor less than an advertisement of the Chlorides, as "prepared by Frederic Fincham, manufacturing chemist, Manchester." We are induced to notice it, however, as a compendium of much that is valuable for the professional man to be acquainted with on the subject of the Chlorides, and if Mr. Fincham really prepares them better than any other chemist, we see no reason why the profession should not know it. Several "testimonies" from medical men, as to their efficacy, are included, and a few hints on the application of the Chloride of Soda, for the prevention of hydrophobia, are thrown out. In concluding his compendium, Mr. Fincham adds the following remarks, which are worth the attention of veterinary surgeons.

"I have been informed by a friend who lost several horses from the glanders, the remainder being evidently affected, that the disease was stopped by using the Chloride of Lime plentifully in his stables, and washing the nostrils of the horses with it. Mr. Lacy, an extensive and highly respectable coach proprietor of this town, has been using the Chloride of Lime in all his establishments, with marked advantage to the health of his horses: he informs me, that a few years since, he lost above one hundred horses from the glanders; and the disorder was only prevented spreading still further by fumigating his stables, and washing the racks and mangers, with the Chlorine gas; but he was, of course, obliged to remove all his horses, at a considerable expense. Sprinkling the stables, and washing the racks and mangers, with the Chloride of Lime, is equally efficacious when the disorder rages, without removing any of the horses; and by its occasional use at night, to purify the air of close and confined stables, and mixing some with the white-wash for the walls, this and other infectious diseases may be prevented. It has also been beneficially applied to the grease in horses, the foul in bullocks, foot-rot in sheep, and mange in dogs." P. 51.

Portrait of John Abernethy, Esq.; Engraved by Turner, from a Painting by PEOLER. London, Turner.

MR. ABERNETHY, or, as he has been appropriately styled, the "chair negotiator," is drawn in one of his most easy and agreeable casts of expression; the position of the body, and limbs generally, is entirely free from restraint. The efforts of the artist, as indeed they always should be, have been chiefly directed to the face, which is admirably executed, and presents a most striking likeness of the eccentric original. Apart from the face, some parts of the picture are not so well executed as we could have wished; but upon the whole it is decidedly the best portrait of Mr. Abernethy that has appeared.

Upon the Employment of Gold in the Treatment of recent and inveterate Syphilis, and of Syphilitic Eruptions; upon the Inefficacy and Danger of the Administration of Mercury in the Treatment of the same Disease; with a Dissertation upon the Antiphlogistic Treatment. By ALEX. LEGRAND, of Amiens, M. D., &c. &c.

[Communicated by Mr. J. BENNETT.]

THE object of the author of this work is shown in the title-page, viz. to procure the introduction of the preparations of gold invented by Dr. Chrestians, of Montpellier, in the treatment of venereal complaints, in place of mercurial preparations. Gold, says Dr. L., like mercury, has an especial action upon our economy, and tends to remove from our frame a malignant virus which infects it. But, in the present day, there are many practitioners, partisans of M. Broussais, who deny the existence of this virus; the inevitable consequence of this opinion is, that it is not necessary to counteract syphilis by specific medicines. Dr. Legrand, who considers this opinion as absolutely erroneous, has thought it necessary to counteract it: and, in the second chapter, he has brought forward facts to prove that syphilis, although latent, exercises a deleterious influence over individuals and their posterity. He has, at the same time, endeavoured to prove, that this disease, therefore, is hereditary, and that it is specific. This point being established, we must necessarily have recourse to a specific medicine to counteract syphilis; and Dr. Legrand proposes the pharmaceutical preparations which have gold for their basis. Before minutely pointing out their efficacy in this case, he has thought it necessary to fill up a vacuum in pharmacy; he has shown the different modes adopted, in order to procure the preparation from gold, at present employed in medicine, and those he afterwards applied. He then states the effects produced by these same preparations, when they are introduced into our economy. He afterwards proves by 230 cases, many of which were under his own charge, the others verified by practitioners of almost every country, that gold radically cures recent and inveterate syphilis. After having stated the excellent anti-syphilitic properties of gold, Dr. Legrand inquires with the strictest impartiality, if the preparations from gold may ever be administered in vain, and if the administration of it is subject to accidents. He seems to have shown, incontrovertibly, that the former case must be extremely rare, and that very serious accidents can never happen. Hitherto Dr. Legrand has

only spoken of the efficacy of gold in the treatment of syphilis, and inquired into the dangers of adopting it. He next considers it necessary to show the dangers which accompany the administration of mercury. But, in most of the cases in which mercury is injurious, it is asked whether the disease, or the medicine, has produced the mischief. A very simple means exists, to remove every doubt upon the subject; it is only to study the effects of mercury upon persons not affected with syphilis. The author of the work before us, has gone into the mines whence metal is dug up; he has visited the workshops in which it is wrought; and he has been able, by these means, to point out the horrible accidents which mercury, by its presence, may have upon the most important organs of our frame. When, says he, we see the same accidents happen to persons who take mercury as a medicine, there can no longer remain any doubt of the deleterious action which it exercises over our economy. But Dr. Legrand goes further; he has proved that, in a great number of cases, the administration of mercury has not been followed by success; that sometimes it does not, in any degree, mitigate the disease; that very often, after having effected a partial cure, the disorder breaks out again with increased severity, under a form much more hideous, after an interval of time, in duration infinitely variable. To prove this last assertion, the author has cited facts, and quoted the testimony of authors the most favourable to the employment of mercury. Having stated thus much, Dr. Legrand's work goes to prove the superiority of the preparations from gold over mercurial preparations. After a few remarks upon the therapeutic method, which consists in opposing all venereal symptoms, by the application of warm water and leeches, and having stated from facts the dangers of this new method, which is called the antiphlogistic treatment, he has given 150 examples of cures performed by gold, in cases where mercury has only effected a temporary relief, or been absolutely inefficient. When mercury could not eradicate from the economy the syphilitic virus, and especially the secondary forms of syphilis, many of which were truly hideous, mercury, which had permitted their development, and where every other usually adopted anti-syphilitic medicine had proved inefficacious in the treatment of these disgusting affections, gold perfectly dissipated them. In the last chapter, which is an epitome of the whole work, Dr. Legrand enumerates all the advantages of the system he advocates, and all the inconveniences and dangers of the mercurial method. The most remarkable passages of

this chapter, are, undoubtedly, those in which he specifies the great superiority of gold over mercury, in thoroughly destroying that influence which the syphilitic virus exercises over man and his posterity (noticed in the first chapter). So that the man or the woman who has had the misfortune to be tainted with syphilis, once cured by gold, may marry with perfect security; they will have healthy children, which they could not hope for, had they been cured by mercury. The woman, infected during pregnancy, would derive the same advantage by the treatment with gold; whereas mercury would not exempt her from bringing an infant into the world, having all the symptoms of hereditary syphilis.

ON EXTRACTION OF THE TEETH.

By MR. JOHN PALMER DE LA FONS.

To the Editor of THE LANCET.

WHEN my paper relative to the Extraction of Teeth was offered to the public, through the medium of a work so extensively circulated as THE LANCET,* be assured, Sir, that it was not subjected to the criticism of thousands, without due deliberation, without my being satisfied that every point was established on too firm a basis, to be shaken by any attacks that might be made upon it.

For the better elucidation of those arguments, to raise them beyond the reach of inexperienced cavillers, they were accompanied by explanatory diagrams; whereby, with common attention, they might have been understood by persons of the meanest capacity, provided it suited their purpose to comprehend them.

If my reasoning evinces so much weakness, let my opponents try to do that which I in vain attempted before it went forth to the world, let them analyse it, and expose the errors, proceeding paragraph by paragraph, a mode calculated to have more weight with those persons who are in the habit of thinking for themselves, than all the evasive and unsupported assertions they may feel disposed to indulge in.

Your observation, Sir, that every man who attempts the extraction of teeth, "has a fashion of his own," is, indeed, but too true, and a very bad fashion it frequently proves to the unfortunate sufferer, as thousands could annually testify; but, as with all tooth extraction, there is decidedly a right method and a wrong one, since the *modus operandi* does not depend upon mere

fancy, no operator can be excused for either wilfully or ignorantly torturing his victims; for supposing him occasionally to succeed in tearing away a tooth by the clumsiest of all possible means, such success will afford very little consolation to the next unfortunate patient, who is probably doomed to be miserably mangled by the use of a huge pair of tongs; when a judicious operator would have relieved him with the utmost facility.

Although nothing has been advanced by your correspondents in the slightest degree affecting the facts set forth in my first communication, still for the information of those who may imagine they know something of the subject, it may be thought incumbent on me to advert generally to your correspondent's observations; one of whom, while he concurs with me in giving the preference to the key instrument, evidently misunderstands me when he contends, (very properly) that "in some cases the forceps are indispensable, as in the removal of the incisors."

Sir, it has not been asserted by me, that forceps are to be for ever excluded, and never to be used in cases of minor importance; this will be seen by the following extract, "the use of such an instrument (in allusion to the forceps) is highly objectionable in all those cases where the key is generally used." The same gentleman speaks of the breaking down of the alveolar process as a matter of course; but on reference to the diagram, he may be convinced that the lateral action is not so great as he imagines; indeed, with the majority of cases the socket will scarcely be enlarged; a very small portion of the thin edge may sometimes adhere to a tooth, having its fangs considerably extended, or curved; but such is the elasticity of the bone, that, even under these circumstances, such an accident rarely occurs with an expert and careful operator.

Another of your correspondents contents himself with merely affirming that which has never been disputed, viz. the possibility of extracting "hundreds, nay, thousands of teeth with a pair of forceps;" most judiciously availing himself of a saving clause with reference to the molar teeth, which he very ingeniously specifies in a separate paragraph, where, without venturing to notice the proportionate number of failures experienced in making the attempt with such an instrument, he merely speaks of using for that purpose a "larger and stronger pair of forceps for the molar teeth," but, owing probably to an error in the manuscript, or in the printer, the size of the forceps is magnified to a most ludicrous extent.

The subject under discussion is not merely whether we can occasionally succeed in

* Vol. I. page 80.

extracting a tooth by means of the forceps, but whether they be superior to the key instrument, the award being in favour of that which has been attended with the greatest number of successful operations, always supposing the experiment to have been made with an equal number of cases; with this view of the subject, let me ask, whether any of the advocates for perpendicular extraction (as they are pleased to term it) will venture to submit to such a trial as I now propose, having first attentively read my statements, and being allowed the extensive privilege of using any instrument whatever that grasps the tooth between two edges, or claws, will they consent to divide with me, equally and equitably, a given number of patients requiring the extraction of molar teeth, however decayed they may be (but not loose), and will they agree that publicity be given to the defeat that must inevitably await so hopeless an attempt?

As to those sciolists who are not yet awakened from the delightful dream of their infallible pincers, if they expect to succeed, their first object must be to contrive, that the teeth of the rising generation shall be so improved, both in their form and texture, that they no longer cling to their sockets with such persevering tenacity, nor continue so provokingly brittle, as to present the hitherto insurmountable barrier to their darling enterprise.

I remain yours, &c.

J. P. DE LA FONS.

14, George Street, Hanover Square.

ON EPIDEMICS.

By Dr. FORSTER, of Chelmsford.

To the Editor of THE LANCET

SIR,—Observing, in a late Number, some observations on the pestilence at Alexandria, and also on the epidemic raging at Paris, I hasten to communicate to you some remarks I have made on epidemic in general, as they may serve as a hint to help the inquiries of the medical committee now engaged in an investigation of the subject at Paris, who, no doubt, see your widely-extended miscellany. After a laborious investigation of the progressive symptoms and topological history of epidemic and pestilential diseases, which have for many years engaged my attention, I find I am

capable of drawing the following general conclusions:—

1. That epidemic disorders, including a very large class of complaints not *hitherto* reckoned epidemics, owe their origin to peculiar conditions of the atmosphere, which happen at incalculable periods, from time to time, in every part of the world, having a particular range and term of duration.

2. That the above is the grand *exciting cause* of pestilence and epidemic of every sort; while the circumstance, that it is only a portion of the population on which the epidemic bane (the *to beion* of antiquity) falls, leads me naturally to look for the *pre-disponent causes* necessary to the disease, in peculiar conditions of the individual constitutions of the patients. Contagion and inoculation, as *adjunct means of propagation*, only apply to a few varieties of epidemics, as plague, small-pox, &c.; and even in these disorders are to be considered as accidental, and feeble sources of the spread of the disease, compared with the irradiating progressive motion of the atmospherical excitant over extensive districts.

3. That this atmospherical poison, various as it is at different times, is closely connected with electric changes perpetually going on in the air, but which are aided and modified by innumerable forms of malaria, which constitutes a sort of *interventional medium*, through which the morbid power of the electrical excitant is exerted. I have by me, an immense and authentic catalogue of epidemics.

To the development of the existing relation between the *exciting* and the *pre-disponent causes* of disorders of the class I allude to, I have devoted much time; and I had, in your LANCET, announced a small work on this subject, which, owing to a trifling delay in the printing-office, arising from my bad caligraphy, (or, rather, calegraphy,) is not yet ready for publication, but which will appear in a week or two. In this I shall fully develop the truth of my opinion respecting the *atmospherical origin of fever*, the *inflammatory nature of the predisponent*; and while I can show that, for the latter, the *antiphlogistic treatment* is the only rational one, it will appear that Hippocrates and the ancients were right, in relying on *change of air* as the permanent remedy. Meanwhile, as there is an inquiry going on of so important a nature, I feel disposed to anticipate thus much for the use of those who have more time, means, and ability, to pursue it, than I have at present.

I am, Sir,

Yours truly,

T. FORSTER.

Chelmsford, January, 1820.

LONDON MEDICAL SOCIETY.

Monday, January 19, 1829.

THERE WAS a tolerably full attendance of members this evening; but the proceedings were of the same "hole and corner" character as those of the Westminster Medical Society a fortnight since. Our reporter having been refused admission, we can give no particulars of what took place; but we have been since informed, that after a protracted discussion, a ballot was taken, and Mr. Lambert was expelled, although he had not been furnished with any notice of the charges brought against him.

ST. THOMAS'S HOSPITAL.

REMITTENT FEVER, WITH DISEASED LUNGS.

—, admitted under the care of Dr. Elliotson, about three weeks ago, complaining of considerable weakness; it was likewise discovered, after his admission into the hospital, that he was labouring under a remittent form of fever; and, on being questioned, stated that he had slept at Greenwich, the night previous to his admission, in a damp bed (but it was with the greatest difficulty he was made to understand any question put to him, being very deaf). Sulphate of quinine was prescribed, which removed the febrile symptoms; but he still complained of great weakness, and to this was added a frequent cough. On applying the stethoscope to the superior part of the right side of the chest, the respiratory sound appeared distinct, and percussion elicited a sound similar to that produced on striking the leg or arm; from these symptoms, Dr. Elliotson thought there was chronic inflammation of the lungs: but, in consequence of the difficulty of either making the patient speak, or understand, no correct diagnosis could be formed; nothing particular was done, and he continued in this state till Thursday, the 9th inst., when he died rather suddenly.

Examination of the Body.

On opening the cavity of the chest, there was a small quantity of lymph effused on the convex surface of the superior lobe of the right lung, which was likewise hepatized; and, on making an incision into it, presented, very beautifully, the appearance described by Laennec, "the infiltration of tubercular matter into the bronchiæ," or the

"grey hepatization" of another author; it was likewise adherent to the middle lobe of the same side, which was tubercular; there was likewise a dilatation of one of the bronchial tubes, which communicated with a small cavity filled with tubercular matter; the left lung was tubercular, and both bags of the plura contained a small quantity of fluid. The kidneys were rather enlarged, and presented a remarkable lobulated appearance, but, on cutting into them, appeared healthy. The liver was paler than natural. The arachnoid membrane of the brain was rather opaque, and the lateral ventricles contained a small quantity of fluid. The man was very much addicted to drinking.

WESTMINSTER HOSPITAL.

STRUGGLE BETWEEN DOCTOR, APOTHECARY, AND DEATH.

THOMAS GREY, *ætat.* 17, of sound constitution, a groom, admitted 1st December, 1828, under the care of Dr. Roe, labouring under synochus, accompanied with an erysipelatous inflammation of the right leg. He had been ill eleven days, and ascribes his attack to having drank cold water when heated after exercise. Pulse 90, full; tongue furred; bowels constipated. A pill of five grains of calomel and ten of cathartic extract, to be swallowed directly; a dose of house physic two hours after, and this draught thrice a day:—

Sulphate of quina, gr. j.

Infusion of roses, one ounce. *Mix.*

Fomentations to the leg. Spoon diet.

2. Passed a restless night; bowels well open; fever abated. Venesection to 12 oz. Discontinue the quina. Three grains of calomel, and a grain of opium, every night. A purge to be taken occasionally.

3. The bowels freely acted upon by the aperients. Pulse 100, small and feeble; has an oppressive sense of debility. The erysipelas of a deeper colour, and extending up the thigh. Mr. Bond ordered sago and wine.

4. Dr. Roe countermanded the sago and wine. Fifteen leeches to the inside of the thigh; fomentations, and this mixture:

Epsom salts, three drachms;

Tartrate of antimony, one grain;

Tartrate of potass, one drachm;

Water, eight ounces. *Mix.* One ounce thrice a day.

8. Sloughing has commenced above the ankle, extending about four inches upwards. Bowels open; pulse 80, small, irregular. Fomentations. Mr. Bond gave sago, and four ounces of port wine.

10. Countenance flushed; skin hot and dry; tongue covered with a brown fur; pulse quick and small. Dr. Roe ordered the wine to be discontinued. Fifteen leeches to the knee; poultice of linseed meal and bread; five grains of the inspissated juice of hemlock every night.

12. The slough has separated, leaving a clean granulating surface. Copious purulent discharge. An abscess formed on the outer side of the biceps of the right arm.

16. The erysipelas has affected the other leg; several small abscesses have formed in different parts of the body; prostration of strength.

18. Sloughy spots of about an inch in diameter have formed on both legs. Pulse 90, feeble; tongue clean; appetite good; bowels free; pain and swelling in the left knee-joint. Low diet.

19. Had a sleepless night. Pulse rapid and feeble; countenance pallid and anxious; profuse discharge of pus from both legs, and the arm. Low diet!

22. Much reduced in strength, and emaciated. Ordered wine and sago, by Mr. Bónd, the Apothecary.

23. The patient has all along continued taking his saline and antimonial mixture. Dr. Roe countermands the stimulants given yesterday.

30. Daily reduced in strength; appetite lost; face hectic; tongue brown, dry; pulse 80, tremulous and weak; sixteen leeches, fomentations, and afterwards poultice to the knee.

31. Twelve leeches, fomentations, and the following medicine.

Wine of meadow saffron seeds, 3 drachms;

Epsom salts, 3 drachms;

Spearmint water, 6 ounces. *Mix.* One ounce every four hours.

Slough extending; great discharge of pus. Evening. A dozen leeches to the knee. Low diet still!!

2 Jan. 1829. Patient exceedingly feeble; fæces Hippocratica; tremor tendinum. Dr. Roe ordered him wine and porter, and nutrient diet!

5. No favourable change in the general health; slough appears disposed to separate; suppuration lessened.

7. Died this morning. Permission was not given to examine the body. Thus DEATH was the conqueror, though merely a looker-on.

CRUSHED LEG—AMPUTATION.

Moses Barnes, aged 49, broad-built, muscular, of sanguineous temperament, by occupation a scavenger and dustman; was brought into Matthew Ward, 1st December ultimo, at 11 A.M., with his leg torn off. Early in the morning he lost his self-posses-

sion from drinking ardent spirits, and having accidentally entangled himself in the traces of a dray-cart, the horses took fright, and the chain, which was coiled about his leg, completely broke it at the first motion of the horses.

On admission, the wound was found to extend from the middle of the external belly of the gastrocnemius, as far down as within an inch of the external malleolus. No bleeding took place from the lacerated surface. The inebriety had abated. There was a peculiar expression of acerbity and suspicion in the countenance, a preternatural quickness of perception; and he stated, that he had a universal sense of pain through the body. Pulse 100, moderately full, irregular, and intermittent; respiration hurried.

Mr. White arrived at one o'clock, P. M. The man had become calmer; the features were more placid, and the pulse steadier. After consulting Mr. Guthrie and Mr. Harding, Mr. White amputated the limb. The first incision was made four inches below the tuber tibiae; the flap was formed of the muscle of the calf; five arteries were taken up; and twelve ounces of blood were lost. In the evening, he complained of much pain, subsultus of the muscles. Pulse 126; tongue furred. He took the following draught at bedtime:—

Wine of ipecacuanha, 20 minims;

Spirit of Mindererus, 3 drachms;

Camphor julep, an ounce. *Mix.*

Dec. 2. Passed a sleepless and restless night; had a copious dejection. A drachm of Epsom salts to be taken every three hours in peppermint water.

Four P. M. He is perfectly delirious; countenance wan, and anxious; lips quivering; perception morbidly acute; recognises individuals; but refuses every thing in the shape of food or beverage, which he declares to be poison. "A delusive image is thrust upon the subjugated understanding, which is incapable of resisting, because unconscious of attack." Respiration hurried; frequent gaping; voice strong and sonorous; pulse 130, excessively feeble; tongue furred and tremulous.

Ordered to take generous diet and stimulants.

Eight P. M. Has not taken any refreshment. Still continues vigilant and suspicious; pulse cannot be counted. Mr. White arrived at eight P. M., and continued with him till one in the morning. Brandy was forcibly conveyed into his stomach; a large quantity of opium, both in solution and pill, was administered, with the greatest assiduity and perseverance, by Mr. White, but ineffectually; the symptoms progressively

became worse, and the man died at a quarter before two.

The kindred of the patient did not allow an inspection of the body.

TUMOUR OF THE BREAST.

Professor Guthrie excised a tumour from the breast of Mary Bate, 10th December; it was of a lobulated, fatty kind, and extended from the left clavicle down to the lower edge of the 4th rib. The patient, who is 45 years old, states that the tumour has been twenty-two years in growing to its present magnitude, but that it has not given her any pain till within the last month. A straight incision was made directly downwards, and the tumour dissected out. No arteries were tied.

HYDROCELE.

John Murphy, *ætat.* 29, stout, and of a bilious temperament, admitted December 10, with hydrocele of the right testicle. This had gradually accumulated to its existing bulk, during the five preceding months. A year ago he was affected with lues venerea, and treated with mercury, both in pill and unguent. The Professor determined himself to undertake the operation, which he partially achieved 17th December.

The man was brought forward before the great surgical dignitary, who thrust out his sinister digits, and embraced the scrotum. Having made the usual preparatory incision, and shielded the stilette with his dexter index, he pierced the "vast deep," of the intumescence, and liberated four ounces of pellucid serum. During these proceedings the illustrious surgeon delivered the following *Clinical Remarks*:—

"Ah, my man, I see you have been a very devil amongst the girls. The nurse has never seen, in all her practice, so monstrous an appendage; but never fear, lad, we'll soon bring it to its nat'ral size.—Egad, tho', this is not a sound testicle. No, no; we shall play the devil here if we inject. We'll tickle him up with a five-grain blue pill, night and morning, and scour his guts out with cherry brandy,* and rest on our oars a bit. You say you have been on the Continent, eh! I see you have been d—d incontinent."

A slight inflammation occurred spontaneously in the testicle; cold lotions were applied; camphor was accidentally included in the first application, which led Mr. White to relate two cases in which camphor, applied to the scrotum, had affected the system deleteriously. The testicle is much larger than natural, but there is no fluid in the tunica vaginalis.

* House purge.

ST. BARTHOLOMEW'S HOSPITAL.

INCISED WOUND OF THE SCALP, WITH FRACTURE OF THE SKULL.

DENNIS CONNEL, *ætat.* 33, slightly made, was admitted into No. 17, Rahere's (back) Ward, under the care of Mr. Lawrence, at half past one, October 13. While engaged in excavating, a stone fell upon his head from a height of 25 feet. There is a wound in the scalp three inches in length, crossing portions of the parietal and frontal bones, and nearly in the direction of the anterior superior angle of the parietal bone. No fracture underneath the wound, but at about three-fourths of an inch from it along the frontal, a fracture can be distinctly ascertained with the finger: no depression. The left eye is much injured. The accident occurred three quarters of an hour before admission. The patient has been sick, and vomited. He has walked from a coach at the door, to bed. Some questions he answers rationally, others incoherently. Ordered the head to be shaved, the lips of the wound to be brought together by adhesive plaster, and a cold lotion kept over it. Eighteen ounces of blood to be taken from the arm, a dose of calomel and jalap immediately, and house physic in a few hours afterwards.

14. The bowels have been moved three times. The left eye is completely closed; with a dark intumescence around both eyes. Has felt much inclined to sleep, and slept a good deal during the night. Head rather painful; pulse 64, tongue brown. V.S. to 10 ounces.

15. The eye is somewhat better; complains of more pain under the laceration. Has passed a restless night, and answers questions with difficulty and confusion. Tongue dry, skin hot; pulse quick, and hard. The bowels have been freely opened. The blood that has been taken away, much inflamed. Take 14 ounces from the arm.

16. Rather better; take away from 8 to 10 ounces of blood.

17. Feels considerably better, and does not complain now of pain in the head. A little inflammation about the edges of the wound; keep the bowels open with house physic.

Nov. 8. Has continued to recover without any interruption, and is now leaving the Hospital perfectly cured.

FRACTURE OF THE STERNUM.

Joseph Morris, *ætat.* 43, a carman, and healthy-looking man, admitted into Harley's Ward, under the care of Mr. Earle, at three o'clock, October 17, was knocked down by

a violent blow on the chest, with the pole of a hackney coach, in Bridge Street, Blackfriars. He was taken into a surgeon's, who bled him, gave him aperient medicine, and sent him to the hospital. There is fracture of the sternum, with depression of the upper portion, and slight emphysema across the chest. He is in great pain. Twenty ounces of blood to be taken from the arm in the evening, and the rib belt to be applied.

18. Has passed a restless night, and has great difficulty in breathing. Pulse feeble and quick; bowels much relaxed. Take 10 grains of compound powder of ipecacuanha immediately, and repeat it every six hours if necessary.

19. Bowels quiet. Has passed a better night; breathing still difficult; expectorates much purulent matter; perspires freely; pulse feeble. Take three grains of antimonial powder in a pill, and five grains of the nitrate of potass, in a mixture, every four hours.

20. Complains of much pain about the chest; breathing frequent, short, and difficult; pulse 90, small, and hard; tongue white, but moist; bowels open. Take away 10 ounces of blood, by cupping, from between the shoulders. Leave off the former medicines, and take eight grains of the nitrate of potass, and ten minims of the tincture of digitalis in an ounce and a half of almond mixture every six hours.

22. Expectoration still considerable. Has a constant cough: pain not so violent in the chest; pulse frequent and hard; bowels relaxed. Take 12 ounces of blood from between the shoulders by cupping.

24. Has been relieved by the cupping, but continues to complain of pain in the chest. Every time he breathes, supposes he feels a portion of the sternum projecting into the chest. There is now no irregularity ascertainable of the sternum. The belt is still applied.

22. Easier and better on the whole. The expectoration still purulent; perspirations not so great; tongue white, but moist. No appetite; continue the last medicine.

Nov. 1. Breathes without pain, but cannot take a deep inspiration. The expectoration has almost ceased.

21. Has continued to improve till within a day or two, when the pain in the chest returned in a slight degree; six ounces of blood were again taken away by cupping, and he is relieved by it. He went on for another week doing well, and was then discharged.

OPERATION—AMPUTATION OF THE RIGHT LEG.

Julia Baker, æt. 37, a slender healthy woman, admitted into Faith's Ward, under

the care of Mr. Lawrence, with a tumour over the anterior and upper part of the fibula. The patient states, that it must be ten years since she first observed a small hard tumour proceeding, as she was induced to suppose, from the head of the fibula, and connected to it. It continued in pretty much the same condition for five years, without giving any pain or inconvenience. Five years ago, when measured round, it caused this leg to appear half an inch thicker than the other. Subsequently she felt occasional pain in it, and chiefly at the changes of weather. Until last September, it occasioned her no inconvenience; she then felt it a little more stiff and painful than usual; the chief uneasiness was experienced when kneeling. In October last, she walked from London to Hampstead and back, without feeling much pain. A month ago, Mr. Lawrence saw the tumour at the patient's home; it was then much less than it is now, and so hard, as to cause him to doubt whether it was not *exostosis*. It is now rather larger than the half of a pretty large lemon, apparently firmly connected to the head and upper part of the fibula. There is a degree of elasticity in some parts of it; but, in all other parts, firm and hard, presenting to Mr. Lawrence's mind, almost decided symptoms of *fungus hæmatodes*. There is one gland in the groin, directly over the femoral artery, which appears to be slightly enlarged on each side. The pulse is quick, tongue clean, and the patient is altogether favourable for the operation, which Mr. Lawrence looks upon as her only chance. He, however, requested that Messrs. Vincent and Earle should see the case. These gentlemen look upon the nature of the disease as doubtful, and recommend that, at least, the tumour be punctured, that its internal structure may be ascertained, before the limb is removed. Mr. Vincent suggested, whether, if it were malignant, the circumference of the tumour being very well marked, its removal, together with the upper part of the fibula, might not be sufficient.

20. The patient having consented to the operation, was this day brought into the operating theatre; and after puncturing the tumour, and finding it such as to call for the operation, Mr. Lawrence, assisted by Mr. Skey, performed the amputation at the lower third of the thigh. Three minutes were occupied in the removal, and ten in the taking up of five vessels. The operation was neatly performed by the circular incision, but there seemed to have been a greater flap of the integuments made than was necessary.

On examining the morbid parts, which Mr. Lawrence did in the presence of Mr. Earle and those around him, immediately

after the operation, the tumour was found to proceed directly from the anterior and upper part of the fibula. Just below the external integuments, the parts that were hard to the touch, were bound down by the fascia; the soft parts had forced their way through the fascia. A section of the tumour presented a medullary appearance; but from its being firm and solid when pressed upon, and a spicula of bone, to the extent of an inch, growing from the head of the fibula, and penetrating its substance, Mr. Lawrence was induced to look upon it as an instance of *osteosarcoma*, and therefore the more favourable as to the future state of the patient.

In the course of the operation, Mr. Lawrence had to request one of the dressers, who had rudely taken his stand close to the patient with his hat on, to take it off. This reprimand gave general satisfaction.

TO THE READERS OF THE LANCET.

Many complaints having reached us relative to the *irregular delivery* of this work, we can only say, that if orders be transmitted to our office they shall be immediately placed in the hands of *Neusmen* for whose dispatch and punctuality we pledge ourselves. THE LANCET may be in the possession of every Practitioner, within the Two-penny Post District, by EIGHT O'CLOCK ON SATURDAY MORNING.

TO CORRESPONDENTS.

The papers have been received from Manchester.

The writing, of the reply to Mr. Shute, is not legible.

"R." must wait a little; the whole affair shall be exposed in due time.

We have returned the papers received from Clapham Rise, to "Mr. A."

The report mentioned by "Amicus," is a groundless calumny. There is no action pending against THE LANCET, nor against any person connected with it.

The paper of "S. V. M." cannot be inserted. He must allow us to gratify our own taste, and also to conduct our own publication in our own way.

Mr. Churchill, of Park-street, Grosvenor square, has been elected surgeon to the Royal Infirmary for the Diseases of Children.

CONTENTS.

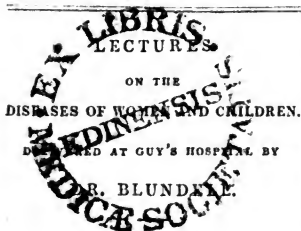
Dr. Blundell on the Diseases of Women and Children.—Lecture XII. Of some of the Diseases of the Unimpregnated Genitals.—Of Retroversion of Uteri	513
Mr. Sheldrake on the most effectual Method of Instructing Young Persons in those Exercises that will improve their Personal Appearance, and render their Forms more perfect	517
Treatment of Pithisis by smoking Beladonna	520
On the Extraction of a Milk-Tooth with the Capsule of a Permanent Tooth	520
Remarkable Case of Stone in the Bladder	520
Singular Action of Arsenic Acid on several sorts of Sugar	521
Division of irregularly united Fracture of the Thigh-Bone, and perfect Recovery of the Limb	521
Hopital Beaujon—Lithotomy	522
Hotel Dieu.—False Aneurism of the Brachial Artery	522
Glasgow Royal Infirmary	522
Strangulated Hernia	523
Lacerated Wound of the Arm, Amputation, and Death	524
Royal Infirmary for Children	525
Charity Roderick	526
Richmond School of Anatomy	528
Remarkable Case of Injury to the Brain	529
Bats and Corruptionists—Neveys and Noodles	530
Mr. Fincham on the Chlorides of Lime and Soda	536
Portrait of Mr. Abernethy	536
On the Employment of Gold in the Treatment of Syphilis	537
Mr. De la Fons on Extraction of Teeth	538
Dr. Forster on Epidemics	539
"Hole and Corner" Work at the London Medical Society	540
St. Thomas's Hospital.—Remittent Fever, with Diseased Lungs	540
Westminster Hospital.—Struggle between Doctor, Apothecary, and Death	540
Crushed Leg—Amputation	541
Tumour of the Breast	542
Hydrocele	542
St. Bartholomew's Hospital.—Wound of the Scalp, with Fracture of the Skull	542
Fracture of the Sternum	542
Operation—Amputation of the Right Leg	543
To Correspondents	544

THE LANCET.

Vol. I.]

LONDON, SATURDAY, JANUARY 31.

[1828-9.



LECTURE XIII.

Descent of the Pelvic Viscera.

WHEN the pelvis is large, and the vagina lax, and indeed from other causes particularly noted hereafter, the viscera in the pelvis are apt to descend, and the vagina, the bladder, the womb, or the other viscera, sometimes come forth. In different degrees, the descent of the parts within the pelvis may occur, and sometimes you find them lying in sight between the limbs, (as in the casts before you,) forming a large swelling there as big as the closed hand, or as large as the head of a full-grown fetus; in other cases, they descend merely to the perineum, on which they rest within, occasioning this part to swell, and form a rounded tumescence, when the patient urges; and sometimes the descending parts lie considerably above, the mouth of the uterus sinking merely two or three inches below the level of the brim; the viscera of the pelvis, generally, or the uterus in particular, pushing towards the outlet of the pelvis, without, however, getting a bearing on the external parts.

It is to a variety of causes, operating more or less in combination, that these descents may be attributed. Where a pelvis is of small size, it is by no means impossible that the viscera may come down; but they are much more liable to this displacement, if the pelvis be of extraordinary capacity, as in some of those very bulky specimens which lie upon the table before you. When the vagina is closed in the natural degree, there is little risk of these descents; but if there be much of vaginal relaxation,

whether this arises from mucous discharges, or from floodings, or from frequent childbirth, or from other causes, this dilatation contributes greatly to the descent of the viscera; for the smallness of the vagina is a principal security against these troublesome displacements; and, indeed, the naturalist might, I think, reasonably enumerate the small size of the human vagina, as compared with that of many other of the mammiferous females, among the indications that our race was designed for the erect posture, and has not usurped this position in the way that some speculators have contended. Add to these causes, an elongation of the broad ligaments, which may become stretched so far as to allow of a more extensive movement of the womb, which they ought to retain in connexion with the sides of the pelvis. Add, moreover, a certain aptitude of the parts, acquired by frequently descending; for if the woman have once laboured under procidentia of the bladder, womb, or vagina, the descent of the parts, often repeated, seems to form and adapt them to the change of position, so that for a length of time afterwards, if not throughout the remainder of life, there is always more or less tendency to yield to the impulse. So that among the more immediate causes of this descent of the pelvic viscera, you may enumerate these three as of principal and proximate operation; the conformability of the parts, derived from a frequent descent, the elongation of the broad ligaments, and the relaxation of the vagina, especially when they are acting in co-operation with an over-largeness of the pelvis.

If the womb becomes heavier, this, no doubt, tends to bring on a prolapsus; and we find, accordingly, when the womb is enlarged from the puerperal state, (being large and heavy as the head of a full-grown fetus,) or when it is enlarged from scirrhus, polypos, or other causes, descents are apt to occur; and these are more especially incident to women immediately after delivery, when the largeness of the vagina, and the increased weight of the uterus, are found to concur; and you will find, accordingly, that most women who have had a numerous and patriarchal family, if they rise early, within

the fourth, or fifth, or sixth day, complain, more or less, of symptoms indicating a prolapsus of the uterus.

When the pelvis is large, and the softer parts are greatly relaxed, independently of any very strong action of the abdominal muscles, *procidencia uteri* may be produced; but a principal cause of these descents, acting in co-operation with those already enumerated, is the strong action of these muscular parietes, to which many women, from various causes, are subjected; vomitings repeated, and much coughing after delivery, with urgings produced by the diseases of the rectum or of the bladder, all have a tendency to bring on the descent of the womb; so where women, as in the lower circles of life, are accustomed to carry great weights on the head, or are employed in washing, wringing, basket or tub-lifting, or the like, prolapsus is a disease to which they become very obnoxious.

Now, on the principles here laid down, you may explain the operation of various remoter causes in producing this affection. After floodings and miscarriages women may be very liable to the disease, because these miscarriages and floodings have a tendency to relax, and lay open the parts. In like manner, early rising after delivery, coughs, vomitings, and urgings during the puerperal state more especially—a life of labour, like that of the black population in the West Indies—pregnancy of the earlier months, particularly in those women who have borne many children, the relaxation of weak health, may all operate, more or less remotely, in producing this disease—more common after the age of twenty, or five-and-twenty, but from which children themselves are not altogether exempt. But to proceed.

In a view to our further observations upon this obstinate and distressing affection, the descent of the pelvic viscera, may be divided into different kinds,—those in which you have a descent of the bladder, those in which you have a descent of the womb and viscera generally, and those cases in which the vagina descends; not to mention here some other varieties of prolapsus, of smaller interest.

You sometimes meet with a great deal of relaxation of the vagina, and elongation, so that this part may come forth, laterally, in front, or posteriorly; the rectum or bladder respectively issuing with it, more or less. Small at first, the descent at length becomes considerable, and then there protrudes a sort of fleshy mass, and which, till examination is duly made, you may suppose to be polypus, or the result of a descent of the womb or the bladder. It is only where the disease has been of some continuance, that it forms tumours of larger size,

bulky as a pullet's egg, for example; in the earlier stage, the tumour is very small, perhaps as large as the ball of the apex of the fore finger, forming, at the back or front of the vagina, or laterally, or in all the three positions at once, protrusions by no means uncommon; and which, unless they exceed in size, may be looked upon as natural to the part. But these tumours may show a disposition to increase, and then they begin to attract attention, and, as the patient conceives that some intumescence is forming, she is very often afraid that it should be the commencement of some other more formidable disease, of cancer particularly, on which account it is important you should be able to know it. When, from the description given, it is suspected that some graver disease is forming, you ought to make an examination; and where this is carefully instituted, the nature of the affection may be sufficiently ascertained; yet I may remark that, when the vagina comes down, but a little way, forming a tumour not larger than the first joint of one or two fingers, you are liable to overlook it in making your investigation. A woman says there is a swelling, which she conceives to be polypus, or prolapsus, or scirrhus; at all events she is satisfied that there is tumour, and you examine, and say she has none; still your patient is dissatisfied, and you examine again, but find none: the reason of which is, that if the examination be made somewhat suddenly and carelessly, and particularly where the woman has had a large family, the protruding part may be pressed back unperceived, as it yields readily under the entrance of the index, and in that way the deception may arise. If you are, therefore, incompetent to the nice investigation of these points, and are not on your guard against this particular fallacy, the existence of this protrusion is liable to be overlooked; but if the investigation be conducted with all due care and caution, the nature of the affection may be easily ascertained.

If the vagina come down in a greater degree, so as to give rise to an obvious swelling as large as a pullet's egg, I believe the only, or the most effectual mode of giving relief, is by means of an egg shaped pessary; this form being by Nature destined for such canals—*sequebre naturam*. In the lower ranks of life, an egg itself, hard boiled, and properly supported, may be introduced, or you may recommend one of those balloon pessaries, invented, I believe, by a very ingenious practitioner, Mr. Pointer of Camden-town, and sold by Thompson of Little Windmill Street; instruments which seem to be very well adapted for the purpose. If the parts descend in a slight degree only, you may then endeavour to cure the disease by means of astringents: solutions

of alum, sulphate of zinc, preparations of copper, and of galls, according to the effect produced, to be used as injections and washes of various strength, but I fear that much is not to be expected from them. If there is much inflammation, leeches, fomentations, and poultices, will afford relief, and I would fain persuade myself, that in some cases of delivery, if the woman is confined to the horizontal posture strictly, say for five or six weeks after parturition, a radical cure of this disease might be obtained, for under this condition of the genitals, the vagina is very prone to contract itself. In making this observation, however, I may remark, that I have one patient who has laboured under the severer form of this disease for a considerable time, and who has been delivered two or three times, without obtaining effectual relief; it is true that she has never submitted completely to the discipline of the long-continued horizontal; but I could not perceive, in her case, that the state of the vagina after child-birth produced any obvious tendency to constriction of the part. In diseases of the vagina, bandages and compresses may be of service.

The next disease to which I request your attention, is the descent of the urinary bladder, which may occur in different degrees. In some extremer cases, the bladder lies forth between the limbs of the patient, forming a tumour there, larger when the bladder is full, smaller when it is empty, and generally about the size of an orange, admitting the introduction of the catheter into its cavity. Now by these characters, the higher degree of this disease may be readily discriminated; the tumour varying in bulk according to the quantity of the secretion, and admitting the catheter into its centre. A cast representing this tumour under its usual aspect is here on the table before you. It sometimes happens, that the descent of the bladder is in the slighter degree only, and then no tumour lies out under the eye, but there is merely a tumour in the back part of the symphysis pubis. When the bladder is full, this swelling is very large, blocking the vagina up; and when it has been emptied by the introduction of the catheter, it becomes much smaller; and if you pass up the instrument, you may distinguish it within the cavity of the swelling (an excellent character of the disease), and under voluntary urging, the swelling is found to increase considerably in its size; and by these marks the disease may be easily known. Sometimes, too, instead of a mere descent of the bladder, inverted by the vagina, you have a descent of the uterus also; so that if you examine the bladder in front, and introduce the catheter, and if you then push your examination further, you may distinguish palpably a very hard substance,

which, by its feel, its form, its situation, and, above all, by its mouth, is known to be the uterus; and the cautious introduction of a small sound into the uterus, renders the diagnosis still more complete. If the disease is carefully investigated, and you ascertain the various characteristics here enumerated, you may distinguish it with facility from all other affections; but if you make your inquiries in a very careless manner, you are liable to confound the descent of the urinary bladder with the descent of the uterus, with inversion, with polypus, or with that descent of the vagina which I was before describing to you. But I don't pretend to teach diagnosis to those who yawn over disease.

When the bladder descends a great way, so as to form a tumour between the thighs, the only effectual mode of relieving the disease is by introducing something into the vagina; an egg-shaped pessary, or even one of the round pessaries, adapted to the capacity of the dilated parts, ascertained by a trial of instruments of different diameters. If the bladder have not pushed down, so as to make its appearance externally, a pessary may not be necessary; and in married women especially, it is desirable that this instrument should not be used. When the descent is beginning in this manner, it should be our principal indication to keep the bladder empty, and to tell the patient to abstain from all urging, a rule to be observed with the utmost strictness, as the infraction of it must increase the descent. Lotions of alum, of sulphate of zinc, of sulphate of copper, of galls, and so on, are recommended, of various strength, according to the effect produced; and if a patient becomes pregnant, I should recommend, as before, that she should be confined to the horizontal position for a few weeks after delivery, in order to allow of the vagina contracting itself, and giving the bladder a more effectual support.

As women are liable to the descent of the vagina and of the bladder, so also they are still more frequently liable to a disease of which you have often heard, no doubt, I mean the prolapsus of the uterus, and sometimes it lies out under view, as in the casts, and sometimes it comes down nearly to the outlet of the pelvis, and occasionally it prolapses one or two inches only, lying but little below its ordinary level, yet not unfrequently occasioning the most troublesome inconvenience, and hence the disease has been divided into three varieties: relaxation, prolapsus, and procidentia—when the womb protrudes, the disease is called procidentia; when it remains at the outlet, prolapsus; when it scarcely subsides below the level of the brim, it then constitutes what is denominated a relaxation. I have seen several cases in

which the vagina has been forming a large cyst, which lay forth between the limbs; this cyst containing not the womb merely, but in part the bladder, the small intestines, the ovaries, and perhaps the rectum, for where you have procidentia, it very rarely happens that the womb only descends, generally the other viscera come with it, in larger or smaller mass. A case of this kind, if you are incompetent, you may mistake for polypus inversio uteri; not to mention a large descent of the bladder only; but when you examine the tumour with care, you will frequently discover on its surface the rugæ of the vagina more or less conspicuous; you will find, also, that you can introduce a catheter into the tumour, provided the bladder be come down; and perhaps, on passing a finger into the rectum, it may descend into the back of the cyst, and, above all, at the lower part of it the os uteri may be found. Sometimes the os uteri is so conspicuous, that you can see it at first glance; but you ought to be aware that at other times it appears under the form of a very minute aperture, the usual tubercle being wanting. If you are doubtful whether this is or not the aperture leading into the cavity of the uterus, (suspecting it may be nothing more than a mucous follicle,) take a blunt-ended probe, and, with gentleness, slide it along the reputed opening so as to ascertain the fact. Now if you have all these characters, or a great part of them combined, you need be at no loss to ascertain the nature of the disease: a large tumour formed between the limbs, consisting of the various parts mentioned, more or less rugous on its surface, admitting the catheter if the bladder have descended, admitting the finger somewhat when it is introduced into the rectum, and containing the uterus, which may be felt often very distinctly at the lowest part of the tumour, the os uteri being more or less conspicuously observable in the most dependent part, containing an orifice which leads into the cavity of the womb.

In procidentia of the uteri, it is remarkable that the health of the patient often suffers very little; indeed it has been observed, with truth, that the general health is often much worse in those cases in which there is a mere relaxation, than in those cases of procidentia which we have just been considering, in which the vagina and uterus lie forth under view.

When procidentia uteri is clearly ascertained, it ought to be your first object to replace the parts, if this be safe and possible, but this cannot always be accomplished. Now, if this practice be inadmissible, you had better have some defence, or shield, in order to cover the tumour, and to prevent it from suffering injury from a blow, fall, or other violence. Moreover, the woman ought

to have a well-adjusted suspensory bandage, for the purpose of supporting and preventing enlargement of the swelling, because if it is left for years without a suspensory support, it may become increasingly larger, till at length the patient can hardly sustain the inconvenience. There is a good deal of excoriation not unfrequently observed, and which, I apprehend, arises from the irritation of the urine. Much aqueous drink, by diluting the urine, might probably materially palliate this inconvenience; but a more effectual relief is derived from the use of the catheter, or by passing the fluid while seated in a warm bath. The patient may learn to pass the catheter for herself.

The principal impediment to the replacement of the uterus in these cases arises from the inflammation which may be occasioned by reduction, when they have been lying forth for months, or years, and where, as in cases of large and inveterate hernia, the parts above have got into a state to resist them. Sometimes, too, as Dr. Clarke has, I think, acutely observed, when inflammations have been going on in the different parts, adhesions, internally, have taken place, so as to form bands, and entangle portions of intestines, so as to obstruct and give rise to the symptoms of incarcerated hernia. In general, however, when you have procidentia of the uterus, you may replace the parts easily enough. You place the woman in the recumbent position; you administer the catheter; and you get a general bearing on the tumour, and press it backward and upward, as if you were urging it upon the promontory of the sacrum, for if you press it directly upwards, you will bring it to bear on the symphysis pubis, as this demonstration shows. Then, after the parts have been replaced in this manner, a pessary is introduced, in order to prevent a second descent, and, perhaps, the most convenient form of the pessary, in these cases, is the globular, or oviform; it gives to the descending parts a very considerable bearing, by means of its broad surface. But you find, sometimes, after you have replaced the uterus, that a great deal of pain and fever are produced, so that you begin to be alarmed lest abdominal inflammation should ensue. Now, if these symptoms be considerable, you had better take away the pessary, and let the parts come down again. Bleeding from the arm, leeches to the abdomen, fomentations, poultices, relaxation of the bowels, in a word, all the ordinary remedies of the milder inflammations, appear to be indicated here. If symptoms are slighter, and the pulse do not rise above 100, or 105, in the minute, I should then feel inclined to suffer the pessary to remain, taking care to empty the bladder, and keep it empty, so that more

room might be left for the uterus. As before, you foment the abdomen, apply leeches, and, perhaps, take away a little blood from the arm. If the symptoms arising from the pessary have been so violent that it should be deemed necessary to take away the pessary, and suffer the parts to come down again, I should not therefore totally abandon my attempts; but in a few weeks afterwards, perhaps, I should resort to the pessary again, leave it in for two or three hours, or till the same symptoms began to appear, then again removing, and introducing afresh, after they had subsided; and thus applying the pessary longer and longer every time, I should hope to habituate the parts to receive the viscera, so as in that manner to effect a permanent replacement. In most cases where the difficulty arises from want of room, the parts have been descended for years, and where the parts are lying out in this way, under sight, they are sometimes, affected with a great deal of inflammation throughout, with fever, and with deep-seated pain. It is asserted, that sloughs have taken place, and that women have recovered after losing the uterus; nor have I much difficulty in believing this, though such cases are in a manner unique. Were I to meet with an inflammation of this kind, I should treat it the same as an inflammation of any other viscera: bleeding largely from the arm, giving digitalis, fomenting the parts, and, perhaps, applying leeches, which you might very conveniently do, the womb lying beyond the external organs; topical cold might be of service. By all these, and the ordinary antiphlogistic means, inflammation might be got under; and then if I found the womb could be replaced, so as not to give a great deal of pain, as if adhesions were torn through by the operation, I should endeavour to replace the parts.

You will often, in these cases, as observed before, meet with excoriations of the tumour, perhaps in three or four places, to be attributed to the urine irritation. By keeping the urine from the surface, as before recommended, and general means, and by applying some stimulant and astringent remedies, such as are used in cutaneous diseases, cures may, I believe, in general, be easily obtained.

LECTURES

ON

MUSCULAR ACTION, AND ON THE CURE OF DEFORMITIES.

By MR. SHELDRAKE.

On the most effectual Method of Instructing Young Persons in these Exercises that will improve their Personal Appearance, and render their Forms more perfect.

ALL the different modes of walking, or moving about, have been produced by those habits which have been fixed by the pursuits in which the parties who use them have been engaged. If an individual is engaged in the same pursuits during the whole of his life, the uniform continuance of the same habits will impress upon his person an indelible form. If, at some period of his life, he changes the objects of his pursuit, the change of his habits will produce a corresponding change in his person, greater or less, according as the occupation that he adopts differs from that which he has quitted; but as the object we have in view is to enable persons, in the superior ranks of society, to acquire whatever perfection of form and action can be attained, it is surely better to begin in the right way at the very earliest period of life, than it would be to leave every thing to chance in the outset, and have, afterwards, to employ much valuable time in correcting the errors to which carelessness and ignorance had given both origin and stability.

The real object of this instruction is to give, at the earliest period that they can be communicated, strength to the ligaments of the joints, upon which their power greatly depends, and activity to the muscles, by which they are rendered more obedient to the will. The whole process that will be necessary, during what may be called this first stage of instruction, will be, first, to obtain the full power of directing the feet alternately, and then to practise walking carefully and steadily upon the line, for as much time as can be conveniently devoted to it every day; in doing this, it should be strictly required that the child should keep her eyes upon her feet, to see that she places her foot exactly against the line at every step; this will give a firmness to her movements which will afterwards be of the greatest consequence.

This course should be carefully followed till the child is five or six years old, and may be continued afterwards as opportunities may offer. As regularity of proceeding, and certainty of effect, are always to be de-

sired, it will be well, in the first instance, to get the complete management of the feet, each by itself, in the manner that has been described; then to proceed to walking carefully and slowly upon the line, in the manner that has been described. To bring every thing to a certainty, some limited time should be employed; suppose a quarter of an hour at each practice, in the beginning; this should be increased by a few minutes at a time, till as much time is given to it as may be convenient, and that time, when once it is adopted, should be invariably observed and allotted to daily practice.

Children who are treated in this manner, for the first six or seven years of their lives, will not become distorted in their persons while that treatment is going on, and it is not probable that they should become so afterwards, because the course of exercises in which they have been engaged will have given them habits that will effectually preserve them from such defects; if, at this early age, they pass into the hands of the dancing-master, they will learn more from him than others of the same age, who have not been so treated, and the teacher will have less trouble in giving them instructions in his art than he would have, if they had not passed through the course of instructions that have been described.

Female children, after the age of six or seven years, pass into a state that renders them very liable to become distorted in their persons, more from the anxiety of their natural connexions, who wish to give them every accomplishment, and even add to them every perfection which can be seen in the most perfect beauty. They are unwilling to believe, that what they wish to have cannot be obtained, and this peculiarity renders them especially liable to be imposed upon by the dishonest practices of ignorant people. Perhaps no one has had more opportunities than I have had of knowing what those practices are, what have been, and therefore what will be, the effects that, in the nature of things, they must produce.

For these reasons, I strongly recommend to all who are interested in the education of young ladies, never to use any of those trumpery articles that are sold under the denomination of busks, braces, monitor spinal stays, and many other titles which I cannot enumerate; they are all mischievous, and many of them are known to be so by the very persons who sell them. No matter; they get money from the sale of them, and the moment they receive payment for the trash which they sell, they laugh, in secret, at the credulity of those who are the purchasers.

I likewise advise, that all articles, of whatever nature, that are added to the

female dress should be avoided; I do not mean the dresses themselves, for all female dresses I now believe to be harmless, or at least that they do no lasting injury to the persons of those who wear them. The time has been, indeed, that an article of female dress, when it was once introduced, was worn by all; grandmothers, mothers, and daughters, all wore the same dress; there might be differences in the materials, but the fashion was the same in all, and a fashion, when once introduced, lasted in vogue for half a century; so that when any dress was introduced that had mischievous properties, the injury that it did was very great, because every one wore it, and wore it for a series of years. This state of things exists no longer, for the successions of fashions in female dress are so rapid, that if any thing is produced that would be injurious if it was used for a long time, it passes into oblivion so quickly, that it can have produced no effect whatever upon the wearer.

The subject that I remonstrate against is, the use of such contrivances as the dress-makers sometimes add to the dresses they make, under the pretence of improving the shapes of their employers, or, perhaps, the more legitimate endeavour to conceal a striking defect in the figure of some unfortunate customer.

The last is, perhaps, the case in which such attempts are the least unjustifiable yet every attempt of this kind, although, perhaps, at first it appears to be attended with some success, in general terminates but badly. The padding that is put in the hollow of such a person's back, to make the two sides equal, depresses that hollow more and more; additional padding is put on, the hollow still increases, till, in the end, the sufferer sinks under her complicated misfortune.

The best course that can be pursued to secure to young ladies of the superior ranks of society all the advantages that can be given to preserve their natural forms, and give them every improvement of which they are susceptible, is to devise such a system of exercises as shall include all the movements they will have occasion to make in those scenes in which they will be engaged in the course of their future lives, and enable them to practise those exercises till they are become quite familiar to them. Such a system I have brought to a state that nearly approaches to perfection. The practice of dancing, as it is taught by the best masters, will contribute to the same effect. The practice of what have, foolishly, been called gymnastic exercises, should, on every account, be avoided, for reasons that have already been mentioned.

I will now endeavour to describe some of

the exercises that I employ to teach young persons the use of their limbs to the greatest advantage. If a child has arrived at the age of seven years or more, and has not practised those exercises which have been recommended to be practised in early life, the time is now come when she must learn to practise them; the acquisition will require great exertion on her own part, as well as on that of the professional man by whom she must now be instructed. If she has been left to the ordinary course of female education, she has been allowed, perhaps compelled, to stand or sit still in one posture for hours together, with her head stiffly erect, her arms straight or stiff at her sides, or her book, or other matter, on which she may be employed, held stiffly before her face, with other restraints, which are founded upon similar, but erroneous principles. All these improper practices now begin to produce irregularities in her figure; a child, at the age of seven or eight years, is no longer an infant, is able to understand her own situation, and is commonly willing to do what will be proper to improve it, and when that is the case she is a favourable patient to be subjected to this treatment.

After she has been taught so much of these exercises as has been already described, she is to keep the body quite erect upon the pelvis, without being stiff; the pelvis quite even, but the legs so little constrained, that either may move freely, without creating any movement of the pelvis or of the body; she should move one leg, at the same time, by pointing the toe, and without bending the knee, lifting the leg as high as she has occasion to do when she walks, by bending the thigh at its junction with the pelvis; she should then throw the leg one step forwards, rest firmly upon that foot while she steps forward with the other foot, and thus proceed slowly and firmly, till walking in that manner has become quite familiar to her. She is then to make a further addition to her practice, by standing firm upon one foot, while she raises the other as before, but higher; and before she returns it to the ground, she is to describe a semi-circle with her foot, at the same time carrying her foot backwards, till she brings it to the ground by the side of her other foot. When she has acquired the power of easily making this motion with both feet, either separately or in succession, she is again to walk upon the lines in the manner that has been described, but making the semi-circular movement with each foot at every step she takes, and this she should continue to do, till this manner of walking has become quite easy to her.

The reasons for using this exercise, its use, and its effect, may be thus described.

Every muscle may be the principal in performing some action in which the member to which it is attached is engaged; but no muscle can act entirely by itself: it will always be accompanied by the actions of other muscles which form parts of the same limb, in proportion to their relative importance; of this many examples may be produced, but I shall confine myself to one.

If a man stands quite upright, with his back against a wall, or other perpendicular, his knees quite straight, his feet close together, and while he is in this situation he endeavours to move his great toe only, without raising his foot from the ground, he will find it is impossible to do so, without feeling, at the same time, some motion in the calf of his leg, in the front of his leg towards the outside, and in the muscles of his thigh; because, though he may determine to move his toe only, that cannot be done without the other muscles joining in the action, according to the proportion they bear to each other, in the natural action of the whole limb. When the thigh is moved, it must be moved by all its muscles acting together, if it is intended that the motion shall be advantageous; if any one muscle is, by accident, prevented from moving in harmony with the rest, awkwardness in the use, or lameness in the motion, of the limb is produced, and this cannot be removed, unless the natural power of the muscles be restored; if that is done, the natural use of the limb is restored; if it is not, the sufferer must remain permanently lame.

This being the case, it is of consequence to those who determine to give their children the best form of which they are susceptible, that they should begin to use those measures that are calculated to produce the desired effect; to acquire the proper use of their legs is the first of the important measures that is necessary for this purpose; it may always be secured, if the plan that has been now mentioned is carefully adopted, and it cannot be adopted too soon.

This practice relates equally to all children of both sexes, and therefore the practice should be universal during infancy; but after that state is past, boys are removed into situations, and subjected to treatment so different from that of girls, that they are no longer objects of attention in these particulars: but girls, after that age, are more subject to become distorted in their persons, and therefore are more general objects of constant attention; and the treatment that will most effectually prevent them from becoming distorted, will now be described.

This treatment consists of peculiar exercises, which, if sedulously followed, will,

at once, add to their health, their strength, and preserve the natural regularity of their form. The manner of using their legs, which has already been described, will form the basis of it.

The scholar or patient, whichever it may be called, should stand quite upright upon the line, as has been already directed. The pelvis, and all the parts that are below it, are to be kept firmly, but not stiffly in their original position; she is to look steadily at some object that is placed directly before her; she is to extend both her arms in a straight line, and without altering their position afterwards, with respect to the body, she is to turn the body itself round upon the pelvis, till she points with the fore-finger of one hand at the object on which her eyes have been fixed; the other hand is, by this action, thrown as much backwards, as will be necessary to keep the two arms on a straight line with each other.

When she has been in this position some time, (a few seconds at first, and the time to be gradually increased as the exercise becomes familiar to her,) she is, still keeping her eyes fixed upon the same object, to turn her body round, so that the hand which pointed before, is made to point backwards, and the other to point forwards at the same time. She is to repeat this, still standing, till the practice is familiar to her; she may then begin to walk upon the line as has been already directed, and, at the same time, exercise the body and the arms in the manner that is now recommended.

Another desirable exercise will be, to procure a chair, with a flat seat, and made of wood; the back should be higher than the patient's head, when she is seated on it: upon this chair she should be seated, with both her feet firmly pressed upon the ground; her back, shoulders, and head, should be pressed against the back of the chair: while she is in this situation, her arms should be extended horizontally in a line with each other. When she has taken this position, she should, without moving her feet, or her seat, or taking her shoulders or her head from the back of the chair, or altering the position of her arms with respect to her body, bend her body sideways, till she carries one of her hands as near to the ground as possible; the other arm will then be proportionably raised in the air. When she has been in this state for some time, she should raise herself into the erect position upon her seat, and after remaining so for a short time, she should reverse the former position, by pressing downwards that hand which was first raised, and *vice versa*.

Whoever understands the structure of the human body, and the action of its muscles, will perceive that by alternately performing

the actions that have been described, every motion that can be required in any of the actions of ordinary life, when it is not a life of coarse labour, may be performed with certainty and advantage, provided it be not carried beyond that point at which the greatest strength of the joints terminates; if carried beyond that point, debility, and other mischief, will ensue; and distortion, in all probability, be the consequence. It is to avoid this, that I recommend these exercises to be practised by the patients themselves, under the direction, indeed, of those who are competent to direct every thing of the kind to the greatest advantage. By proceeding in this manner, all the advantages that are required will be obtained, and no injury be inflicted in the pursuit. Patients who are in this situation, may be induced, under the direction of skilful advisers, to do all that is necessary for their own advantage, but not to exceed the proper point to which each action is to be extended. These exercises are intended to enable those who are interested in the welfare of young persons, to bring them forward with the greatest advantage, and, at the same time, to avoid the danger of distorting or disfiguring their persons, so many effectual methods of doing which being continually offered to their notice, in the most inviting manner. What has now been offered for consideration and adoption, is by way of prevention; when distortion has been produced, a different course of treatment must be pursued to get rid of it, and that will be a subject for our next investigation.

FOREIGN DEPARTMENT.

EFFECTS OF SUDDEN EMOTIONS OF THE MIND.

BARTHEZ relates the case of a female, who having let her infant fall from her arm, was suddenly struck with paralysis of one of the upper extremities. M. Hellis, of the Hotel Dieu at Rouen, has lately witnessed some similar cases. A girl, about 12 years of age, being present at an execution, was so terrified at the moment when the criminal's head fell, that one of her arms suddenly became paralysed; she was brought to the Hotel Dieu, where she remained during three months, but without receiving any benefit, though her general health was undisturbed. In another case, a girl of nine years being attacked by a dog, was so frightened, that she fell down in a senseless state; when examined at the Hotel Dieu, the pulse was found quiet, the skin perfectly sensible, the

countenance indicative of excitement, and the eyes staring; she had fully recovered her senses, but had no power of motion, the muscles being in a state of rigidity, and deglutition was very difficult. An emetic, and the application of leeches to the neck, were without any effect, and she died suddenly on the fourth day. On examination of the body, the dura mater and arachnoid, as well as the brain, were found healthy; the lateral ventricles contained a small quantity of limpid serum; the cerebellum, spinal cord, and other viscera, exhibited no morbid alteration whatever; the pharynx only presented some traces of inflammation.—*Biblioth. Medic.*

RUMINATION.

M. Riche, physician at Maubeuge, has communicated to M. Broussais, the following case of rumination. A young man, about seventeen years old, of middle stature, and a strong constitution, has, from his ninth year, found that half an hour after dinner, the food, being undigested, ascends from the stomach into the mouth; and having been again masticated, is a second time swallowed; this process is accompanied by neither pleasant nor unpleasant sensations; but when he endeavours to suppress the ascent of the food, a very painful sensation is produced in the epigastric region. He has an extraordinary appetite, and likes vegetable as well as animal food, although he shows some predilection for the latter; he eats very fast; and a long time after dinner, there remains a bitter taste in his mouth; he suffers occasionally from colic pain, and has a slight prolapsus ani; his digestion is good, and he enjoys excellent health. Fluids are also, a short time after drinking, brought up and swallowed a second time.—*Ann. de Med. Phys.*

RUPTURE OF THE LIGAMENTUM PATELLE.

Cathar. S., twenty years old, of a weak constitution, being in danger of falling from a staircase, involuntarily contracted the extensor muscles of the right leg with such violence, that the ligament of the patella was ruptured. At the moment when this took place, she heard a noise like the cracking of a whip, and felt violent pain on the inner side of the knee; she instantly fell down, and could not rise again. On being examined, the rupture was easily recognised by the protrusion and retraction of the patella, and the very considerable hollow below it; the leg could not be moved, and every attempt at bending it caused excessive pain. The joint being much swelled, eighteen leeches were applied to it, and the leg kept extended; after two days, the inflammation having subsided, a circular ban-

dage was applied, to bring the disunited parts together, the leg being still kept extended, and the thigh somewhat bent upon the pelvis. After forty-two days, the apparatus was removed, and the parts were found united, but still very tender; the patient was, however, able to get up, and to walk with the assistance of crutches; after a few days, the whole limb having swelled greatly, and become very painful, the circular bandage was re-applied, and under the use of this, and cold affusions, the patient perfectly recovered after three months.—*Journ. de la Soc. Roy. de Méd. et Chir. de Toulouse.*

VELOCITY OF SOUND IN WATER.

In the *Annales de Chimie*, some very interesting experiments are communicated, which M. Colladon has lately made, relative to the above subject on the lake of Geneva. The sound being produced by striking on a bell which was suspended in the water, was heard by a person under water, and placed at the distance of 45,000 feet. The water contained $\frac{7}{1000}$ of saline particles, was at 40° Fahrenheit, and of 1,00015 specific gravity. The mean velocity of the sound was 4,703 in a second. M. Colladon observed, that when the sound of the bell was heard at some distance under water, it singularly differed from that which is heard in the atmospheric air, and was very short, resembling that obtained by striking two knives against one another. The same was observed when the distance was increased, and it was then impossible to determine whether the stroke on the bell was strong and distant, or weak and near. The bell being repeatedly struck at short intervals, the strokes could only be distinguished at the distance of 600 feet; at a greater distance they coalesced into one continued sound. Another very remarkable circumstance resulting from M. Colladon's experiments is, that the sound is not propagated from water to air, when the direction of the vibrations form a very acute angle with the surface. The bell being struck at the depth of six feet six inches, the sound was distinctly heard over the surface of the water, at a distance of 656 feet; at a greater distance it rapidly diminished in intensity, and at 1300 or 1400 feet was not heard at all. The movement of the waves exerted no influence on the velocity, duration, or intensity of the sound; some of the experiments were made during violent storms, but gave exactly the same results as those made in calm weather.

ON THE WOUNDS OF THE BRAIN, AND THE DIVISION OF NERVES.

M. Flourens, of whose researches respecting the nervous system we have spoken in a

former Number, having recently made some further experiments of the same nature, was led to the following result:—1. The brain and spinal cord, when wounded, are susceptible of re-union and cicatrisation; and after the healing of the wound, their functions are perfectly restored; 2. After the transverse division of a nerve, complete re-union ensues, and if the nerve is afterwards again divided below the cicatrix, the divided ends will perfectly unite; 3. The ends of different nerves can also be made to unite; a branch of the eighth pair, for instance, with a branch of a cervical nerve. In these cases, the nerve thus united, sometimes, though rarely, regains the power of transmitting nervous influence.

An Exposition of the almost total Uselessness of the Examinations of Apothecaries' Shops by the Censors of the Royal College of Physicians, and Wardens of the Company of Apothecaries.

By a FELLOW and late CENSOR of the COLLEGE of PHYSICIANS.

VERY few of the medical profession know in what manner the examinations of the shops of apothecaries, in this city, are conducted by the College of Physicians. With a view, therefore, of giving every useful information on this subject, but more especially with an anxious desire to have it conducted efficiently, and as it becomes gentlemen, I submit the following particulars to the medical community.

No long time ago I was elected Censor of the College of Physicians, and, by virtue of that office, became an Examiner of Apothecaries' Shops; and it is with regret that I feel myself bound, from the great unwillingness on the part of that respectable body to which I belong to alter their absurd predilection for old customs, to show how entirely useless is, and has been, their inspection of drugs in the shops of the city of London for more than a century past, or, perhaps, to speak more correctly, from the first foundation of the college, in the memorable reign of King Henry the Eighth.

There are only three inspections of apothecaries' shops made annually by the College, and these, I think, generally take place in the month of August, or hottest season of the year. The persons chosen for this business are the four Censors, accompanied by two Wardens of the Apothecaries' Company, who are, I believe, by some old charter, or act of Parliament, obliged to give their assistance. All these worthy persons meet, at a late hour in the morning, at the mansion of the College of Physicians, where, after partaking of refreshments, such

as tea, coffee, and cakes; and after the beadle has presented each Censor with a few cakes, folded up in white paper, in accordance with immemorial usage, and to save them, I suppose, from the temptations of hunger, the whole march out, attended by the beadle and porter of the College, to take their seats in two hackney coaches. It ought to be mentioned, that the beadle, who is somewhat of a decent person, with the Censor's book, and furnished with the names of some dozen shops, to be examined, takes his seat inside, with the two junior Censors and one Warden, whilst the porter mounts beside the coachman driving the other coach, that contains the two senior Censors and the other Warden. There being no legal power given to the above persons to inspect shops either in Middlesex or Westminster, which is much to be lamented, considering that the greater number of them are situate in those parts of London, the inspection can only take place within the city of London. The first place examined the first day was Apothecaries' Hall. Here the Master of the Company was in waiting to show the shop and laboratory. Neither myself nor colleagues, after looking at several of their articles in the shop, had any reason to be dissatisfied with what we had seen. Notwithstanding all this, I could not but feel a degree of surprise, and I dare say the same feeling pervaded my colleagues, when they entered the place where the preparation of articles is supposed to be carried on, to find it quite deserted, save one or two men, who appeared to have little or nothing at all to do. The only signs of pharmacy observable, were the formation of mercurial ointment by steam; the sublimation of benzoic acid; one or two extracts making; and some sponges, which were said to be on the eve of being incinerated. These last seemed very good, but I cannot help confessing, that my doubts are strong that they ever underwent the above operation. Some mercurial ointment was shown us by the master, who was furnished with a magnifying glass, and who, I believe, thought the sample of this ointment fit for use; however, it happened to be, on close inspection, unusually full of metallic globules. There was also here, I think, some mercurial pill inspected, which seemed to contain more than the usual proportion of live mercurial matter. The worthy Master of the Hall very candidly owned, that neither the ointment nor the pil. hydrargyri, was to his satisfaction. Where such important services as the navy, East India Company, and where public charities, such as Greenwich Hospital, &c., depend on this medical corporation, it is of vital importance to have every article of medicine of the best quality, especially those of a mercurial na-

ture, otherwise the intentions of practitioners must be often defeated. I now object, strongly, to the little appearances there were of many articles being prepared by the Company themselves. The medical profession have, indeed, a right to expect, that this Worshipful Company will not only manufacture the medicines usually manufactured by respectable chemists and druggists, but that they will give the College of Physicians an opportunity of judging, at the inspections, that they prepare what is expected of them. The three visitations which were made when I was Censor, certainly did not impress me with the idea of much work being done in the laboratory; it seemed, indeed, on those days, as if it were quite holiday time with these good folk. I do not know that the Company of Apothecaries have much interest in appointing persons to assist our College quite unfit for the office; this certainly was the case with the two Wardens who accompanied us; they were men worn down with age and infirmities, and seemed without much knowledge of the genuineness of the articles they were called on to inspect. One was of short stature, with imperfect vision, through natural nearness of sight, and the zona senilis having made great encroachments on the cornea. If my memory do not deceive me greatly, he told me that he had lost, or had a congenital defect in, two of the most useful organs of the external senses, namely, those of smell and taste. Now, in the name of decency, is a person, with a total obliteration of those organs, and a perceptible decay in all the others, fitted for the duties of inspector of drugs? What could possess the Apothecaries' Company to elect for such an office a man unable to discover the sensible, and perhaps the physical properties of substances? The other Warden, his invaluable coadjutor, was of respectable height, but he had lost the symmetry of his legs through unsightly swellings, and from the peculiar pallidness of his face, I judged them to be of the dropsical kind; there was all that torpidity of mind and body belonging to hydropic disease. These two individuals, at each shop we stopped, took up a great portion of our time, through the difficulties they experienced in descending from, and returning again to, the hackney coaches, which I beg to say were of the dirtiest description.

The time spent each day in visiting shops may, on the average, be reckoned at four hours; hence it will be seen, that the duration of the whole year's inspection, including the loss of time through inactivity of the two Wardens, does not exceed twelve hours. Is this in the least degree useful, considering the number of shops requiring examination in such a metropolis as Lon-

don, and knowing, as I do, that several of the shops had been inspected by the Censors of the preceding two years? I calculate the number of shops altogether visited in a year, is much below 50; and in each of them, perhaps, a dozen of articles are examined.

I shall here describe what was done when we entered on the ground of visitation. The beadle, after staring about for some time, without previously knowing where the shops were exactly situated, much less the number of the houses, at last pointed to one, and we followed, and, as the door was opened, he quickly introduced us as the Censors of the College of Physicians, and Wardens of the Apothecaries' Company; our entrance being once effected, the senior Censor began by inquiring if there was any Pharmacopœia kept, if it was the latest edition of London College. Next came the inspection of weights and measures; and afterwards the Censors individually asked to be shown several articles, such as aromatic confection, tinctures, particularly of the carminative kind, scammony, rhubarb, &c. In more than one shop, I observed several pieces of the last-named drug, which, when looked at earnestly, as if doubting its goodness, I was surprised to hear it stated on two or three occasions, to have been purchased at the Hall. As soon as this answer was given, it had a posing effect, as we had not the means of proving the truth of the assertion by investigating the accounts between the Hall and the apothecary.

The profession have no idea of the bad state of some shops; for instance, we met with one which, in addition to the want of almost every requisite for business, there was no calomel, and the proprietor said he never used any. In another there was hardly any thing medicinal, not even scammony. The owner, when asked to account for this, excused himself by observing, he lived near a druggist's shop, and he could at any time send out for this, or any other thing he wanted.

Though the College are empowered to throw into the streets, or otherwise destroy medicines of bad quality, still they rarely act thus; and though they might effect much good, by sending a written caution in name of the College, to vendors of inferior pharmaceuticals, still I am not aware that any thing of the kind has ever been done; the consequence is, between one visitation and another, the different shops hardly ever undergo any change for the better.

It is not without much expense that this mockery of examination is carried on; for sumptuous dinners are given by the College to the Censors and the two Wardens of the worshipful Company, and as our courtly

president, with the treasurer and registrar, make part of the company, they could not of course be well treated without some Champagne, and other good things. It will be seen, that the expence of tavern proceedings, along with sundry items, for three days, cannot be much under 50*l*. This money saved by the College for three or four years, would enable it to place in its new and splendid library a bust of the great Dr. Jenner, who, within a few years in this country alone, by introducing vaccine inoculation, saved more lives than all the presidents, fellows, and licentiates, of our Royal College since its first foundation. No compliment (*proh pudor*) was ever paid by the London College of Physicians to the worldly saviour of millions.

Before I finish the history of the examinations of apothecaries' shops, I must say that the conduct of the entire party was not of the genteel order; for where a shop door happened not to be speedily opened, the bell occasionally received a most violent ring. I saw more than one apothecary offended at our intrusion, and, instead of receiving us as gentlemen, went out of the house, leaving us to find in the best way we could the objects of our examination.

Concluding this subject, I freely own that I was most heartily disgusted with my office; and unless something is done towards its effectual improvement, I should be sorry, on a future occasion, to undertake the duties of a Censor. To have an active and useful inspection, the Censors and Wardens, of more youthful days than those described, ought to divide themselves into two bodies. Thus two Censors and a Warden might be engaged in one district, whilst the other Censors, with their Warden, might, on the same day, be employed in another.

The Apothecaries' Company, I ought to mention, have their own examiners for London; how does it occur, therefore, that there are apothecaries practising for years who have never been visited by them?

CASES OF DOUBLE-FISSURED HARELIP SUCCESSFULLY TREATED.

By CHARLES FIXOTT, Esq., M.R.C.S., Jersey.

To the Editor of THE LANCET.

SIR,—Aware of your readiness to give publicity to improvements in the practice of surgery, allow me to introduce to the notice of your readers, a brief account of three cases, in which I have successfully operated for the cure of double-fissured harelip. My mode of operating differs from that usually practised, and its complete

success will, I trust, show its great superiority over every other. That you may be fully convinced of the extent of the deformity in two of the cases, I send you the maxillary processes which were removed, and you will observe still attached to each the tubercular appendage, or lip-like process.

You perhaps may consider it strange, that I should have delayed four years in making this subject known; but I am sorry to say, my account of the operation was read at the Medico-Chirurgical Society about three years ago, when either owing to the disunion that existed in that body, or not exactly understanding my meaning, the paper and plates remained in the hands of their council more than a year, about which time I thought proper to recal them.

As the first part of the operation may not be rightly understood, I have added four drawings, delineating the whole process. I hope this improvement in the mode of operating will be favourably received, and I shall be satisfied in having been useful to the profession. Believe me, Sir,

Yours, most respectfully,

CHARLES FIXOTT.

CASE 1.—Jane Le Gros, *ætat*. 15. Double-fissured harelip, protuberant maxillary process, with three teeth and tubercular appendage, or lip-like process, projecting half an inch beyond the symphysis of the inferior maxillary bone. Was operated on the 7th day of April, 1824, and cured in fifteen days.

CASE 2.—Edward Le Feuvre, *ætat*. 25. Double-fissured harelip, tubercular appendage, maxillary projection, with two teeth extending nearly half an inch beyond the inferior maxillary symphysis. Was operated on the 2d day of November, 1824, and cured in three weeks.

CASE 3.—Peter Chevalier, *ætat*. 17; double-fissured harelip, tubercular appendage, and maxillary process, with three teeth projecting three-quarters of an inch beyond the lower jaw. Was operated on the 2d day of November, 1824; palatine fissure very large. Cured in three weeks.

The palatine fissure in the above three cases, has considerably closed. The patients retain their saliva, articulate much better, and are not a little proud of their improved appearance.

Mode of Operating.

Having placed the patient in a chair, without previous preparation,* his head resting on the breast of an assistant, and his hands secured by another. I take the external

* Application of sticking-plaster a fortnight before, to bring the cheeks forward.

edge of the tubercular appendage between the index finger and thumb of my left hand, (vide Plate 1,) and divide the appendage laterally upwards into two portions, to the cartilage of the nose, (Plate 2, letters *b, c*;) then turning the edge of the scalpel inwards, I pass it round the maxillary prominence to denude the bone, which, with a metacarpal saw, I take off in a line parallel to, or corresponding with, the fissures, that no aperture may be seen below the nostril after the operation; the external tubercular half of the appendage, or lip-like process, being turned in the latter part of the operation on the divided cartilage and maxillary bone.

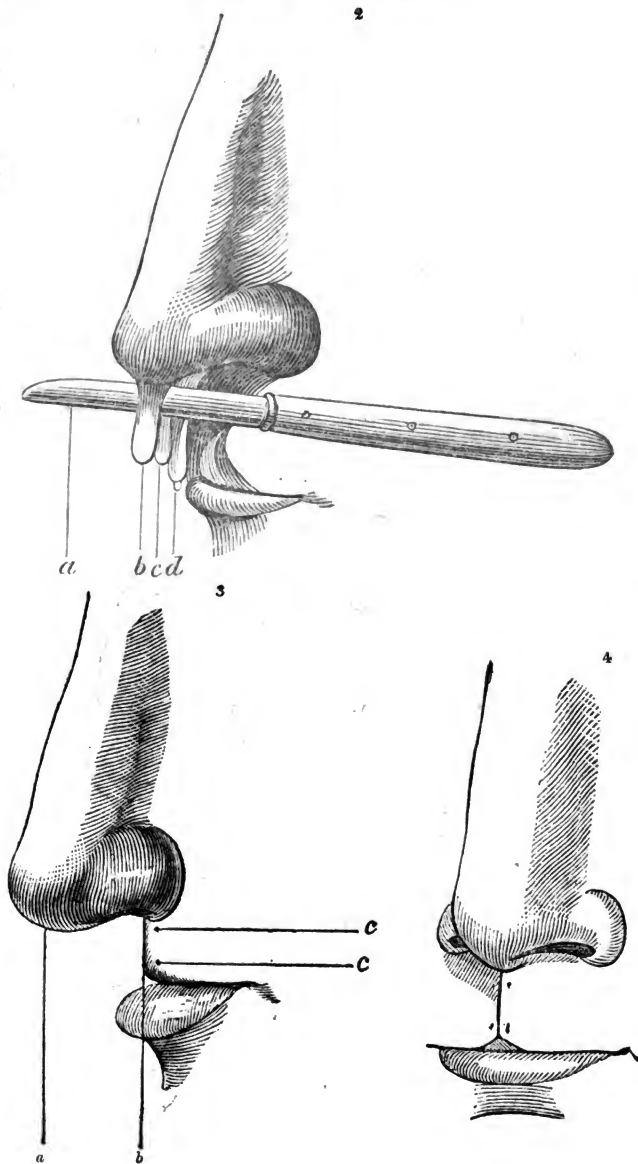
2dly. I take a piece of pasteboard, two inches wide, and about six inches long, in my left hand, which I apply under the lip on each side, and, with my thumb extended, and pressing the lip upon it, I cut a portion of it from above downwards, as represented in Plate 1, letter *c*, using a fresh scalpel to each side. The divided edges are then brought in contact by my assistant, when I apply two twisted sutures.

3dly. If the external tubercular portion

of the appendage is so wide as nearly to close the nostril, I take part of it off on each side, then turn the remaining centre on the divided septum and maxillary bone, pressed by lint, and secured from below upwards with adhesive straps. The lip is dressed as in ordinary cases, and Louis's bandage applied; the dressings are removed five days after, and the pins withdrawn; the same dressing is continued every other day, until the case obtains a perfect cure. This operation could be quickly performed, were it not for the hæmorrhage filling the patient's mouth. The advantages of this mode of operating are, I conceive, very great; 1st. They do not present that deformity which must actually result after that practised in all parts of Europe to this period. The lip here is perpendicular, more even, and is operated upon at once; 2dly. Union is perfect in a fortnight or three weeks; the patients retain their saliva, articulate better, and masticate well, and no appearance remains, unless you observe closely, that an operation has been performed.

PLATE I.





Description of the Plates.

Plate 1 represents a double-fissured hare-lip, with tubercular appendage and maxillary process, with the manner of beginning the first part of the operation.

a, The left index finger and thumb holding the end of the tubercular appendage or lip-like process.

b, The manner of guiding the knife in the section upwards through the tubercular appendage, or lip-like process.

c, Shows the two portions of the lip to be excised, in order to bring them in apposition by the twisted suture.

Plate 2 represents the section of the tubercular appendage to its full extent, the external and internal flaps hanging on each side of the scalpel.

a, The blade of the knife, with section of the tubercular appendage.

b, External portion of the tubercular appendage.

c, Internal portion of the tubercular appendage.

d, Maxillary process, with two, sometimes three teeth, round which the edge of the knife must be carried previously to its being amputated with the saw, the internal flap of the tubercular appendage being still attached.

Plate 3 represents the lip healed.

a, The external portion of the tubercular appendage united to the cartilage of the nose and divided maxillary process, forming a septum, and concealing internal deformity.

b, Shows the present state of the upper and under lip.

c, The marks of the two twisted sutures.

Plate 4. Appearance of the nose and mouth after the cure.

P.S.—Since the above cures were performed, I have operated on another patient similarly affected, and with complete success.

Jersey, October 28, 1823.

ON THE ADVANTAGES OF THE EXPANSION SHOE.

By Mr. CHARLES CLARK.

SIR,—The active interest you have taken in promulgating correct opinions on the subject of the horse's foot, and in exposing false ones, induces me to request a place for the following paper.

The readers of *THE LANCET* may, perhaps, remember some remarks that appeared a few months since, reviewing and refuting the objections which a certain popular writer in *The Sporting Magazine* who styles himself Nimrod, had ignorantly made against the expansion shoe. In the course of that article, I showed, by his own words, that he was unacquainted with the real structure of the foot, had scarcely seen and never tried these shoes, and had a mere jockey's knowledge of the matter altogether; so much so, indeed, as to assert confidently, that the fore and hind foot were *fac-similes* of each other! Though these, and many other points, were satisfactorily proved, and my remarks passed undisputed in *THE LANCET*, I little expected their truth would soon have been so strikingly acknowledged in *The Sporting Magazine*. Their effect was sudden and surprising, changing at once the tone of the said periodical, to a direction the most unexpected.

In short, the following number (for November) contained a long article signed *Nubia*, apparently by the same hand, admitting, nay, advocating in the most unqualified manner, the truth and importance of Mr. Bracy Clark's doctrines respecting

the foot, its expansive nature, and the destructive influence of the common shoe (and of all shoes that are rigid) in contracting it; also the necessity of a yielding defence to preserve it in health. He states, p. 40, that Mr. Clark's work on the foot, "imparts a truth which not all the powers of designing ingenuity can controvert; viz., that it dilates with the weight of the animal, when it comes in contact with the ground;" and, in support and illustration of these facts, his remarks extend through thirteen pages thickly interspersed with animadversions on poor Nimrod, who seems to be quite laid on the shelf, and is declared "on the wrong scent," and "at fault." It amounts to this; that the principles which *THE LANCET* has so warmly advocated, are now fairly adopted by *The Sporting Magazine*, though evidently by a writer, whose attention has been but recently drawn to the subject, and who takes it up with the same unwillingness as a politician, compelled by press of popular feeling to espouse a measure he has long opposed, and who, in so doing, would rather follow any other course, than admit the first proposers to be right in the means they pursued to accomplish it.

Thus this Nubian Nimrod, after giving unequivocal assent to the opinions that Mr. B. Clark has maintained, in the face of the profession, for many years; and after fluently recapitulating, as if they were his own original observations, the chief of the arguments which that gentleman adduced to support his theory in 1809, thinks proper to disapprove of the expansion shoe, and pass it lightly over as a thing of no value,

and of which he is doubtful, whether it will *expand at all*.

Throughout the whole paper, there is a laboured endeavour to persuade the reader, that Nubia's acquaintance with these principles is of long standing, while, at the same time, every page convinces us that he never advocated them before. For instance, the following remarks, with which he dismisses the expansion shoe, if not attributable to ignorance, which charity leads us to suppose, must be ascribed to intentional misrepresentation.

Page 49. "But unfortunately there are two insurmountable objections to the use of these shoes. First, because they cannot be applied to the foot, without the use of nails; and, secondly, they improperly give expansion *exclusively* to the toe or fore-part of the foot, which, by its remote situation from the heels, where the dilation should take place, causes its occurrence at the very point where nature has not intended it to be. It also appears to me very doubtful, whether the joint-shoe will *expand at all*, when rivetted to the foot with eight or nine nails."

Nubia has previously assured us that, like Nimrod, he has "studiously sought for intelligence in every quarter likely to obtain it, the *closet*, the *knackers*, the *riding-school*, and the *road*," has "ridden many miles, and spent many pounds in search thereof." Yet if so, it is to be regretted that he had not also resorted to the very best school of instruction, the *forge*, where having once taken up a foot having on an expansion shoe, he would have seen the foot expanding with the shoe, and no longer have been doubtful on the subject. But this it plainly appears he has never done; yet he takes upon him to decide on its merits, without ever having seen it in operation. If Nubia is, as he states, convinced of the truth of Mr. Bracy Clark's doctrines, it is singular that during even one day only in the years of his pretended experience, he had not examined, when it is applied to the foot, the shoe which that gentleman recommended after years of trial. The scientific world will not believe so readily, that he who has been all his life insisting on the necessity of expansion to the foot, should recommend a shoe that will not *expand at all*. Nubia's second objection, that this shoe expands at the toe and not at the heels, is a further proof that he has never seen it on the foot; it is fully as erroneous as the first, though not quite so absurd; indeed the objection is sophistical enough, I am sorry to say, to be cherished by many in the veterinary profession. They are not aware, or they do not know it appears, that the foot being fairly cleft beyond its centre to within an inch and a half of the toe, leaving a triangular space which is occupied by the

yielding elastic frog, opens from the front as from a hinge; and that as to the expansion of the foot so much spoken of, it can never take place unless the toe, nay, the whole foot, is at liberty. Elasticity is therefore, in some respects, a bad word, since it is not wholly soft materials, but a cleft-divided foot, which must expand by halves like the cow's foot, as it were, or not all. Nubia, and all other objectors, who for want of a better reason, and without consulting anatomy or common sense, have urged this simple argument, might just as well and as truly maintain that the hoof of a cow, or any other cloven-footed animal, does not open at all at the toe, because the joint is situated behind, at the heel; or that a door opens not at the latch, but only at the hinges.

Unaware of this, many writers on shoeing, and also many practical men, have attached great importance to driving the nails as far forward as possible, that the heels might have room to expand; but this they cannot do, if the quarters are confined. They can bend inwards, but from the inflected structure of the part, they cannot dilate outwards without unnatural force.

In proof.—Does this mode of nailing prevent contraction? Certainly not.

In the next place, Nubia objects to the use of nails, calling them an "insurmountable objection," though he deigns not to tell us why they are so. Nails are employed all over the world for this purpose, (except perhaps in Japan,) and in the present age we cannot do without them, neither is it at all necessary that we should, for they are no impediment (as I have just shown) to the free action of the foot in an expansion shoe. The fact is that Nubia, not understanding so much as he ought to do respecting the action of the foot, though well aware of the necessity of *liberty*, is of opinion that this can only be maintained by shoes attached in some way less rigid than by nails. This is hinted at in many parts of his long article, and in conclusion we are plainly informed, that were it not for the lamentable state of ignorance and prejudice under which the world at present labours on this subject, *he* would "present us with a *natural defence* for horses' feet, without the aid of the white-smith;" from which I infer is meant a *removable shoe* or *slipper* of some kind or other, Turkish or Persian, perhaps; but of what material it is to be made, we are to remain in ignorance. Now if this baseness in advertising his slippers, or jointed clogs, or what they may be, does not originate in fear, why not be more explicit, and give to the public and the horses, the advantage of this discovery; unless he waits, peradventure, expecting prejudice to be banished from the earth.

This idea of a removable shoe is by no

means new; Mr. Bracy Clark spent four years in making and fitting them, and appeared to have exhausted the principles on which it might be done, concluding, at last, that the care, difficulties, and, above all, the expense of such shoes, would preclude their general introduction in the present state of mechanics. Still, if this slipper which Nubia has in *pelle*, this unfledged thing of tender reputation is *easy, durable, and cheap*, he is unpardonable in withholding it; but we doubt this, or the possibility of any practicable clog or slipper. The expansion shoe being, in fact, as cheap, as lasting, and simple, as common shoes, and, withal, preventing that scourge, *contraction*; practical objections against it are now never heard, and as to such blundering scribblers as Nimrod and Nubia, who shun to inspect the thing they write against, their real or pretended ignorance shall not screen them from the rebuke, which wilful misrepresentation deserves. It is singular to look back at the opposition that has been raised, step by step, to Mr. Clark's doctrine; and now when the veterinary writers in *The Sporting Magazine* are forced to admit the necessity of an expansive defence for the preservation of the foot, they invidiously attempt to persuade their readers, that his shoe is futile and inefficient. These gentlemen have at length consented to acknowledge, that they have hitherto been "on the wrong scent," but they cannot allow that Mr. Clark has been right. The objection is not, as I said before, to the measure, but to the means, and its proposer.

Hatfield Street, Stamford Street, Jan. 15.

SURGICAL REFORM-DINNER TO
MR. WAKLEY.

Mr. Paty to Mr. Wakley.

33, Bouverie-street, Fleet-street,
Jan. 24th, 1829.

DEAR SIR,—The gentlemen who undertook the arrangements connected with the resolutions, adopted at a public meeting in the Freemasons' Tavern, on Tuesday, Dec. 23rd, 1828, (a copy of those resolutions having already been transmitted to you,) have requested me, as Chairman of that meeting, to inform you, that, should the day suit your convenience, they consider the 18th of February next, the most proper time to beg the favour of your company in the same tavern, at a public dinner.

I beg leave to state also, that their reason for naming that day in preference to any other, was, that it will be the anniversary of the commencement of those proceedings which, if zealously pursued, with the continued assistance of a Free Medical Press, will tend to raise your professional brethren

from their present degraded condition; which has been attributed, with justice, to the constitution and government of the Royal College of Surgeons in London.

An answer to this letter, at your earliest leisure, will oblige the gentlemen at whose request I write; and also,

Your most obedient Servant,

JAMES PATY.

Thomas Wakley, Esq.

Mr. Wakley to Mr. Paty.

Bedford-square, Jan. 24, 1829.

DEAR SIR,—I need scarcely say, that I feel most sensibly the very flattering testimony of approbation, which my public conduct received from the large and respectable meeting, over which you presided on the 23rd of December, at the Freemasons' Tavern. My exertions in the cause of a Free Medical Press, and Free Medical Institutions, have, at least, been honest, and honest exertions the public of this country never fail to appreciate. I am sensible also, that the late trial has contributed greatly to strengthen the hands of public writers, by the important decision given at the outset of the cause, in favour of Journalists who feel that they are in a situation to justify an alleged libel, and also to open the eyes of the public to the corrupt system which prevails at our hospitals in the distribution of patronage, though I was not permitted to enter fully into this part of the case. But, Sir, greatly as I deprecate and detest the system of nepotism, to which, I believe, Mr. B. Cooper is indebted for his situation, I entertain, equally with yourself, and the gentlemen whom you represent, no kind of hostility towards that gentleman. On the contrary, I respect his private character, and I would rather not, therefore, at present attend a festival, which, though instituted entirely upon public grounds, malevolence might perhaps construe into an act of persecution directed against his private interests. If the object of the festival were to celebrate the triumph of surgical reform, I should be proud and happy to attend. But though the victory is, I believe, in our hands, the battle is still to be fought. I trust, however, the day is not far distant when we may meet to celebrate, not the virtual defeat of a few individuals, but the complete and final overthrow of a corrupt system.

In conclusion, permit me to express my deep sense of gratitude towards yourself, and the gentlemen with whom you are acting, for your very flattering and distinguished approval of my efforts in the noble and thriving cause of Surgical Reform.

Your obliged and obedient Servant,

THOMAS WAKLEY.

James Paty, Esq.

THE LANCET.

London, Saturday, January 31, 1829.

THE late horrible murders in Edinburgh still engage the public mind, to the exclusion of almost every other topic. The state of the law, which, without qualification we may say, led to those atrocities, has been freely canvassed, by all the thinking part of the community. It seems to be now universally conceded, that the legislature *must* interfere, and, by some judicious enactment, provide bodies for our anatomical schools, and protect individuals against the risk of being murdered for the value of their corpses. We have witnessed with much indignation and disgust, the chilling apathy with which the greater number of our teachers of anatomy, have regarded the late unparalleled disclosures, and the reckless indifference with which they have kept open their dissecting-rooms, for the reception of stolen, and probably, of murdered bodies. Public opinion, however, seems at length to have awakened a few of them to a sense of their duty, and it is with much satisfaction we are enabled to state, that human dissections are discontinued in two of the schools of anatomy at the west end of town, in those of Sheffield, Bristol, and Liverpool, in one of those at Manchester, and in that at Birmingham. In the latter place, the Magistrates, and Physicians and Surgeons, have severally held meetings, to take the matter into consideration, and the result has been, that they have resolved to petition the legislature for its interference. The following are copies of the Petitions :

" To the Hon. the House of Commons, &c.

" WE, the undersigned acting Magistrates of the town of Birmingham, convinced of the urgent necessity of some measures being adopted for the protection of anatomical pursuits, and to relieve the feelings of the public from proceedings not unfrequently brought before us in our magisterial capacities, which are outrages to all decency, and opposed to the laws of the

realm, humbly presume to call the attention of your Honourable House to the annexed Petition from the Physicians and Surgeons resident in Birmingham, and to solicit the adoption of some legislative enactments relating thereto, as your Honourable House may deem expedient. And your petitioners will ever pray."

" To the Hon. the House of Commons, &c.

" WE, the undersigned Physicians and Surgeons, resident in the town of Birmingham, respectfully implore the attention of your Honourable House to the necessity of speedily adopting some measures to remove the existing impediments to the cultivation of anatomical knowledge.

The want of legislative authority, to cultivate a science pre-eminently connected with the most important interests of suffering humanity, has caused public feeling to be outraged, and enormities to be committed, disgraceful to a civilized country, and repugnant to every moral and religious feeling.

In various parts of the continent of Europe the study of anatomy is protected by the respective governments, and every facility afforded for its extended and liberal cultivation.

Convinced that this is the only true basis upon which the Medical Science can be founded, a science which must be considered one of the most essential of all human acquirements, your petitioners presume to solicit a similar protection from the legislature of their country.

Your petitioners presume not to dwell upon the advantages to be derived by the public service of the country, by the sick and injured poor, and by society at large, from the cultivation of Medical and Chirurgical knowledge, and your petitioners most earnestly implore your Honourable House to take this subject into its serious consideration, and to adopt such measures as to its wisdom and justice may seem fit. Your petitioners will ever pray."

If surgery is to be practised with success, and as a science, the study of anatomy must be encouraged and promoted. That the dead must be dissected, or that the living must be mutilated, is quite certain. It is for the public to choose between the two. Nothing can be more ridiculous than to suppose, that the members of the medical profession generally, uphold the practice of human dissections, either for their benefit, or for their amusement. On the contrary, it is a process which they regard as most re-

volting in its nature, and one which they know to be often most fatal in its consequences. Nothing but a laudable desire to acquire that knowledge, which shall enable them to discharge their duty, conscientiously and beneficially to their patients, could induce them to undertake it. Far different, however, is it with many of our teachers of anatomy, the nature of whose commerce furnishes an explanation of that cold-blooded and monstrous indifference, with which they have kept their *shambles* open as temptations to Burkites, during the late feverish and painful state of public excitement. From these men we hear little or nothing relative to the difficulties of procuring subjects. No! They enjoy a profitable monopoly. Hence their aversion to an alteration of the system. They may be denominated *human carcass butchers*, and regulate their scale of charges to the plundered and impoverished student, by the demands of the resurrectionist and murderer, as does the cattle butcher by the demands of the farmer and grazier. This is their plan. They are supplied with bodies, or portions of bodies, from friends in country hospitals, infirmaries, and work-houses, at no other cost than that of package and carriage. The body, or piece of a body, thus procured, is then sold to the unfortunate student, at the resurrectionist's or murderer's price! One lecturer told us that he had taken a *burial-ground*, and a small house adjoining. From this place he said he obtained a famous supply, and that it was altogether a "very good thing;" for as it was a *secure* and "comfortable resting place," as the saints have it, he could charge pretty handsomely for burying a body there, and afterwards get from his pupils from eight to twelve guineas for taking it up again! Such is the profitable traffic of the human carcass butcher; a traffic which has led, in *some schools*, to the dissection of thrice as many bodies as were required for the purposes of science.

WE have great pleasure in stating, that Mr. Lawrence is appointed to the Surgical Chair in the Theatre of St. Bartholomew's Hospital. He will deliver his Introductory Address on Monday evening next, at seven o'clock.

Edinburgh Medical and Surgical Journal.—
January 1829.

THE universality of the sons of Erin is truly wonderful. Had Parry discovered the North-West Passage, or Sadler succeeded in reaching the moon, there can be no doubt, such is the diffusibility of this singular people, but colonies of them would have been found there. They are, to the rest of the world, what the Greeks were to the Romans in the days of Juvenal, administering to the necessities, the pleasures, the vices, and the instruction of mankind. In killing or curing, lecturing or lampooning, mixing mortar or manufacturing magazines, they are without competitors. Wellington at Waterloo, and Burke at Edinburgh; Mr. Abernethy at St. Bartholomew's, and Dr. Shiel at the Freemason's Tavern; the contributors of wit to the press, and carriers of bricks to the buildings of London; these give us some idea of the versatility and omnipresence of the inhabitants of Erin; in short, wherever we turn we are sure to see the national genius in some shape hovering before us, like the manes of an unburied corse, through neglect or persecution at home. We thought, however, we were sure to lose sight of this ubiquitous phantom in taking up the present number of the "*Blue Journal*," for Scotchmen are jealous of admixtures; but even here our hopes were disappointed, and we found, in its very first page, an Irish essayist, disguised in foolscap and lamp black, in the person of Dr. Stokes, of the Meath Hospital, Dublin. He promises, too, to be rather a formidable customer to the critics, having all the manner and method which

characterize the diffuse sterility of the class of writers to which he belongs. Once that one of them has acquired the craft of composition, there is no limiting his lucubrations; the facility of setting them in motion, and of providing materials for their manufacture, is so great, a hint on any subject is quite sufficient for the purpose. Dr. Blood, for example, an original in his line, asserts in print, through fear or phrenzy, that there is nothing like bleeding in the cold stage of ague, and instantly all the lancets in the empire are unsheathed, and all the intermittent patients phlebotomised to ascertain the truth or falsehood of the Doctor's opinion. The experiment, after making a tour through the profession, at length appears, to the dismay of the Reviewers, in a thousand shapes in the Journals, bringing the remark to bear, with double force, on these secondary agents in the advancement of medical science, which Pope applied to the Commentators on the poets:—

“One fool in verse, makes many more in prose.”

Thus Dr. Stokes informs us, that he was put on the scent of bleeding in intermittents by the cases published, some time back, by Dr. Mackintosh, of Edinburgh, and, to do him justice, he certainly set to work very systematically. To ascertain, with precision, the efficacy of this treatment, he tried bleeding alone in the cold stage of the disease, exhibiting even purgatives only when necessary. The quantity of blood abstracted in each instance, the rigour being at its height, averaged about fourteen ounces, but the operation was seldom performed more than once or twice in each case. The following were the symptoms with which his patients were affected:—

“The local symptoms which occurred in the cases under my observation, may be reduced into two classes:—*First*, Those which occurred during the paroxysm; *Second*, Those which continued during the intermission, but which were aggravated in the paroxysm, and which were generally

most severe in the cold stage. Among the first were severe pain in the loins, great headach, violent cough, sensation of oppression, soreness in the præcordial region, dyspnoea, accelerated and small pulse, nausea, epigastric tenderness, and bilious vomiting.”

In the following recapitulation, he enumerates the effects of bleeding in the cold stage, on the patients affected with the preceding symptoms:—

“The effects, then, of venesection during the cold stage were—checking the rigour altogether; momentary suspension of the rigour; checking the rigour after a certain quantity of blood was drawn; its return in a milder degree; diminution of its intensity, but not of its length; relief of local symptoms alone; prolongation of rigour, without diminution of its intensity; no apparent effect; disappearance of the rigour on the fourth pyrexial day after the operation, but persistence of the symptoms, indicative of internal congestion.”

These effects are, of course, to be understood as occurring in different cases, so that, by this summary of the consequences of this practice in the cold stage, it will be seen that they were of the most opposite character. Having observed that he seldom saw the rigour cut short by the operation, he proceeds to state the effects of the practice on the subsequent stages of the disease.

“The effects of bleeding in the cold fit, on the subsequent stages, were as follow:—The hot stage being rendered milder; hot stage being not distinct; sweating rapidly succeeding; increased severity of hot fit; increased length of hot fit; sweating stage rendered milder; non-appearance of sweating stage, or hot stage; no apparent effect on either stage.”

Thus, in this stage of the disease, as in the former, the most contradictory consequences were produced by the use of the lancet in different instances. Hitherto, however, the effects ascribed to this practice have been, at least, innoxious, if not salutary. We shall now see, in the words of the writer, that these effects are not always of so harmless a description.

“The evils of bleeding were new local inflammatory symptoms, and low irritative fever; these were gastritis, bronchitis, pericarditis, and pneumonia. The first of these

affections, gastritis, appeared most frequently and most severely. In addition to these injurious consequences, the writer was informed, by a friend, that in a few cases which came under his treatment, the patients never recovered from the collapse consequent on bleeding during the cold fit of the disease."

Dr. Stokes concludes his minute, and, we are sure, accurate, account of his pathological experiments, by remarking, that the most obvious and salutary effect of the practice was the removal of the local symptoms of the disease, such as pain of the lumbar region, bronchitis, cough, and dyspnœa. In all the cases which he treated, he was compelled, sooner or later, to give quinine for the eradication of the disease, and thinks that the practice should be confined to those cases where there are obvious indications of congestion and inflammation.

The next article contains a series of very elaborate and pretty speculations, on the question, "Whether the blood be alive or not," by an Army, or a Navy, Doctor. A young gentleman, confined on board-ship, or in barracks, may be allowed the indulgence of speculation to kill his leisure hours; but we have neither taste nor time to examine, at present, the results of his imaginative industry.

We, therefore, hasten to congratulate Mr. Cusack, of Steven's Hospital, and of *Marillary* notoriety, on, we believe, his second or third appearance in print, after a connexion of several years with one of the largest hospitals in the British empire! Singular enough, too, that with so many opportunities for the improvement of surgery, we should now be helped by him to an essay on Puerperal Fever; but there is no accounting for the eccentricity of genius, and we have no right to subject Mr. Cusack's to the laws which govern the minds of humbler mortals. The contents of his essay are, indeed, as remarkable as the selection of its subject. He divides puerperal fever into three distinct kinds: the purely inflam-

matory; the low typhoid; and a form of a mixed kind, attended with some of the symptoms common to the other two. The symptoms, treatment, and pathological anatomy of each of these assumed forms of the disease, are all detailed with an amplitude of particulars, and an insensibility to the obvious fact that they were all known, for years, to the profession, which are truly surprising. Mr. Cusack, however, would have fully compensated for this commerce in common-place information, had the proposition with which his paper concludes been original, namely, that puerperal fever was no other than "diffuse inflammation of the cellular membrane of the contents of the abdomen;" but here, too, the passion for simplifying pathology, by explaining the nature and cause of various diseases by a single agent, has anticipated his opinions, for various writers have hinted what Mr. Cusack now boldly demands us to believe in the following passage:—

"To view the low form of puerperal abdominal inflammation, or, as it has been termed, puerperal fever, in its true light, it seems proper to consider it as a disease, whose essential character consists of a local inflammation of a peculiar nature, accompanied by fever of the lowest typhoid kind; as a disease by no means confined exclusively to puerperal patients, yet modified by the puerperal state; but, on the contrary, it may occur (and frequently does) in persons of either sex, produced by the effects of bruises, wounds, and surgical operations. Nay, it may arise idiopathically, or, at least, from causes by no means manifest. I must further observe, that this disease, if not the same, is at least a modification of that known by the term, "diffuse cellular inflammation;" and although, in this fatal disorder, the cellular membrane is the seat of the disease, yet this circumstance is not always the case, and inflammation of a similar character to that which has its seat in the cellular membrane, may attack the peritoneum, the uterus, the ovaries, or other parts. It may be further argued, that the inflammation we are considering is not confined exclusively to the abdominal region, when it attacks puerperal women, but may, and not unfrequently does, affect the cellular structure of the extremities, and then produces a fatal disease, by some considered phlegmasia dolens. Lastly, the predis-

posing and exciting causes of this low form of the disease, although apparently different, are of a precisely similar nature to those which produce cellular inflammation."

Granted, in complaisance to Mr. Cusack, that this pathological "hotch potch" was as consistent with itself as it is obviously incongruous—how far would it extend our knowledge of the disease in question? He starts in his career of speculation at the point, say, of healthy inflammation; runs through the various grades of that condition of the system, assumes one of these state-called "cellular," as a settled and explained fact, though it is any thing but settled or explained as, the "Constitutional Irritation" of Mr. Travers, the "Irritative Fever" of Dr. Butter, the "Diffuse Inflammation" of Dr. Duncan, and the "Phlegmonoid Erysipelas" of Mr. Lawrence, sufficiently attest; next transfers this nosological phantom from the outside to the interior of the human body; then supports the propriety of this translation by a few inconsequential analogies; and lastly concludes the scene by assuring us that this inflammation hitherto called Purperal Fever, is an inflammation "of a peculiar kind," for which piece of intelligence the profession should be for ever his grateful debtor! Inflammation of a "peculiar kind!" thank you Mr. Cusack; "inflammation is inflammation," says Mr. Cusack; "rhubarb is rhubarb," says Dr. Olapod in the comedy. We therefore leave it to our readers to determine whether the Doctor or the Surgeon has added most to our knowledge by his definition, for we have not space just now to point out at greater length the contradictions involved in Mr. Cusack's proposition, or the lamentable ignorance of obstetrical science, evinced in the concoction of this cock-and-a-bull story.

(To be concluded.)

MEDICO-BOTANICAL SOCIETY,

Sackville Street; Tuesday Jan. 27.

The Right Honourable EARL STANHOPE in the Chair.

SEVERAL visitors were introduced and presented to the Chairman, amongst whom was the Spanish Ambassador. The Secretary commenced the proceedings by enumerating gifts of books, opium, and plants, made to the Society since the last meeting. Thanks were voted to the donors. A letter was then read from Mr. Peel, stating the interest which his Majesty was pleased to take in the objects of the Society, and that, as a mark of that interest, he was commanded to present the Society with a gold chain and medal, to be worn by the Chairman at the meetings of the members. In accordance with his Majesty's commands, the noble Chairman was decorated with the royal gift. The thanks of the meeting were voted to Mr. Peel on the occasion. Their Majesties the King of the Netherlands and the King of Denmark, were elected Honorary Fellows of the Society. Mr. Hay, the Under Secretary of State, and several other gentlemen, were admitted as Fellows. The Earl Powis and Lord Mahone, were proposed as Fellows, and immediately balloted for, and elected. Several gentlemen were proposed, and others balloted for, all of whom were elected but one, who was black-balled by a majority of 15 to 8.

The Secretary proceeded to read two papers, one on the superior properties of the *equisetum sylvaticum* as a diuretic, and the other on several plants, &c., presented by John Hardy, jun., Esq., on the previous evening; the length and nature of which prevent our doing justice to them, by attempting to report them. During the reading of the latter paper, the attention of some of the members was engaged in other directions, the Secretary noticing which, observed, that if it was not agreeable he should read it, he would leave it alone: he should like silence.

The CHAIRMAN (to the Secretary)—No, no; go on.

One of the communications seriously recommended a medicinal preparation of which it treated, to the attention of the Society, and all Europe, on account of its name—the "Holy Alliance," considering that that would be a guarantee for its excellence in any part of the world. Thanks were voted to the authors of the papers.

Up to this period, considerable irregularity occurred in the proceedings. The balloting, proposals, admissions, and introduc-

tions, repeatedly stopped the reading of the papers, which were heard with apparently little interest. At their conclusion, the minutes of the meeting of Dec. 9th were read; the most important part of which appeared to be, that of a question which arose on the expulsion of Thomas Brown, Esq., one of the Fellows. The minutes stated, that a question was put to the meeting whether it should be accepted or not, which being determined in the negative, it was proposed that he should be ejected in lieu thereof, and his name be erased from the list of Fellows; and this being carried, the name of Mr. Brown was erased by the Chairman accordingly.

Earl STANHOPE then rose, but whether as the chairman, or a fellow, we could not understand. In moving that the minutes be confirmed, he thought it right to make a few observations. He begged the meeting to consider, that he was not calling on it to approve or sanction the proceedings of the meeting to which they referred. He considered that the word confirmation did not involve any approval; it meant nothing more than this, that the minutes, as far as they reported the proceedings, were correct; taking it in this sense, he begged to move, that the minutes of the meeting of December 9th be now confirmed.

Dr. SIGMOND, with due deference to the noble Chairman, begged to submit, that this was not the light in which confirmation would or ought to be taken; for his own part, he was desirous of moving that a revision of those proceedings should be made. Dr. Sigmond proceeded to argue, that the confirmation could be no other than a sanctioning of what had been done at that meeting, and quoted the practice of the Houses of Parliament, on similar occasions, in support of his opinion.

Earl STANHOPE considered that it was very irregular to revise on one evening the proceedings of another. It would, for instance, be extraordinary to pass a vote of thanks at one meeting, and to consider at the next whether it should not be rescinded; it would be the same if the expression of a meeting were of a contrary nature. If the proceedings which it was proposed to confirm had been hastily carried into effect, he would have been the first man for re-considering them. He most sincerely deplored the loss they had sustained, but the only course now was to submit a proposition on the subject to one meeting, in the usual form, for the consideration of another. Many of the fellows were not prepared for a discussion this evening, and it was taking them by surprise to agitate it. He said these things with great respect for Dr. Sigmond, but such was his opinion. He considered, also, that the reference to the Houses of Parliament was not in point.

Here previous notices of motions are required by the laws. Here they had peculiar privileges, and could do without it. He submitted to the learned Doctor, whether he had not better take some other course; if he could show him that the proceedings of the late meeting had been of a hasty nature, he would soon evince his anxiety to retrace his steps; but he thought it due to the council and the meeting to deny that such was the case.

Mr. CHURCHILL could not refrain from saying a few words on the present question, for the eyes of the whole scientific world were fixed upon the proceedings which had lately taken place in this society, and, as a first step, he should move, that the correspondence which had lately passed between Mr. Brown and the society, be read. This motion was not seconded, that not being observed throughout the evening, but the Chairman put the question to the meeting, and it was negatived by a show of hands.

Mr. CHURCHILL regretted the decision, and drew the attention of the meeting to the law on the subject of expulsion of members, as it appeared in page 10, of the printed rules. He considered that the expulsion of Mr. Brown had been in direct violation of all law and decency, and, as far as he was concerned, he was ashamed to belong to a society which had been guilty of such proceedings. Mr. Brown was one of the most distinguished men of the age. He had become a fellow of this society, which was anxious to have his judgment in naming some plants belonging to the museum; they were sent to him, and because he was not able to attend to them, and return the plants in a moment, a letter was addressed to him by the director:—"Please to send back the plants." Mr. Brown felt himself, as he well might, grossly insulted, and he replied by sending in his resignation, as a fellow, with his diploma. He (Mr. C.) should have felt exactly the same. He did not know Mr. Brown, they were perfect strangers, but he would not have his (Mr. C.'s) name identified with these proceedings on any consideration, and he wished this opportunity of stating his sentiments. Mr. Frost had written to Mr. Brown, requesting him to re-consider his resignation, and when he looked to the names and the rank of the fellows who had resigned, in consequence of the disgraceful expulsion of Mr. Brown, he (Mr. C.) thought that it would have been a far better thing for the interests of the society, had it acceded to Mr. Brown's proposition. It was an insult to the scientific world that it had not done so, and those gentlemen who had since resigned, by their resignation, clearly declared so. The society had been disgraced in the opinion of every

scientific man, and unless it called back its act, he considered it must die a suicidal death. No eulogy of his could add to Mr. Brown's reputation, and he felt that unless something was immediately done to wipe off the present stain, it would be no credit to him (Mr. C.) to remain in it. He threw out these hints for their consideration, though sorry to observe that gentlemen were ready enough, (alluding to the rejection of the motion that the correspondence should be read,) to hold up their hands against the question, which was but driving the nail further in they had already struck. He considered that it would be no favour to Mr. Brown to rescind the expulsion, for wherever science had planted her foot, there was the name of Mr. Brown known, and no act of theirs could raise or depress his fame.

Dr. SIGMOND said, he hoped that the new council would take this question into consideration. He thought it might retrace the late steps, without casting any stigma on the old council. He was convinced, indeed he knew, that many of those gentlemen who had resigned, would again enter the society, if this were done; and he hoped enlightened feelings would allow them to retrace. This attention to the interests of science would add doubly to their laurels. He had heard of the election of kings and noblemen into the society, with pleasure; but he did think that one man of real science outweighed a whole world of kings, much as he respected them. The society could not repay the gratitude they owed to Mr. Brown. When those plants had been sent to him, he was employed upon researches, calculated to obtain for him the thanks of the whole world. (Hear, hear.) His microscopic inquiries at that time were of the most laborious and valuable nature, and employed every moment of his time. It was the duty of Mr. Frost to have named those plants himself, or to have gone to some associate to have done it, or to have waited the convenience of Mr. Brown; it was a perfect indignity to the society and to Mr. B. that he had not done so, and he hoped he might leave it in the hands of the new council to rescue the former from its present disgraceful situation.

Earl STANHOPE trusted he had already shown the impossibility of doing what was proposed; he felt the greatest respect for the learned Doctor, and where it was right, was ready to receive any suggestion for the consideration of the Society. In reply to the statement that the late President had resigned in consequence of these proceedings, he had it from authority to state, that this was not the case, but that it arose from causes totally different; and he should say, that he (the late President) could not be said to have abandoned the Society on these

grounds, without charging him with gross falsehood, with insincerity, with a *suppression* *veri* in his declarations on the subject. Much as he (Earl Stanhope) respected the scientific acquirements of Mr. Brown, he must say, that he thought it ought always to be remembered, that this Society was a *Medico-Botanical Society*, and that it should be considered that it was not the interests of botany it sought to promote, but those of the medical profession. We are not a botanical Society; we ought not so far to infringe on the charter of the Linnean Society, as to say that we are. The promotion of botany is not the end of our researches, but merely the instrument for acquiring a medical knowledge of vegetable productions, and I shall shortly express the import of the Society, by saying, that its business is the extension and improvement of the vegetable *materia medica*. Application had not been made to Mr. Brown for the return of the plants for two years; and what was the Society to do? He might have had no relish for the arrangement. They could not tell what was the cause of this delay, and it was right, therefore, that the plants should be applied for. It was not to be thought of, that after two years had expired, and the Society asked for them, Mr. Brown should take fire at the application, and return his diploma; and he thought it was hard upon those at whose instigation that had been done, of which complaint was made, (and he avowed that he was one,) that they should now be required to lay blame of any kind upon themselves. Mr. Brown had, of his own accord, ceased to belong to the Society; and he (Earl Stanhope) thought the Society was fully competent to decide on receiving his diploma, or ejecting him. He thought the thanks of the Society were due to the Director for what he had done; and when the letters were read which had passed, it would be seen that he had requested Mr. Brown to reconsider his resignation, and recal it. The Director was not accessory to the result of Mr. Brown's determination. He wished to speak his mind on this subject with delicacy; but he must say, that he thought the courtesy of Mr. Brown was never equal to his acquirements, and he thought that was the case now. He certainly felt it a misfortune that Mr. Brown had resigned, but if he might weigh one thing against another, he could not but consider, that the resignation of Dr. Maton outweighed in its importance that of Mr. Brown a thousand fold. In conclusion he should say, that if any specific proposition on the subject were submitted to them, it would be very well, but all else was air, and a waste of time.

Mr. CHURCHILL said he would act upon this suggestion, and accordingly moved,

that the minutes be not confirmed, and that the resignation of Mr. Brown be accepted; he begged to throw it out as a hint to the Council, that they ought not to vote on the occasion.

The Noble Chairman rose to put this motion, when Mr. Churchill proposed that it should be ballotted, and not put to a show of hands.

Dr. SIGMOND moved instead, that the question be referred to the consideration of the Council, with a request that they would re-consider the proceedings of December 9.

Mr. CHURCHILL withdrew his motion, and seconded that of Dr. Sigmond, leaving it "to the good feeling of the Council to redeem the character of the Society."

A gentleman thought it would be singular if the meeting separated without confirming the minutes of the late meeting.

Some further conversation ensued, which ended by the Earl Stanhope proposing that the minutes should be confirmed "as a correct report of the proceedings, and with a distinct understanding that the present meeting did not pledge itself to an approval of the late proceedings, and no opinion be expressed as to Mr. Brown."

A gentleman thought that that kind of form or order ought to be observed which was usual in recording minutes.

Earl STANHOPE considered that nothing better could be done than what he had proposed, and again explained his opinion of the word confirmation. The motion was accordingly put, and no hands being held up against it, the Chairman said, "it seems to me unanimously adopted."

Mr. FROST, the Director, rose and called the attention of the meeting to the specimens of the plants, &c., which laid on the table, and with a large leaf in one hand, and a flower in the other, dwelt at some length on the promotion of medical botany, and in the course of his remarks threw out, as he said, some hints to the representative of the King of Spain, and the Secretary of State for the Colonies, and stated that the Society was promised a valuable donation of plants from the garden of Madrid.

A form, on the appointment of Vice-Presidents to the Institution, was read, and the meeting was adjourned to February the 10th.

LEECHES.—In a foreign journal, another case is recorded, in which some leeches, which were employed first on a syphilitic patient, and afterwards on an infant, communicated the disease to the latter.

MEDICO-CHIRURGICAL SOCIETY.

January 27, 1829.

Mr. TRAVERS, President, in the Chair.

The minutes of the last Meeting were read.

ANEURISM BY ANASTOMOSIS IN THE FOREHEAD, SUCCESSFULLY TREATED BY THE APPLICATION OF LIGATURES.

THE Secretary read a paper communicated to the Society by Mr. Brodie, on the successful treatment of *aneurism by anastomosis*, by the application of ligatures. There were only three cases of this description on record, and Mr. Brodie was anxious that the present might be the fourth. Treatment of this kind had been first noticed by Mr. John Bell.

A young lady received a severe blow on the forehead, in consequence of having run against a bed-post. Shortly afterwards a tumour, of about the size of a pea, was remarked on the forehead, which remained stationary as to size for many years. In the year 1821 it had considerably increased, and a surgeon of eminence in London was called in, who attempted to cure the disease by pressure. Compresses were applied to the parts secured by tight bandages round the head. So far from this treatment being of any service, as soon as the bandages were removed, the tumour was observed to grow much quicker than before. Nothing further was done till 1824, when another attempt was made to eradicate the disease by pressure, but with the same effect. In 1826 the vessels were tied leading to the tumour; some relief from pain was afforded, which was of short duration. In 1827 the tumour was very large; the painful sensations were attended with excessive weight over the eyes, and great depression. The patient remained in this state, the tumour going on swelling rapidly, till September, 1828. The tumour was now bigger than a large walnut, it was situated on the right side of the forehead. When the fingers were applied to it, it appeared like a mass of flesh, the skin covering it being thin. When the scalp was shaved, large and tortuous arteries were seen at considerable distances, passing into the temple. On pressure being made on the temporal arteries, the pulsation of the tumour was a little diminished. The sufferings of the patient were at this period such, that she was willing to submit to any plan that might be adopted to effect relief. It appeared to Dr. Robertson and Mr. Brodie, that no attempt to obliterate the arteries by means of caustic, would be attended with advantage. To accomplish the

removal by means of the knife, might be accompanied with hæmorrhage, and the cautery could not be attended with success. Mr. Brodie then suggested, and in that suggestion Dr. Robertson agreed, that an attempt should be made to extirpate the disease by ligature. There seemed to be no more effectual or safer method of proceeding left. A further consultation having been held with other medical gentlemen, and all of them agreeing in the propriety of the step, Mr. Brodie performed the operation on Monday the 15th of September. A strong double silk ligature having been passed through the base of the tumour, it was firmly tied at right angles. The swelling at first assumed a purple colour: great pain was occasioned. In the evening, the pulse being exceedingly strong, and the pain very severe, some blood was taken from the arm. On the 17th, venesection was again had recourse to. On the 18th, all the arteries entering the tumour not having ceased to pulsate, it was concluded that the strangulation was not complete. Mr. Brodie then armed one of the needles with a strong double ligature, which was applied in the same direction that the other ligatures had passed. On the 22d, the slough had begun to separate at its edges. On the 26th the slough came away. In the course of a few days the ulcer had begun to have a good appearance. *Nitric acid* was applied; the sore continued to heal, the pulsation in the arteries to diminish, and at present there was no more pulsation than usual.

Mr. LLOYD had had an opportunity of seeing a case of anastomosis under the care of Mr. Hodgson, which was situated in the ring-finger. He believed, in one of the cases published by Mr. Lawrence, the disease had returned in such a degree, that the cicatrix was elevated nearly half an inch. Mr. Lawrence had endeavoured to destroy the disease by caustic, but without effect. The ligature was then applied, and he believed the return of the disease was to be ascribed to the ligature not having been properly applied.

The PRESIDENT thought the present a most interesting and valuable communication, and trusted it would call forth a lively discussion.

Mr. HUTCHISON thought it was desirable that something specific should be known as to its diagnosis. Whether the strong pulsation of the arteries was to be considered in that view. He had seen many of these cases, and did not remember to have observed the arteries more tortuous than ordinary.

Mr. ARNOTT had seen two cases, in which the arteries had been tied, and failed.

One came into the Middlesex Hospital, where the carotid artery had been tied; in the other, the temporal artery; and then the carotid had been tied, but without effect. In its character, it bore great resemblance to the disease now under discussion, and he had no doubt if the ligature had been applied properly, it would have been successful. The case alluded to by Mr. Lloyd, he believed, was that of a child.

Mr. LLOYD observed it was.

Mr. ARNOTT said, he believed in that case he saw the operation, and certainly there was a small part not included, but afterwards the tumour was completely removed.

The PRESIDENT recollected, in a conversation before the Society some time ago, a gentleman stating that only half the tumour was included in the ligature, the other half died, and the effect was as complete as could be. He believed the case Mr. Arnott referred to, terminated fatally.

Mr. ARNOTT observed it had, but death occurred in consequence of the jugular vein having been inflamed. There was another very excellent case, which had been related in the Glasgow Journal, where the artery was tied, but without effect.

Mr. HUTCHISON doubted whether Mr. John Bell was the first to notice the disease. He believed a Mr. Allison, of Liverpool, was entitled to that credit. There was great analogy between this disease, and that of *navus maternus*; there was one circumstance, however, with respect to *navus*, which he might mention: children were often born with these marks upon their necks, and other parts, and as they grew up they disappeared.

The PRESIDENT remembered a case in which Mr. John Cunningham Saunders operated, at Guy's Hospital. The mode adopted was excision, and the man lost a great deal of blood. If the use of the needle had been then known, this might have been avoided. He had seen many cases approaching to *navi*, but compared with this, they were comparatively unimportant.

Mr. LLOYD observed that the most singular case of this description of disease had taken place in the practice of Mr. Langstaff. It occurred in the leg of a child. The preparation was in his museum, and might be seen by any of the members who thought it worth their while to view it. The tumour was supplied by the principal arteries of the leg, and the diseased structure was so situated, as to render the use of the ligature impossible.

The PRESIDENT inquired if it was congenital?

Mr. LLOYD observed, it was.

The PRESIDENT said, the principle of treatment in this case appeared to him to be, the dissolution of the seat of the disease. The tying of the front of the tumour was a very ineffectual mode of treatment. There was something in the arterial circulation, which was so completely *anastomotic*, as to avoid any direct pressure on the principal channels. The case in which the *radial*, *ulnar*, and *brachial* arteries were tied, occurred some time since, the bleeding still continued, and it was only got the better of by cutting down upon the part, and destroying it with caustic.

A MEMBER wished to know if the actual cautery was employed?

The PRESIDENT observed, it was.

LONDON MEDICAL SOCIETY.

Monday, January 26, 1829.

ON our entering the room, we found the members very busily employed in discussing the proceedings of last week, and the general impression appeared to be, that Mr. Lambert had been very unfairly dealt with.

Dr. WILLIAMS in the Chair.

The Minutes of the last Meeting were read.

Mr. LLOYD and Mr. PEARCE made a few observations on their inaccuracy.

Dr. BLICK, in reference to the minutes of the last Meeting, recollected perfectly what he had stated with respect to the ergot of rye, and it was his wish that it should be generally understood. The great argument he had against the efficacy of the ergot, was simply this:—Every individual practitioner who had spoken of the propriety of using it, claimed to himself the efficacy of its action, in reference to the form in which he had administered it; some in the form of tincture, others in that of powder; if the virtue rested in the powder, then it was clear those who had given the tincture had been deceived. He only mentioned this, because he observed the Registrar had taken no notice of it.

Mr. WALLER, in answer to what Dr. Blick had stated, observed, that he had used the ergot in all the three forms, powder, infusion, and decoction, and he was well satisfied he had witnessed beneficial effects resulting from all. With regard to the infusion and the powder, he could speak positively; but with respect to the decoction, having used it only once, he could not. Still, however, he thought it might be relied upon

in bringing on the action of the uterus. He was now constantly employing it in powder, first, because it was more handy; it might be used upon the spur of the moment; secondly, that as the ergot was a dear remedy, it was of consequence to make use of it in that form, the smaller quantity of which produced the most effect. The powder, in doses of half a drachm, repeated, if necessary, at the expiration of a quarter an hour, was, in general, sufficient to produce the full effect of the remedy. Mr. Waller also wished to ask the members of the Society whether they had ever met with a particular tumour, situated in the neck of newly-born infants, which was of a stony hardness, not very large in size, and which usually disappeared at the expiration of a few months, from six to ten. He was not aware that it had ever been noticed by authors; but it was described by Sir Astley Cooper in the out-patient room of Guy's Hospital, as being produced by a rupture of the fibres of the *sterno-cleido-mastoideus* muscle. During the passage of the head of the child in the two cases he had witnessed, the presentations were unnatural, one being the breech, the other the foot, and, consequently, during the passage of the head of the child, a little more than the usual stretch was made upon the neck.

The CHAIRMAN inquired, whether the case referred to by Mr. Waller, had occurred in his own practice. He also wished to know whether any thing like force had been used, the case being preternatural.

Mr. WALLER did not mean to say, that no force had been used, but not so much as was usually required in those cases, because the first was an exceedingly small child, and the other was a case of twins.

A MEMBER inquired, at what period the absorption of the two tumours took place.

Mr. WALLER observed, the first was in about six months; the latter was, if he might use the expression, now going on.

Mr. CALLAWAY said, he had seen three cases like the one now under discussion. Not practising midwifery, of course it could not be expected he could speak with accuracy of the mode in which the tumours were produced. In one of the cases, the child was about five months old; in the other two they were about ten weeks. In the latter cases, the tumours were much less than the first; but it appeared, as described by Mr. Waller, as if the fibres had been torn through. In those instances the absorption was very gradual. The only inconvenience that appeared to be produced, was an incapability of having the head moved to the opposite side without pain. He had never seen the disease described by any author. Upon inquiring of Dr. Blundell, he had been informed by him, that he had seen such

cases, and believed they arose from some injury which the child had sustained in passing.

Mr. WALLER said, in the two cases that occurred to him, the swellings were each about the size of a walnut, and as hard as a flint. In the first instance, the child was so small, you might almost put it, to use an old woman's phrase, into a pint pot; the outlet of the pelvis was very large. In the other case there were twins; the pelvis was well formed, and, therefore, little extracting power was used.

Dr. RAMADGE, thinking that Mr. Salmon would have been at the Society this evening, had brought several specimens of diseased rectum, which he begged the Society to inspect. One was the rectum of a patient who had died of apoplexy, another of dilated rectum, and one where stricture had been supposed to exist, but which was found not to be the case.

A conversation here ensued between Dr. RAMADGE and Mr. LLOYD, as to the coincidence of *phthisis pulmonalis* and disease of the rectum; the latter gentleman contending, that coincidence was frequent, and the former taking a contrary position.

Mr. SHEARLY believed, that *fistula in ano* more frequently derived its origin from diseased liver than diseased lungs.

Mr. CALLAWAY could not consider the diseases were necessarily concomitant. *Fistula in ano* was not local, but, he thought, always combined with some organic disease. The use of the ligature had been too much neglected. It was true that, in some cases, the use of the knife might be desirable, particularly where you could pass your bistoury to the seat of the disease. Several empirics of the day had cured the disease by the use of the silver-wire ligature.

Mr. SHEARLY recollected a friend of his, a timid lady, affected with *fistula in ano*, who did not like to submit to the operation: she placed herself under an empiric of the name of Van Butchell, and he (Mr. Shearly) certainly considered the means he adopted in using the ligature, as extremely horrifying; it was the cause of the most excruciating pain. How far this treatment would be useful, where *fistula in ano* was seated high up, would be matter of further consideration.

Mr. LLOYD remarked, that he had not witnessed the pain described by Mr. Shearly, where the opening of the fistula was situated near the anus; but that if it was applied where the opening was situated at a distance from the anus, that then the pain might be very great.

After a few further observations from Mr. Lloyd and Dr. Ramadge, the subject dropped.

Dr. RYAN begged to exhibit to the Society a diseased heart, taken from a young

woman eighteen years of age. There was polypus, of considerable size, in the right auricle, and the left ventricle was materially enlarged. The patient had dyspnoea from infancy; when Dr. Ryan saw her, she was labouring under inflammation of the bowels, which caused her death in eight hours. The patient was pale, and there was no discolouration of the skin. Leeches were ordered to be applied to the chest. The respiration was difficult; the pulse was much stronger than general in the last stage of enteritis. The lungs on the left side being cut into, a small quantity of pus escaped.

Mr. CALLAWAY wished to know if there was any syncope.

Dr. RYAN observed there was not. The only information that could be got from the parents was, that the patient had had difficulty of breathing from birth.

Dr. RAMADGE had seen several cases of this nature, and considered polypus of the heart a disease of frequent occurrence. He did not consider the present a good specimen of polypus.

Dr. RYAN had not introduced it to the notice of the Society as a good specimen of polypus, but for the purpose of showing the cause of the dyspnoea.

Mr. LLOYD was rather doubtful as to the alleged polypus being organised.

Mr. CALLAWAY felt surprised that his friend Dr. Ramadge should have stated that polypus of the heart was frequent. He had always thought it of very rare occurrence, and believed he was borne out in that by what had been stated by Dr. Baillie. He had never seen more than two or three well-marked organised polypi.

Dr. RAMADGE did not say he had often seen well-marked organised polypi, but that he had seen a great many cases of polypi.

Dr. RYAN did not know what the disease could be, unless it was polypus. Many gentlemen had seen it, and were well satisfied of its being so.

Dr. RAMADGE produced two excrescences taken from the hands and great toe of a gouty subject.

WESTMINSTER MEDICAL SOCIETY.

Saturday, January 24, 1829.

Mr. ARNOTT in the Chair.

THE Minutes of the last meeting were read.

PNEUMO THORAX.

THE PRESIDENT said it was the intention of a member to have related to the Society this evening, an interesting case of *pneumo*

thorax he had met with, but, in consequence of not being able to attend at the commencement of the meeting, he had committed the facts to writing, which would be read to the Society. The case was one of a most interesting nature, and had been seen both before and after death, by perhaps more medical gentlemen than had ever attended such a case. It had been rendered more interesting, in consequence of the object of it having been a medical gentleman.

Mr. Cornish, a surgeon, residing at Milner Place, was affected with *pneumo thorax* in November and December last. The cause of the disease was ascribed to over exertion on the part of Mr. Cornish, one evening when called up to attend a patient. The night was extremely cold and foggy, and Mr. Cornish, in his anxiety to see his patient as soon as possible, had run for a considerable distance. The next day difficulty of breathing came on, which he neglected to notice for many days, but followed his usual avocations. On the 15th or 16th of November, he was seen by Mr. Cooke, an eminent practitioner residing in Bridge Street, who considered sanguineous depletion necessary. On the 20th of December, Mr. Cooke thought it necessary to call in the author of the communication, who found the patient lying on a sofa, and breathing with great difficulty. The pulse was hard, the cheek much flushed, great pain was felt in the centre of the chest, and the patient could only lie on the right side. The muscles of respiration were in violent action, there was no visible difference in the sides of the chest. On applying the stethoscope to the left side, little or no respiration could be heard, but on the right it was extremely loud. The heart was felt beating rather to the right and middle of the sternum. The author considered the symptoms altogether as extremely unfavourable, and advised Mr. Cooke to take more blood from the patient, ordering digitalis to be given in powerful doses. On examining the chest the next day, the sound was more sonorous than before; the pulsation of the heart was more to the right, and the metallic tinkling was now distinctly audible. He had then no doubt of the existence of *pneumo thorax*. Every means were used to bring on expectoration, but without avail; the difficulty of breathing increased. On the 29th of December, the patient almost expired from suffocation. Dr. Walshman, and several other medical gentlemen of eminence, were then called in, the nature of the disease was explained to the patient, and he was informed there was no chance of relief, except from an operation. The patient, however, at this time, it was thought, was not ripe for such a step. The physician recommended the patient to name some

medical friend to act with him; Mr. Lawrence was chosen. He attended; found the patient breathing with the utmost labour; pulse 140; skin cool; had had no sleep for many nights. On laying bare the chest, the action was observed to be very strong, the tinkling was very much like the sound of a musical snuff-box. The respiration was loud in the right lung. On consultation, it was the opinion not only of Mr. Lawrence, but of Mr. Guthrie, and several others, that the patient was so near death, as to render the operation totally unnecessary. The attending physician avowed that he felt satisfied of the existence of *pneumo thorax*. Under more favourable circumstances, an operation might have been warrantable, as the only means of saving the patient. An anodyne was given, and the medical gentlemen separated. The patient expressed great disappointment that an operation had not been performed. The author afterwards accidentally met several other of his medical brethren, whom he requested to see the patient; and it was ultimately agreed, that the operation of *paracentesis* should be performed. An incision was made into the thorax, along the upper edge of the fourth rib. Immediately a gush of air came out, almost sufficient to extinguish several candles. The patient expressed the greatest satisfaction. No water then came from the wound. The relief continued for some hours, but ultimately the difficulty of breathing returned. On the 31st of December, Mr. Guthrie, Mr. Cooke, and several other medical gentlemen, visited the patient, and found him labouring under considerable dyspnoea; the pulse had fallen to 120. On the next day, the medical gentlemen were agreeably surprised to find the patient had had several hours of comfortable sleep, and that his breathing was easier. He had got out of bed without assistance. Mr. Lawrence also saw him, and found him considerably relieved. A canula was passed in at the wound, and when the finger was removed, air, in a strong stream, escaped through the aperture. It was concluded that this phenomenon clearly indicated that there was considerable excavation between the *bronchi*, and the cavity of the *pleura*, less hope was therefore entertained for the recovery of the patient. On the 2d of January he expired.

Mr. Cornish being of the Hebrew persuasion, there was some difficulty as to the allowance of an examination after death; this, however, was ultimately acceded to. Dr. Walsham, Dr. Hodgkin, Mr. Guthrie, and many others, were present. On raising the sternum, the heart was found rather to the right of the median line; the left lung was collapsed; about eighteen ounces of

serum were found in each pleural cavity. The aperture in the *pleura* was fistulous, and of many weeks standing; the left lung presented adhesions, but was not materially diseased; the right was very much so. The adhesions of the left lung, however, were considered of many years' standing. It was a very interesting question, to consider at what period the pneumo thorax commenced. Mr. Cornish himself had dated its commencement from the period at which he had been called up in the night, and had run hard. There could be no doubt entertained of the rupture of the *pleura* taking place on that evening. There were no means of ascertaining the existence of pneumo thorax, except by auscultation and percussion; and when those means were resorted to, no doubt could be entertained of the existence of pneumo thorax. The author thought if the operation had been performed early, the life of the patient might have been spared.

Dr. GRANVILLE regretted that the author should have sanctioned the perpetuation of a mistaken nomenclature applied to this important disease. It was attempted to be described under an erroneous name; he thought the more proper epithet would be *pneumotaxis thoracis*. He, however, considered, that the thanks of the Society were due in an eminent degree to the author for the pains he had taken in bringing the case to the notice of the Society in the elaborate manner he had done. Few cases had been watched and recorded with more accuracy. He entirely concurred in the manner in which the stethoscope had been applied; but did not quite concede to the observation, that the cure might have been effected, if the operation had been performed earlier. He lamented that cases of this description were suffered to pass without endeavouring to ascertain the nature of the air that escaped. There was no doubt, in the present instance, atmospheric air was what would have been found.

Mr. THOMPSON wished to know the exact size of the fistulous orifice which had been described; he understood it was a very small one. It would be also right to know whether it passed through the cellular tissue that united the lungs together, or through the lungs themselves.

The Author of the paper having arrived, felt obliged to Dr. Granville for the compliments he had paid him, with respect to his having adopted a wrong name as applicable to the disease. He confessed he had not taken much trouble to ascertain its propriety. It was the name generally adopted, and he considered himself not answerable in having used it. If he had instituted a new name, he had no doubt he should have been considered as carrying the subject further than necessary. The size of the orifice

was so exceedingly small, that it could scarcely be detected; it was not larger than would allow of the admission of a barley-corn. Dr. Hodgkin had expressed it as his opinion, that there had been the contents of a small quantity of tubercles evacuated from this spot, through a small bronchial tube, and that this might have been effected by the patient, by common coughing. There was nothing between the end of the bronchial tube and the cavity of the *pleura*. He (the author) supposed the membrane had given way in the action of running, which had been described; that air had become extravasated into the *pleura*, and that inflammation of it took place. There was nothing but auscultation and percussion to guide them.

Mr. THOMPSON observed, that he thought it was necessary to have still further explanation. It had been stated, that the position of the heart had been altered. It appeared to him, that the cause of death in either way of looking at it, was different from that which was stated. He had no doubt, that when the operation was performed, the heart returning to its original position was the cause of the relief being given. It would remain with him a matter of doubt, whether an operation under such circumstances would be proper, because it would afford only temporary relief. It appeared highly probable, that in this case there was a secretion of air, and no escape from the bronchial tubes.

The Author was surprised that Mr. Thompson should have overlooked that which had been stated in the paper.

A sort of catechising discussion here took place, with respect to the origin of the air, between Mr. Thompson and several other members.

Dr. GREGORY was sorry that the valuable time of the Society should be occupied in discussing the origin of the air; there could be no doubt, as he conceived, upon the subject. He thought matters of much greater importance might be discussed. The first point on which he wished information was, as to the frequency of the disease; secondly, as to its diagnosis; and, lastly, its treatment. He confessed, that until the explanation given in the paper, he knew very little of the disease, but thought too much stress was placed upon the use of the stethoscope. For his own part, after what had been said, he believed he should be able to discover the existence of the disease as well, if not better, without the use of it. The alteration of the position of the heart was the main feature of the case. He was at a loss to know why, instead of using the knife, a small puncture with a trocar might not have been made in the thorax, and why,

under any circumstances, there was danger in puncturing.

The AUTHOR was ashamed to say so much, but considered himself called upon, in consequence of Dr. Gregory having doubted the necessity of using the stethoscope in the diagnosis of this complaint. His friend, he was sure, had not heard the whole paper read, or he would never have thrown out such a doubt. If oscultation were not practised, there was but one other resource left, namely, percussion. In this case there was not any difference of sound in striking the two sides of the chest, and it was only by the use of the stethoscope that any difference had been ascertained.

After a little further discussion, which was entirely uninteresting, the subject was dropped.

Dr. GRANVILLE said, as there was now a few minutes to spare, before the usual time of breaking up the Society, he wished to occupy it by reading a letter which he had received from a lady in the country, which related to that part of the profession which a certain Journal, that had been rather noisy of late, had taken under its protection. The gentleman to whom the letter related, and he should avoid using names, was proved to be a contributor to that work. It would show, that a person living not a hundred miles from London, whose name had appeared once or twice in the columns of the Journal as the writer of cases—

The PRESIDENT (interrupting) doubted whether he should be acting rightly in allowing the letter to be read; he was afraid it might be converted into a sort of private feeling which it would be desirable to avoid.

Dr. GRANVILLE could assure the Chairman, that it was not intended to reflect upon either the Journal or the individual, but it was merely to show—

The PRESIDENT observed, he should trust entirely to the good sense of Dr. Granville.

Dr. GRANVILLE observed, the Chairman might depend upon him. The subject related to the making up of a certain prescription, explaining to the patient why certain prescriptions could not be made up. The letter ran thus:—"I go on taking your quinine medicine as ordered; I have only had it right since Christmas, when," &c.

Mr. NORTH felt himself bound to cull Dr. Granville to order; he did not think the purposes of this Society were to show the blunders of any general practitioner. (Hear, hear.)

Dr. GRANVILLE was glad to say the letter did not apply to any fault of the practitioner, but as to a mistake which it was wished to throw upon the physician. The truth was, that the medicine was not properly made up; it was considered that qui-

nine never could have been given, but only a mixture of bark—

Mr. NORTH must again interrupt Dr. Granville, and trusted the Chairman would not suffer any thing further to pass upon this subject. And thus the matter ended.

The CHAIRMAN read a petition to the House of Lords and Commons from the Society, praying the legislature would take into its consideration some mode of facilitating the procuring of bodies for dissection; and suggesting the passing of a law to enable the governors of workhouses, and other institutions, to dispose of the bodies of persons dying there, who should not be claimed within a reasonable period. The petition would remain for several succeeding nights, for the signatures of such of the members as felt disposed to support it.

WESTMINSTER HOSPITAL.

FRACTURE OF THE ILIUM.

MICHAEL GRAEME, aged 31, a stout well-formed man, came in on the 29th of November, having fallen from a scaffold fifty feet high. He does not recollect the posture in which he fell. When brought in, he was found in the following state: lying on his back with the anterior superior spines of the ilia in a line; the right leg half an inch shorter than the left, and slightly everted; a flattening in the situation of the trochanter major, which was less prominent by an inch than that of the opposite side; the distance between the anterior spine of the ilium, and the trochanter, half an inch less than on the sound side; the glutei rather tumefied. The adductors and pectinalis swollen and tense; the knees could not be completely approximated. The thigh could be bent on the pelvis to a right angle, with very little pain, and no crepitus; but the patient had scarcely any power over the limb. It could be extended to an equal length with the opposite leg, but was immediately retracted; rotation inwards caused considerable pain. When the finger pressed on the tuber ischii, it yielded to the touch; and a crepitus, with considerable pain in the part, and on the inside of the knee, was produced. Pressure on the anterior superior spine of the ilium evinced a crepitus, and occasioned acute pain in the joint. The pelvic viscera were unaffected. The patient was an Irishman, obstreperous in his complaints, and very much impeded by his cries and struggles, the diagnostic examination. Mr. White, who conducted the inspection, pronounced it to be a fracture of the body, and ascending

ramus of the ischium, extending through the lower part of the acetabulum, allowing a partial dislocation; a scale of the ilium was detached, as far downward as the acetabulum; the fracture penetrating the sockets considerable tumefaction of the hip and thigh occurred, which was removed by the constant use of fomentations; during the period the limb was kept in a proper position, with the assistance of bran pillows, the total absence of febrile action was remarkable.

Dec. 10. The swelling having subsided, Mr. White applied two splints to-day, an external long one reaching from above the crista ili to the malleolus, and another to correspond on the inner side of the limb, which was kept in its due position by oblong bran bolsters.

Jan. 10. The splints are removed, and the limb is unconfined, save by the bran pillows; it is three-fourths of an inch shorter than its fellow; the distance between the anterior superior spine of the ilium, and the upper edge of the patella is about an inch less; and between the first named point, and the trochanter major, perhaps half an inch less than in the corresponding limb. The portions of ischium have united unevenly, and a spiculum of bone seems to project from the dorsum ili, under the anterior part of the gluteus medius. The foot is everted about twenty degrees. The man has very little voluntary motion; the thigh may be passively flexed on the pelvis to nearly a right angle, but cannot be rotated either inwards or outwards.

SUBSCRIPTIONS

FOR THE DISTRESSED MEDICAL GENTLEMAN AND FAMILY.

Amount already advertised ..	£300	8	6
Thomas Forshall, Esq.	1	1	0
Messrs. Russell & Sons,	2	2	0
John Cox, Esq., Peckham Rye..	1	1	0
Joseph Blackston, Esq.,	1	1	0
— Harrison, Esq. Portsmouth	1	0	0

By Longman & Co.

J. P., (a Medical Professor)....	2	2	0
C. P. Sweeting, Esq.,	1	0	0
Dr. Down, Southampton	1	0	0
Dr. Oke,	1	0	0
Dr. Littlehales, Winchester,...	1	0	0
Dr. Crawford,	1	0	0
Wm. Wickham, Esq.,	1	0	0
— Mayo, Esq.,	1	0	0
— Lyford, Esq.,	1	0	0
Robt. Corbin, Esq.,	1	0	0

£ 317 15 6

[Concluded.]

TO THE READERS OF THE LANCET.

Many complaints having reached us relative to the irregular delivery of this work, we can only say, that if orders be transmitted to our office they shall be immediately placed in the hands of *Newsmen* for whose dispatch and punctuality we pledge ourselves. THE LANCET may be in the possession of every Practitioner, within the Two-penny Post District, by EIGHT O'CLOCK ON SATURDAY MORNING.

ERRATUM.

The clinical remarks attributed to Mr. Guthrie, at p. 542 of our last Number, were delivered by Sir A. Carlisle; professor having been printed in mistake for president.

CONTENTS.

Dr. Blundell on the Diseases of Women and Children.—Lecture XIII. Descent of the Pelvic Viscera.....	545
Mr. Sheldrake on the most effectual Method of Instructing Young Persons in those Exercises that will improve their Personal Appearance, and render their Forms more perfect	549
Effects of sudden Emotions of the Mind	552
Rumination	553
Rupture of the Ligamentum Patellæ..	553
Velocity of Sound in Water	553
On the Wounds of the Brain, and the Division of Nerves	553
An Exposition of the almost total Uselessness of the Examinations of Apothecaries' Shops, by a Censor of the Royal College of Physicians....	554
Cases of Double Fissured-Harelip successfully treated	556
On the Advantages of the Expansion Shoe	559
Surgical Reform—Dinner to Mr. Wakley	561
The Edinburgh Murders—Apathy of the Lecturers	563
Edinburgh Medical and Surgical Journal	563
Meeting of the Medico-Botanical Society	566
Meeting of the Medico-Chirurgical Society	569
Meeting of the London Medical Society	571
Meeting of the Westminster Medical Society	572
Westminster Hospital.—Fracture of the Ilium	575

THE LANCET.

Vol. I.]

LONDON, SATURDAY, FEBRUARY 7.

[1828-9.



A MORE frequent disease than procidentia uteri, and therefore still more important to be known, is, that in which you have prolapsus of the uterus, the womb coming down to the external parts, but not beyond them. Now, the woman tells you, she feels as if her interior were descending; with a great deal of pain in the back, above the sacrum, in the hips and the thighs, and sometimes she complains of irritation of the bladder, so that the water has to be passed ten or twenty times in the course of the day, and sometimes there is irritation of the rectum. At night the symptoms are worse, because the womb comes down in the evening, the patient having been about during the day; and, more especially in the morning, the patient passes the water more easily than in the evening. There are few diseases which are better characterised than this prolapsus of the uterus, and by these characteristics the great majority of the cases may be readily ascertained: aching of the back, irritation of the bladder, bearing, relief of the symptoms by the horizontal posture, the aggravation of the symptoms by being long in the erect posture, are the principal symptoms marking the disease.

Although, however, the prolapsus of the uterus may generally be made out by the verbal description of it, this will not always be the case, and should the affection be doubtful, it is to be ascertained by examination; and if you are in the habit of examining those parts, the moment you touch them the disease becomes known. These examinations are better made in the even-

ing than in the morning, for if you were to examine the patient in the morning, you would find the womb almost in place, whereas, in the evening, it is considerably descended, so that the displacement is easily recognised. Add to this character the laxity of the vagina, which, in its upper half, is much more capacious, so that, perhaps, you might put a pullet's egg into it there, though the lower part of it may be tenser; add to which, too, a bearing on the rectum, which produces irritation; and if you introduce a catheter into the bladder, you will find the passage more or less distorted, your catheter moving about, and perhaps turning round completely, being thrown out of the ordinary line.

The best method of treating this disease, and the most effectual, is by means of a pessary, and this is a form of it which a well-adjusted pessary will effectually relieve, and there are persons who, for ten, fifteen, or twenty years together have worn a pessary. A ring pessary, or a globe, may be employed; for married women, the ring pessary is, on the whole, the best, and the ball pessary for the unmarried; but you will find it necessary to make your observations upon the feelings of the woman, for some will find themselves easier with the ball, and others with the ring. Before, however, you resort to this mode of treatment, you may try what can be done by confining your patient in the horizontal posture, either on a sofa or on a bed, and by directing her to abstain from all urging, when there is an action of the bladder or rectum, particularly the bladder, the irritation of which may be considerable, occasioning the patient to pass her water ten or twelve times a day. Astringents should be used, by means of a long-necked syringe, or an elastic bottle; sulphate of zinc, or alum, may be thrown into the vagina, the strength of the solution being increased daily; you may begin with a drachm to a pint of water, and then two to a pint, then three, four, five, and so on, till you get a saturated solution, if necessary.

There is yet a third variety of this disease, to which I beg your particular attention, for it is the most common of all, perhaps the most obscure and the most troublesome, and that is, the variety of the disease

in which the uterus is coming down but a little way, say an inch or two into the pelvis. Now in these cases you often find your patient very irritable and nervous; they have a great deal of dyspepsia, acidity of the stomach, inflation, nausea, vomitings, and very frequently, too, the bowels are more or less disturbed, and more especially inflations of the bowels are apt to occur; so that if the women are married, they think they are with child, and ascribe it to pregnancy. Then with these symptoms of general relaxation of the system, disorder of the chylipoietic viscera, continual uneasiness and pain in the back, ascribed to the upper part of the sacrum, a sensation of bearing down, as if the interior part of the body would pass away, a principal symptom, irritation of the rectum, irritation of the bladder, urine ten or twelve times a day, and often more or less of a discharge of mucus from the vagina, as if the patient were labouring under the disease which I shall hereafter describe to you under the name of *leucorrhæa*, you can hardly fail to recognise the disease. But if there is a doubt, that doubt is to be set at rest by making careful examination; and where you find the disease to exist, you will observe the upper part of the vagina to be very much relaxed, and the womb to protrude; and where you introduce the catheter, you will find there is a tendency to an obstruction, and a distortion of the urethra. As before, the best time for making this examination is in the evening, rather than in the morning, because if you are inexperienced in making those investigations, you might be deceived, were you to institute a morning examination.

Where there is a relaxation in a slight degree, one of the first steps to be taken, is to improve the general health of the patient, for this purpose you may use blue pill in small quantities, laxatives, tonic remedies, more especially the lighter bitters, and nourishing diet; but the most effectual mode of relieving her will be, if she is an inhabitant of a large city, by sending her into the country, or to the sea side as soon as possible, and after she gets there, her health will soon improve, and she will get rid of the disease for a time, at least. In those cases, it is a great advantage to lay in the horizontal posture as much as may be, without injuring the health, for all confinement, instead of improving the health, makes it worse. Further, as relaxations, where they are encouraged, are apt to terminate in procidentia, or prolapsus, you should direct your patient to abstain from all forcing, for the more the forcing, the more the parts descend, and the more likely she is to have, in the course of a few months or a few years, a prolapsus. Astringent remedies deserve a full trial, for there is no doubt

of their being likely to be of service. Of the astringent fluids, those before enumerated are some of the best, alum and the sulphate of zinc being the principal; always increasing the strength and frequency, according to the effect produced, otherwise you would do no service. It might be worth consideration, whether powdered astringents might not be of use, if they were introduced with a little care, which, perhaps, might be done by the patient herself; and I think the powdered galls, for example, would furnish a very powerful application. They would have the advantage of lying in the vagina more permanently than a wash, which runs off as soon as it is infused. In a case that occurred at this Hospital, I made trial of the resin—the common resin, in a very fine powder; this was not a case of prolapsus, but of procidentia, and it was replaced after the application of the powder. Now it is certain that the womb did not come down again so easily, after the application of the resin, as it had done before; but whether this arose from any effect that had been produced by the astringent on the part, or whether it arose from the mere roughening of the surface, was not clear. It was applied in this way for a few days; it occasioned no inconvenience whatever, and the girl leaving the hospital, no further opportunity was had of observing its effects.

When women labour under a slight descent, the bladder is frequently obstructed, so as to render it necessary to introduce a catheter; but sometimes the use of this catheter may be superseded, and especially when you are at a distance, it is very desirable that it should be superseded, if possible, by the patient lying in the horizontal position, with her hips a little raised above the level of the shoulders, half an hour, or more, and then trying to pass the water; or sometimes by getting a bearing with the finger upon the mouth of the uterus, the patient herself, if she is intelligent, may replace the uterus, and in this manner obtain a passage.

If the relaxation, then, is of the slightest degree of the uterus, it should be your principal object to mend the general health, to keep the patient in a horizontal posture, to restrain all unnecessary efforts and forcings, and to use astringents actively. And as to the obstruction of the bladder, it may be relieved either by the use of the catheter, or by taking means to bring the uterus into its proper place. A pessary should be your last resort.

It sometimes happens *after delivery*, that the womb is coming down, and this forms a variety of the disease that deserves remark. When a prolapsus takes place, and the womb lies out between the limbs, it forms a large tumour as big as the fetal head;

and it is very easily known, by your finding the os uteri so large, that you could pass your finger into it, the child's head having just passed through it; yet I have been told of two cases, in which the practitioners were so ignorant, that they did not recognise the disease; in one case the womb was cut away with a penknife, and the woman died from collapse; in the other case, there was a great deal of handling of the uterus, and this seemed to occasion death. The manner of managing these cases of prolapsus of the womb, after delivery, is very simple; the bladder should be emptied, the womb should be returned to its place, and the woman may be kept in the horizontal position, with the hip a little elevated, for six or eight weeks together; and if she submits to this, there is a fair hope of becoming permanently cured of the disease, at least in some cases.

When women are in the latter months of gestation, the womb does not usually come down, for it is so large, that it gets a bearing on the brim of the pelvis, and there is not room for it to descend; yet it does so happen sometimes where there is a very large pelvis, and the womb not very bulky, that it comes down so far that the os uteri may be seen externally. It is more common, however, and by no means infrequent, for the womb to descend in the first three or four months; and a case of this kind is very readily made out by the ordinary symptoms; there is the aching in the back, there is bearing upon the rectum, a bearing on the bladder, with an obstruction of the urine, and when you examine it, the case is observable at once.

If the woman is in the end of pregnancy, or if the womb was to descend during delivery, provided the os uteri came into sight through the external parts, I suppose it would be your duty to dilate the os uteri with your fingers, and in this way accelerate the birth of the child as much as possible; but if it descend a little way merely, I should not meddle with it—meddlesome midwifery being bad—but would leave the woman to her own resources.

If, in the latter months, the womb were lying externally and between the limbs—a case of this kind occurred to the illustrious Harvey—if it could not be put back, I should recommend the bringing on of delivery, by puncturing the membranes; and then, when parturition came on, I should, as before, assist in dilating the os uteri. In Harvey's case, it was proposed to extirpate the uterus, but I certainly prefer the induction of parturition before extirpation.

If the womb is coming down in the earlier months, then the practice is very simple; when the patient is most troubled with the symptoms, she may lie in the horizontal posture for a little, she may lose blood from

the arm if she is in much pain, and, in the course of a few weeks, the womb becomes so large as to get its bearing upon the bones of the pelvis, and the disease is cured. A woman was sent up from Gravesend to this hospital; I examined her, and found the case to be prolapsus uteri; she was obliged to lie in the horizontal posture; she was in the third month of pregnancy; and as she lay on the bed in the hospital, the uterus arose, got its bearing on the bones, and, at the end of a week, the disease was effectually cured.

It rarely happens—I never myself saw such a case—that, in the descent of the earlier months, the womb remains in the pelvis, blocking up the cavity, making pressure on all the parts, and giving rise to symptoms of severe obstruction. You relieve it by introducing the catheter; and when you have emptied the bladder, and not till then, you venture to urge the womb above the brim. This, I say, you should not do, till the bladder has been previously evacuated; for if it was overloaded, say with six or seven pints, and you were to urge the uterus upwards in the first place, you might have a great deal of difficulty in pressing it backwards, and if you succeeded, you might burst the bladder.

It has been asked whether a radical cure cannot be accomplished? and if it could, it is certainly very desirable; but, in the present state of our knowledge, we are not possessed of sufficient information to enable us to effect that cure. It has been proposed to cut into the vagina, and take the womb away altogether, neither do I believe extirpation of the womb would always be either impossible, or fatal, yet it is too dangerous an operation to be thought of for the purpose of ridding the patient of this disease; besides which if the prolapsed womb were troublesome, and were extirpated in consequence, the probability is, that other parts would descend—that the bladder or intestines would come down—therefore that operation proposed by the French, I can by no means recommend. In this disease, it has been proposed again, to bring on an inflammation of the vagina, for the purpose of giving rise to constriction and cohesion. Now, every man of obstetric practice must be aware, that the vagina is sometimes shut up in the middle by constriction, to that extent which renders it impossible to introduce even a catheter. Now and then, even, it does happen that this disease not only attacks married women, but the unmarried, and about the time the catamenia cease to flow; and in such a case, the patient might sometimes obtain a radical cure commodiously enough, if this state of the vagina were induced; but we have it not in our power to occasion it at pleasure. It has been proposed to bring on

inflammation by injections, and to have the parts replaced before adhesion or constriction take place; Dr. Hamilton had under care some two or three cases in which he made this trial, but without success. In the other hospital, in a case of proclivencia, I once introduced a pessary with large apertures, one that might be called the *lateral* pessary, similar to that here exhibited, but not to be recommended to your use. This pessary being passed up, and there being a good deal of forcing, parts of the vagina were driven through the large holes; a great deal of irritation was in consequence produced and these parts sloughed away; of course I removed the pessary the moment I observed this, and the woman completely recovered; but mark, notwithstanding there had been so much inflammation of the vagina, and though the patient had been confined to the horizontal posture afterwards, to give her a chance of a radical cure, no such cure was in that way produced; yet there is a case I think recorded in Burns, in which a silver pessary being used, a great deal of inflammation was occasioned, which brought about a radical cure. Therefore, to bring our observations to a point, in women past the age of the catamenia, it is very desirable that we should try to cure the disease radically; and I think, though in our present state of knowledge we do not seem to be in the possession of the means of accomplishing it, yet that this cure is well worth the consideration of a man of talent and industry, for I am not without hope that it might be obtained. There is another mode in which a radical cure may be attempted, and that is, by confining the patient after delivery to the horizontal posture strictly, for six or eight weeks; I suppose in the majority of cases this will fail, but in some few cases it seems to succeed splendidly. Mr. Redfern, formerly associated with this class, had the care of a lady, who, for four years together, had laboured under a descent of the uterus beyond the external parts, she became pregnant, she was confined to the horizontal posture, after her delivery, and for some time afterwards, a year or more, the time she afterwards knew her, she had no further appearance of the disease.

I shall now conclude the lecture by sending you round some preparations. The preparation I here show you, is a prolapsus of the vagina, the front and sides of it being disposed to come down, this is the disease in the slightest degree.

The next preparation is of the laceration of the perineum, which disposes to the descent of the womb, by laying the vagina open, and which may be set down among the causes productive of prolapsus.

The next preparation is of prolapsus uteri.

The preparation which follows is of the uterus in the puerperal state, which will satisfy you that the uterus being heavy, and the vagina relaxed, it is very apt to come down. This descent, of course, produces a large tumour between the thighs.

The casts on the table also show you the descents of the different parts in their different degrees; they are well worth inspection.

FOREIGN DEPARTMENT.

SINGULAR EFFECT OF THE BITE OF A VIPER.

JOSEPHINA POGGI, twenty years old, of a strong constitution, in the spring of last year, was bitten by a viper, at the external angle of the right foot. The wound having been immediately cleaned with saliva, by which the small quantity of blood covering it was wiped off, she began to walk towards her village, when she was suddenly seized with a sensation of extreme debility, violent pain in the epigastrium, and vomiting, and the tongue began to swell in an extraordinary manner. Dr. Marianini, who saw the patient an hour and a half after the accident, found her in the following state:—The features were considerably altered; the cheeks puffed; the lips and tongue enormously swelled, but not painful, covered with saliva, and very pale. The swelling of the tongue rapidly increased, so that it at last almost filled the cavity of the mouth, and caused great difficulty of breathing; the voice was inaudible, but the patient expressed, by signs, that she suffered much from pain in the epigastrium and stomach; she had frequent attacks of syncope; the pulse was intermittent, and very weak; the limbs were in a state of relaxation; the whole body was very pale, and from time to time agitated by fits of shivering. The wounded part was neither swelled nor tender on pressure. M. Marianini endeavoured to administer a dose of liquor ammonia in peppermint water, but the swelling of the tongue, and the continual flow of saliva, prevented him from attaining his object, and he was at last forced to inject it through the nose. After an hour, the swelling of the tongue and face having a little subsided, the vital powers being somewhat restored, and the pulse having acquired more force, and in the same proportion the wound having begun to swell and become painful, M. Marianini, according to the advice given by Morgagni, (Epist. 59, Art. 30,) applied a cupping-glass to the wound, and, after having taken about two ounces of blood, covered it with the empl. opii. The internal use of the ammonia,

with the addition of some opium, having been continued for about six hours, the face and tongue regained their natural size and appearance, and the patient felt an excessive inclination to sleep; she had not, however, slept more than an hour when the swelling of the tongue, and the general symptoms of debility, returned with such violence as to place her life again in danger; it was therefore necessary to rouse her from her sleep, and to keep her awake; the above medicine being, at the same time, administered in full dose. The swelling of the tongue, as well as the general symptoms, then gradually disappeared, and, after perseverance in the use of the ammonia for about twenty-four hours, did not return again. The swelling of the wounded foot, from this time, increased to such a degree, that very active antiphlogistic means were resorted to, and after some weeks the patient was perfectly cured.

Swelling of the tongue has but rarely been observed after viper-bites, and in the few cases on record, it was always caused by the patient's having sucked the wound, which, as may be inferred from its situation, was impracticable in the case before us, although the patient, probably, in moistening it with saliva, conveyed a portion of the virus to her mouth.—*Repertorio di Medicina, Torino*, 1828.

ON THE CAUSE OF DEATH AFTER THE LIGATURE, OR DIVISION, OF THE PNEUMO-GASTRIC NERVES.

Professor Mayer, of Bonn, concludes, from numerous experiments on this subject, that in almost all the cases where the pneumo-gastric nerves had been tied, death ensues from the blood of the lungs losing the property of remaining in a fluid state. "If, (he says,) the animal dies soon after the ligature has been applied, the heart, as well as the arteries and veins of the lungs, are found filled with a dark-coloured coagulum, of little consistence; while, in those cases where death ensues twenty-four hours, or more, after the operation, the coagulum is firm, fibrous, of a white colour, and penetrates into the smallest vascular ramifications of the lungs." These concretions, Dr. Mayer believes to form during life, and to be the proximate cause of death; they are produced by the tendency of the blood, when deprived of nervous influence, to separate into its constituent parts. After the division of the pneumo-gastric nerves, the temperature of the animal is either not diminished, or, if it be, the diminution does not correspond with the state of respiration. The most remarkable phenomenon constantly observed by the author, after the operation, is the singular disproportion between its

effect on respiration and on the action of the heart; for while the number of respirations is diminished by half, two-thirds, or even five-sixths, that of the pulsations of the heart is increased to double, or even quadruple. This extraordinary difference, the author infers, is owing to the presence of the sanguinous concretions in the pulmonary vessels, which require an increase of force and frequency in the pulsations of the heart for their propulsion.—*Zeitschr. für Physiol.*

EFFECTS OF ABSTINENCE ON THE STOMACH.

The *Medicinisch-Chirurg. Zeitung* contains the result of some interesting experiments relative to the action of the gastric juice on the parietes of the stomach after death, and to the effects of abstinence on animals of different kinds. The gastric and intestinal juices never soften or dissolve the membranes of the stomach or intestines; their action is rather diminished than augmented during abstinence; and the proximate cause of death by hunger is not inflammation of the stomach, as has been lately maintained, but general exhaustion. Carnivorous animals bear abstinence much longer than herbivorous ones, and dogs die much earlier than cats; if, during abstinence, carnivorous animals are supplied with water, they live considerably longer than those who are deprived of it; in herbivorous animals this is not the case, and they hardly ever touch the liquid even in extreme hunger; rabbits often die from exhaustion, although there are afterwards some remains of food found in the stomach, and if, driven by hunger, they devour animal food, they generally die very soon afterwards, although they have the power of digesting it, as appears from the contents of the stomach. In those animals who die from hunger, the veins of the abdominal viscera are generally found gorged with blood.

CARTILAGINOUS DEGENERATION OF THE STOMACH.

A middle-aged female, who, for twelve years, had had a moveable, round, firm tumour in the abdomen, which, by several physicians, had been declared to be a degenerated ovary, applied to Dr. Dieffenbach of Berlin; who, after a careful examination, was of the same opinion; and as the patient had never experienced any pain in the stomach, nausea, vomiting, or any of the symptoms by which a scirrhus of the stomach is generally accompanied, was very far from suspecting disease of this organ. The patient, however, soon died; and, at the post-mortem examination, it was found that the tumour was formed by the stomach, which was in a state of cartilaginous degeneration; its anterior paries was an inch

thick; and, except a small portion of the posterior paries, the whole stomach was changed into a firm, incompressible sac. Digestion, which, during the patient's life, had been but very slightly disturbed, must, in this case, necessarily have been carried on independent of the mechanical action of the stomach.—*Rust's Magazin.*

SURGICAL CLINIC OF PAVIA.

LIGATURE OF THE RIGHT CAROTID.

ROSA TACCONI, ætat. 29, of small stature, and lymphatic temperament, was, at the beginning of last year, admitted on account of inveterate syphilis, the principal symptoms of which were violent nocturnal pains, exostoses on the right tibia, and indurated tumours of the cervical glands. After a mercurial treatment of some weeks, the patient finding her general health much improved, left the hospital; but the glandular tumours having shortly afterwards increased again, and at last formed large abscesses, she returned to submit again to the treatment, which she had so imprudently interrupted. The ulcers eventually healed, and the swelling of the glands subsided, but there remained a tumour below the angle of the lower jaw, which, by its strong pulsation, was soon recognised as an aneurism of the right carotid. No information could be obtained from the patient, as to the cause by which it had been produced; she only related, that since its formation she had felt a continual tingling in the ear, and slight vertigo; her sight had been impaired, and she had suffered much from palpitation of the heart. The tumour was of the size of an egg, about an inch below the angle of the lower jaw; it was examined by Professor Scarpa, who recommended the operation; and it was accordingly performed, on the 23d of May, in the following manner: an incision, of about two inches and a half, terminating at the sternum, having been made along the internal margin of the sternomastoid muscle; the sterno-hyoideus, and sterno-thyroideus, were pushed towards the trachea; and the carotid artery having been laid bare, was isolated from the jugular vein and pneumo-gastric nerve, and tied by a simple knot, between which and the vessel, a small cylinder of linen, covered with cerate, was placed according to the method recommended by Scarpa. Immediately after the application of the ligature, the aneurismal tumour ceased to pulsate, and was reduced to a third of its former size; the temporal and external maxillary also ceased to pulsate; the patient fainted;

and, after the recovery of her senses, complained of palpitation of the heart, dimness of sight, and of a sensation of cold over the right side of the face, which became pale, while the left half retained its natural colour; all these symptoms gradually disappeared within a few hours after the operation. The pulse of the right radial artery was much stronger than that of the left side. The wound, except in its middle part, which contained the ligature, was healed by the first intention. For some days after the operation, the patient complained of slight headache, some difficulty of swallowing, and an unpleasant sensation of heaviness in the right arm, the veins of which swelled considerably, but these symptoms soon disappeared, and, on the twenty-first day, the ligature came off with the linen cylinder. The cicatrization of the wound remaining, however, for a long time incomplete, and its margins assuming an edematous fungoid appearance, it was suspected that the syphilitic affection, of which there were still some slight traces, produced this effect; and the method of Cirillo (consisting of frictions of the oxymercurate ointment on the soles of the feet) having been accordingly employed, the wound was perfectly healed at the end of the second month. On the 1st of August the aneurismal tumour was hard, free from pain, and the size of a filbert; the general health of the patient was considerably improved; her intellectual faculties, as well as hearing and sight, were not in the least affected, and the pulse was equally strong at both wrists; the right temporal and facial arteries only had a weaker pulsation than those of the left side, and the right side of the face appeared not so well nourished as the left.—*Annal. Univers. di Medicin. Sept. 1828.*

REPLY TO MR. DERMOTT'S COMMUNICATION ON THE MATERIALITY OF MIND.

To the Editor of THE LANCET.

SIR,—Though a divine, I happen, nevertheless, to be a reader of THE LANCET, which has found its way even into this hyperborean region; and, foreign as its contents may seem to my professional studies, I read it with great interest and pleasure, and rejoice in the good that it has done, is doing, and is likely still to do. I certainly never dreamed of becoming a correspondent to it; but an article in your Number for October 11, which I have just read, impels me to request further information upon the important subjects to which it relates, and which I hope the author of that article will feel it his duty to communicate.

In the article to which I refer, the author, G. D. Dermott, Esq., has, by a very profound physiological investigation, "clearly" established the following positions:—

1. That perception, thought, memory, judgment, and all other mental operations, are functions of mere matter.

2. That we have no conception whatever as to the nature of spirits, nor can any human language convey to the mind any just idea as to their nature, or as to the properties with which they are endowed; that, in short, we have neither language nor ideas to enable us to express the nature of spiritual things.

3. That material and spiritual things are so different and incompatible, that the one cannot be the direct effect of the other—that they cannot be existing in a state of intimate association, because they must be as different in nature as two extremes can possibly be.

4. That the lower animals have *minds*, but that they have no *souls*.

5. That man, besides a *mind*, has also an immaterial and immortal *soul*; but that so long as organic life continues, so long the soul must remain dormant; but, on the other hand, as soon as the life of the body ceases, so soon the soul enters into a state of development, or into a state of actual—it may be said sensible—existence.

6. That there must be a great and almighty First Cause, or, in other words, an omnipotent Creator—a God.

7. That without education, there would be neither knowledge nor conscience, which are just convertible terms—that it is education that forms the mind, or, what is nearly the same thing, calls it into action.

I mean not, at present, to incur the guilt of calling in question the accuracy of any of these positions, as, besides being drawn from the depths of physiology—a science of which I am, as in duty bound, most profoundly ignorant—most of them bear the stamp of a very venerable antiquity, for which I have a great reverence. But as all the doctrines which we divines are accustomed to teach, vanish before these positions, "like the baseless fabric of a vision," I should like, before entirely new-modelling every article of my creed, to apply to Mr. Dermott for some explanations, which I hope he will consider it a duty to give.

I am naturally very anxious to know what is to become of us poor parsons, in consequence of the new light which has thus been poured over this happy age. If men should conclude that "Bibles, revelations, ministers, and religions," are totally useless in this present world, and owe their existence to a mere delusion, why then you know "Othello's occupation's gone." And

how this conclusion is to be avoided, I really cannot see: for "Bibles, revelations, ministers, religions," have nothing whatever to do with the mental powers, since Mr. Dermott shows that the lower animals possess these powers, yet need neither Bibles nor ministers, because they have no *souls*. And, as far as I can see, Bibles and ministers can be of as little use to the soul, which does not begin to live till the body be dead. Why then should these articles be retained, on the pretence of preparing for futurity a soul, which has no actual or sensible existence, till it is far beyond their reach? Truly I tremble for my craft, and so may you too, Mr. Editor, for yours. For when theology is banished from the world, I again ask what are we poor parsons to do? We can neither dig nor beg, and I doubt not that many of us will just turn physiologists, and crowd the already over-crowded ranks of your profession. One of the non-conformists, who was ejected in the reign of Charles II., said that many would have reason to mourn his ejection; and being called to account for his words, said, all that he meant was, that he intended to commence the practice of medicine. Now, when Mr. Dermott has got us all ejected from our pulpits, I fear many will have cause to rue it, and your profession hardly less than ours.

Ministers often complain of the inattention with which they are heard, and of the little good that they are able to do; and no wonder, truly, now the secret is out. The soul, to which they are addressing themselves, is all the while enjoying a sound repose. This fact also accounts for a mode of preaching which has become very fashionable, and with which, I confess, I have hitherto been so ignorant, as to be not a little disgusted. I have seen men—and should you have happened to stray into a church, so probably have you—labouring in the pulpit like a quarry man at piece work, with their arms going like the sails of a windmill. And because old people like noise nearly as well as children, I have heard preachers highly praised for no other reason than that they out-heroded Herod, and "amazed, indeed, the very faculties of eyes and ears." This I used to think totally inconsistent with the solemnity of the gospel, and approaching even to profanity. I now acknowledge my mistake. These men, I suspect, are aware of the sleep of the soul, and laudably endeavour, by the union of vehement vociferation, and violent gesticulation, to arouse it from its torpidity. I now admit the propriety of speaking so much louder than is at all necessary to be distinctly heard, and that they who address the soul, have as much reason as the priests of Baal to leap, and to shout aloud. I

admit the propriety of the praise bestowed upon strength of lungs well applied.

"Some of the sermon talk, a sober crowd.
And loudly praise, if it were preached
aloud."

Yet of what use, after all, can this tremendous hawling be, when it is quite clear that the soul cannot be accountable for any of the deeds done in the body—deeds of which it has no knowledge, and over which it can exercise no control?

Again: Mr. Dermott says that I have an immaterial and immortal soul. As he says so, I cordially believe it. I used to think that I could prove this too, but in this I find I was wrong. This soul has no operations or effects from which its existence can be inferred. Now, as the fact of its existence is undeniable, and as Mr. Dermott has swept away every argument by which philosophers and divines, from Plato downwards, have attempted to prove that existence, I should like very much indeed to know, upon what grounds he believes in its existence. I confess I feel it very awkward to carry about with me, and to boast, too, of possessing, a soul, when I am totally unable to produce the slightest evidence that such a thing exists. It is unpleasant to believe, one knows not why, excepting just that Mr. Dermott has said so. Now there may be folks foolish enough not to consider this a satisfactory reason. Will this physiologist, then, have the goodness to tell us in what part of the organic structure he has found it. Were it an active vital principle spread over the whole, and animating every part, this inquiry would be useless; but as it is dormant, it must have a local habitation; *videlicet*, a dormitory. Now scientific men, as well as divines, will surely be curious to hear if Mr. Dermott has, in the course of his physiological researches, found out this dormitory—has detected the sleeper napping in its cell, like a toad in a block of marble, and caught it while just beginning to exercise its new found powers, and to shake off the slumbers of some threescore years; or if it make its escape from the body, ere his knife can reach its abode, has he found, at least, the place where it has recently been, just as at Chillingham Castle, in my neighbourhood, they show, in one of their marble chimney-pieces, not the toad, but the cavity where the toad lay. As he has left us no other proof of the soul's existence, I hope he has got a few specimens preserved in bottles, hermetically sealed, and which, on being opened, will prove the correctness of his views, by more than realising all the freaks of the *bottle-imp*,—*le diable bûteux*. I repeat, that as Mr. Dermott says that I have a soul, I believe it; yet it would be more satis-

factory, both to your profession and ours, if we knew on *what grounds* we are entitled to believe that we have within us a dormitory, occupied by an insensible, immaterial, immortal dormant.

Some people, also, may be sufficiently inquisitive to ask, for what conceivable purpose the soul is sent to sleep in a material body for some threescore years and ten, before it comes into actual or sensible existence? If it be alleged, as on the Pythagorean system it may be, that the soul is lodged in a material body, on account of guilt contracted in a previous state of being, it may be replied, that according to Mr. Dermott, the soul, as we shall presently see, possesses no moral powers, and, therefore, can contract no guilt. And supposing this difficulty removed, which I have no doubt Mr. Dermott can easily do, it may be further asked, why souls should be sent to sleep in human bodies only? Would not the organism of an ox or an ass afford as convenient a dormitory as that of Mr. Dermott himself? In the present state of my information, I can by no means prove that *no animal* has a soul, nor that *every human body* has one, which, you will allow, it would be very desirable to do.

I would not, on any account, be guilty of doubting the unerring accuracy of any conclusion which Mr. Dermott has drawn from physiology; but when he enters on metaphysics, one may, I hope, without the guilt of heresy, venture to suggest the possibility of some improvement in his speculations. Now it appears to me, that in order to support the dignity of man, as the only possessor of a soul, he has dealt somewhat hard measure to the lower animals. Happily, however, his argument in this case is not physiological, but metaphysical, and, therefore, not altogether beyond the range of a parson's powers. He argues from the justice of God against the immortality of brutes. But he is doubtless aware, that a conclusion directly the reverse has been drawn from the same source. It has been said, that as the lower animals suffer from the fall of man, without any guilt of their own, (this Mr. Dermott expressly admits,) the justice of God will provide some compensation for their guiltless sufferings, and that when they have escaped the woes which man's guilt has brought upon them, they may expect

"Some sheltered spot in depth of woods
embrac'd,
Some happier island in the watery
waste,"

where such enjoyments as their nature is capable of will be allotted them. On this, however, I do not insist, being too anxious, at present, to obtain some definite informa-

tion with regard to my own soul, to feel very deeply interested about the souls of the inferior creation.

I feel very anxious to know what sort of entity this soul is—what is its peculiar nature, or what are its characteristic properties? While it is in the body it is immaterial, insensible, inactive, without actual or sensible existence, which some logicians would consider no bad definition of—*nothing*. But when this non-existent entity leaves the body, and acquires an actual existence, what kind of being is it then? Intellectual and moral powers it cannot possess, for these are attributes of *matter*, and cannot, therefore, be the attributes of spirit also; for if matter and spirit possessed these attributes in common, there could be no such incompatibility between them, as to render them incapable of even existing in intimate association. That Mr. Dermott considers the soul as having no intellectual or moral powers, appears also from the language which he uses when speaking of spirit; for he talks of the properties with which it is not *endued*, be it observed, but *endowed*. Raw and ignorant writers are apt, we know, to confound these two words; but it would be profanity to suspect, that the philosophic Mr. Dermott uses the latter term from ignorance, or for any other reason than that it just correctly expresses his meaning. Now if the soul, while in the body, be to all intents and purposes a nonentity, and, when it leaves the body, be neither material, intellectual, nor moral, I would humbly beg Mr. Dermott to give us some idea of what it is; or, if this be impossible, at least clearly to state the grounds upon which we can possibly believe in its existence. I hope he will have the humanity to drag us poor unphilosophical wights out of the manifold perplexities into which his splendid discoveries have plunged us.

Mr. Dermott has also turned adrift all my previous notions as to the Supreme Being, and I am reduced to the necessity of begging to be informed upon what grounds he believes in the existence of such a Being. If I understand him rightly, he means to say, that we learn this from the works of Nature, and that, let divines and philosophers say what they will, we shall never learn *more* from their works. Now I have always been accustomed to think, that from the works of Nature, neither philosophers nor divines had ever discovered even *so much*; for I know not of any individual, of any description, who from the works of Nature *discovered* the existence of a God. To prove this fact, *after* its discovery, is no very difficult matter.

But what I am most anxious to learn at present is, what kind of a being God is? A pure spirit he cannot be; because, though

we know nothing of spirits, and have neither language nor ideas to express their nature, yet we do know, that they are not only different from, but so incompatible with, matter, that they cannot even exist in intimate association with it. They, consequently, cannot possess any attributes in common with that which stands in the extremity of opposition to them; and therefore can have no intellectual or moral powers, which are attributes of matter. Besides, if he were a pure unmixed spirit, he could not, according to the physiology which Mr. Dermott has, on this occasion, not only deigned to borrow, but to borrow even from a divine—he the creator of matter. But if God would not be the creator of matter, were he a simple uncompound spirit, neither could he be the creator of matter, if matter formed an essential part of his being. Then matter must be eternal; and the question will be, what did this omnipotent creator create? Sleeping souls, perhaps. Then the soul must be a indeed, a third genius of the order Substance, for the knowledge of which the world is indebted to the discoveries of Mr. Dermott, discoveries which, in this instance, throw those of all former philosophers into the shade. I may just remark that the good old doctrine, which makes God the soul of the world, is quite inconsistent with his view of the soul; but, perhaps, he means to adopt the modern modification of that doctrine, which is exhibited in the soophecism of Persia.

In short, will Mr. Dermott have the goodness to tell us hapless, unscientific mortals, how we may prove that such beings as God and the human soul exist; and, as far as his discoveries have yet reached, what sort of beings they are?

Mr. Dermott's positions suggest many other remarks; but I am wearied with hunting this profound nonsense, the very rarity of which would redeem it, and embalm it, as a theme of laughter to the world's end, were it not that it is as trite as the king's highway. When a man is sufficiently idle and ignorant to busy himself in collecting the scattered absurdities of every age and clime, the exploded abortions of every forgotten system of human folly, the very sooterkins of sciolism, and, packing them in a bag of precious fustian, comes again to pour them over the pages of *THE LANCET*, do, I beg you, let him know that he has altogether mistaken his publisher; that you cannot waste your pages, and choke your readers with the "*cranbe sexcenties vicocta*" of such philosophers as the French Mirabent, the American Palmer, and the English Carlisle, all of whom have treated the positions maintained by Mr. Dermott in a far more masterly manner than he has done.

Indeed, had not his speculations found a place in *THE LANCET*, nobody would have dreamed of wasting half an hour in noticing absurdities with which the world has been drugged, *usque ad nauseam*, by the worthies just mentioned. For what one physiological fact has he brought forward, or what one folly has he inferred from his facts, that was not *omnibus et lippis notum tonsoribus*, at least seven good years before his body began to exercise its mental functions, or afforded a cradle to a sleeping soul? In him, indeed, there is assuredly something that is sleeping, snoring loudly, and dreaming wildly. But when these dreams find their way into so ably conducted and so widely circulated a publication as yours, they may prove hurtful to some of the many young men who, in the course of an unfinished education, listen to the instruction conveyed through the medium of *THE LANCET*, with a respect to which, it is cheerfully admitted, their ability has hitherto richly entitled them. You, as Editor, occupy a highly responsible situation. It is your duty to guard against the admission of papers which, while they inform the mind, may pervert the principles, of these young men, and, still more, to exclude papers which might do the latter, without the possibility of doing the former.

I am well aware that your task is no easy one, though many people will think it is; I would not, therefore, censure Homer very sternly, though he would sometimes nod. You, I fancy, like other Editors, sometimes take a trip to the seacoast; and, like other Editors too, find such excursions rather hazardous. I take it for granted that you were purifying yourself from the "sin, and sea-coal smoke" of London, and getting braced, for the winter campaign, by the breezes of *Hastings*, when the luckless paper which has called forth these remarks, was inserted.

Physiology is a science equally delightful and useful. It is to be regretted that such men as Bichat and Lawrence should have drawn from that science conclusions which have no connexion with physiology, and which it cannot be difficult to show that physiology does not sanction. As, however, their writings are in the hands, and fitted only for the perusal, of scientific men, the evil is less. But when similar conclusions, in grosser forms, are adopted by men who have nothing of science but its parade, and propagated among young medical students, the mischief becomes serious, and the parents and friends of these students will naturally take the alarm.

In fine, Mr. Editor, go on as you have begun. Maintain the respectability and independence of your profession. Stimulate the energies of the young. Leave no refuge to fools or knaves among you. Pour

the light of day into the abodes of BATS and OWLS. Take care of every thing relating to the sciences which tend to promote the welfare of our bodies, and leave us in quiet possession of our souls, and of our God. If you admit papers which tend to shake our belief * in the existence of these, I doubt not that, from a sense of justice, you will admit papers in defence of these important articles of faith. But the discussion of these subjects would by no means suit your work. Of theological controversy we have, at home, enough and to spare. Therefore, after inserting this, as I take it for granted you will do, let your readers hear no more either of the sublime inanities of G. D. Dermott, Esq., or the humbler criticisms of

Your most obedient,

M. D—s.

Belford, 12th Dec. 1828.

ANEURISM OF THE AORTA.

SINGULAR PULSATION OF THE ARTERIES—
NECESSITY OF THE EMPLOYMENT OF THE
STETHOSCOPE.

By D. J. CORRIGAN, M.D., *Lecturer on the Institutes and Practice of Medicine; one of the Physicians of the Sick-Poor Institution, Dublin.*

"Such, however, was the power of prejudice, that it is observed, by Harvey, that no physician, past the age of forty, believed in his doctrine; and that his practice declined from the moment he published this ever-memorable discovery."—*Medical Facts. Vol I.*

MANY of the profession still view with scepticism the utility of the stethoscope, in ascertaining the exact nature of thoracic disease.

I shall not enter into any general discussion on the merits of the instrument. This is obvious, that those who use it have not only all the information to be derived from symptoms, history of the disease, &c., which its opponents enjoy; but that, in the instrument, they have a medium superadded through which to obtain additional knowledge, and they are thus enabled to come to the examination of thoracic disease, as it were, with increased powers of mind. A single well-applied fact may carry conviction where reasoning will not. Among the cases of thoracic disease which have been under my care, one was so much in point, so well cal-

* We insert our correspondent's agreeable communication with much pleasure; but we cannot discover any thing in Mr. Dermott's paper to justify this inference.—*Ed. L.*

culated to remove the scepticism above alluded to, at the same time that it enforced so strongly the necessity of employing the instrument, that I should be culpable were I to allow it to rest in silence.

Mr. J. D—e, a builder, (Cole's Lane,) called on me, for the first time, in the early part of June. His complaint commenced about four months before that period, with sense of oppression and straitness in his chest, succeeded by cough, occasionally convulsive; the cough and oppression of chest always relieved by mucous expectoration. He might, at that time, have been selected as a man presenting the very vigour of health, finely made, full in flesh, of a florid complexion, and active in his limbs. He was daily engaged at his ordinary business, which required much exertion; but for his teasing cough, and straitness of chest, he should not, he said, have known what an ailment was. After having tried, without avail, all the usual domestic remedies, he had recourse for advice to several eminent practitioners in the city, who did not use the stethoscope. When he came to me, his breast was covered with the marks of recent cupping, and, between his shoulders, the back was bare from a blister; he had been repeatedly bled. The obstinacy in resisting the exhibition of active remedies of what seemed, at first sight, an attack of simple bronchitis, attracted my attention. Questioning him closely, I found that he occasionally felt pain in the left side of his neck and left arm.

On stripping him, the first remarkable appearance that caught the eye, was a singular pulsation of all the arterial trunks of the upper part of the body. As his arms hung by his side, the whole tract of the brachial and carotid arteries was thrown out in strong relief, at each impulse of the heart, as if the vessels, from having been previously comparatively empty, had become suddenly filled. Mr. D. was above the middle size, well-formed, and his chest made fully, in proportion. On percussion, the thorax, with the exception of the part midway between the left mamma and sternoclavicular articulation of the same side, sounded clear; in this situation, there was great dulness of sound. Respiration was pure, save in the same place, where, in its stead, existed a most intense "*bruit de soufflet*," accompanied by indistinct pulsation. The action of the heart was regular. Pulse about 80, full, equal, the same in both arms. He knew of no immediate cause to which to attribute his illness. About six months before its commencement, when assisting his men in removing some timber, one end of a long plank, from the opposite end of which the support had been suddenly pulled away, canted upwards, and, hitching under his

sternum, tossed him into the air; he fainted, but soon recovered, was bled, and felt no further ill effects.

I requested to see him again at the end of ten or twelve days. I had scarcely a doubt as to the nature of the disease; but before giving an opinion which, in his apparent state of good health, would have been so great a shock to his friends and family, I was anxious to be positive of the accuracy of my diagnosis.

On the second visit, his symptoms were as before, but somewhat aggravated. On placing him sitting opposite a window, and looking from behind, aslant down his chest,* there was a prominence, although very slight, perceptible above the left mamma, where the sound was dull, and the "*bruit de soufflet*" intense. I had now no doubt as to the nature of the disease, that there was aneurism of the ascending aorta, and that the termination must almost inevitably be fatal.

As I am relating this case partly to prove the absolute necessity of having recourse to the methods of examination of Avenbrugger and Laennec, in exploring diseases of the chest, I may pause here to meet the objections of those whose prejudices may make them disbelieve in, or scoff at, the stethoscope.

Such persons, in speaking of this case, would bring forward two objections to the instrument; first, that the disease could have been discovered without it, therefore that its application was unnecessary; secondly, that supposing the disease to have been discovered by the use of the instrument, nothing was gained, inasmuch as the disease was fatal. To the first objection, instead of going into lengthened reasoning to prove that symptoms could not have guided to an infallible diagnosis, I shall merely reply, that until my examination of Mr. D., there was not the slightest suspicion entertained by his medical attendants of the nature of the disease. To this, perhaps, it will be answered, "The persons under whose care he had been were ignorant." Of those who were in attendance on him previous to me, two are men whose names, could I with propriety mention them, would be to this a sufficient answer; they stand at the very head of their profession. They brought to the investigation of the case, talent and experience, and they erred; I impute not the least blame to them; they did all that could be done with the means which they possessed. One of them

* This is a posture and mode of observing in which dilatation of the forepart of the chest is most easily ascertained by the eye.

I met more than once in consultation on this very case. With a candour that does him honour, he acknowledged to me that he had considered the case as bronchitis. To charge these gentlemen with ignorance, or for any one to say that, with only the same means of acquiring information, *he* would not have made the same mistake, would be arrogant presumption.

A trite objection frequently made to the stethoscope, and which those who put it would consider peculiarly applicable to this case, is the second.

Granting that the particular organic lesion were discovered by the stethoscope, the disease is inevitably fatal; what, then, is the use of the discovery? This is an objection that should never come from the lips of a man of science. In the pursuit of science every truth, every fact discovered, is of value. We may not, in every case, see its immediate application, or instant practical good result, but it is a step gained. We know not how soon it may become important, or whether, although yet unknown to us, it may but be the way to a hitherto unexplored field of knowledge. It is only for those of narrow minds to say, that facts, or means of attaining facts, should be disregarded, because there is not some immediate obvious practical result. In taking up the question thus, I am, however, allowing the opponents of the stethoscope more than I ought; but I am willing to give them every advantage in the argument. I have supposed the disease in question to be fatal in every instance. It is not so. Some few, although few, cases are known of recovery; and while there exists a hope, no means should be left untried. It is scarcely necessary to say, that the chance for recovery depends altogether upon a plan of treatment quite opposite to that for almost every other thoracic disease. There is, then, gained, a just and steady practice, and an exclusion of plans of treatment which would almost certainly hasten death. Suppose, however, this particular disease to be in every instance fatal, is it nothing to abstain from torturing a patient with not alone inefficient, but positively injurious means? Is it nothing to foretell, and thus in some measure take from, the approaching calamity? Is it nothing, instead of giving delusive hope, to prepare the individual himself for his last great change, and that, in all probability, to be sudden? Are all these matters of little consideration? Had this patient, whose case I am recording, died (in making some exertion) from a rupture of the sac, which was most likely to happen, say but twelve hours previous to the examination with the stethoscope, should we not have had this added to the number on record of cases of internal aneurism ending in sudden death, without

its having, during life, it would be asserted, presented any symptom by which to discover it?

I have made these observations merely as they arose out of a single case; I might go much further, but this is not the place. I shall now resume the details.

Pain, which had at first been trifling, increased in degree, occupying the left side of the chest, shooting out through the left scapula, extending down the arm and up the side of the neck, sometimes encircling the throat. The nights were restless, disturbed by harassing cough, followed by mucous expectoration. The prominence above the left mamma increased, although very slowly, in projection, and the finger pressed on it detected the "*bruissement*" described by Corvisart as a symptom of aneurism of the ascending aorta. There was not, however, at any period, the "*sifflement*" in the breathing, mentioned by the same author, as accompanying the disease. Valsalva's treatment was the only one that held out any prospect of relief. It was put in practice. Rest, abstinence, frequent bleedings, with the exhibition of digitalis, were employed. Digitalis was pushed to the extent of forty drops three times a day, with very little benefit. On many occasions the sufferings were often more distressing on a night succeeding the bleeding, than on any other. The digitalis at one time brought the pulse down to 48, but otherwise gave no relief. The pulse very soon rose again. The blood drawn was buffed and cupped, in every instance, with a firm coagulum. From the middle of June, to the 26th of August, when death took place, three symptoms were invariably present; remarkable pulsation of all the arteries of the superior extremities; loud "*bruit de soufflet*" in the ascending aorta and trunks branching from it; "*fremissement*" accompanying. It would not be instructive to follow up minutely this melancholy case. The pains shooting about the neck, chest, and scapula, were sometimes most agonising. Leeches occasionally gave relief. Belladonna liniment, in the proportion of half an ounce of the extract to two ounces of water, sometimes afforded ease. This failed: then a plaster of extract. belladonnæ, emp. ammoniaci, and powdered opium, applied, after leeches, to the pained parts, alleviated the sufferings, but at last all failed. Towards the termination, the pains became so torturing as sometimes to deprive the patient of reason, and sense of horrible suffocation frequently came on at night, making him bound suddenly from bed, and fly to the open window for breath. Two days before death, the feet were œdematous; pulse weak; skin of the entire body of varying shades of purple. Mucous and bloody stools were passed, and at

length, without any expectoration of blood, death by suffocation closed the scene.

I examined the body 24 hours after death, in the presence of Doctors Harkan, Ferguson, Higgins, surgeons Adrien and Peebles. The abdominal viscera were sound; liver gorged with blood. The lungs were also gorged, but pervious through their whole extent, and perfectly sound in texture. Slight effusion in the pleuræ; three or four ounces of blood-coloured serum in the pericardium. The heart was somewhat enlarged. The aorta, from its origin to its arch, was dilated to the size, at least, of a pint measure; from the arch the vessel was of natural size. There were two or three trifling cartilaginous deposits upon the descending aorta. The arteria innominata, carotid, and subclavian arteries, were of natural size, and sprung from the termination of the sac. The aneurism was in front, attached to the sternum, (on which there were marks of commencing absorption,) and to the cartilages of the three superior ribs. Behind it compressed, between it and the trachea, the pulmonary artery, which was, in consequence, dilated at its origin. The cavity of the sac was filled with blood, coagulated after death. No appearance whatever of an attempt at coagulation during life. From the formation of the aneurism, this, indeed, could scarcely have been expected. The dilatation of the vessel was nearly equal all round, a little greater in front. It was not at all, however, in the form of a pouch on the side of the vessel. It presented, in the most satisfactory manner, all the characters of true aneurism. It was equally dilated, weak, thin, smooth on its internal surface, and the fibrous tunic could be distinctly traced over the entire sac. It showed distinctly the error of Scarpa's assertion of the non-existence of true aneurism. The walls of the dilated vessel were so slender, that it was a wonder rupture had not taken place. The tumour, by its bulk, had caused death, by pressing on the pulmonary artery, and thus impeding the circulation through the lungs. The exit of the blood from the right ventricle was obstructed; the return of blood in due quantity, from the general circulation to the right side of the heart, prevented. Venous congestion over the entire system, even in the lungs, was the effect. The subcutaneous effusion, effusion into the cavities, mucous and bloody stools, were the efforts of the system to relieve itself from this congestion. From the obstructed pulmonary circulation, imperfectly arterialized blood was distributed through the body. The brain suffered in its functions; hence constant dreaming, and very frequently delirium, occurred, particularly after sleep, when volition could not be exerted to assist by change of posture the re-

spiration and circulation. At length suffocation put an end to a miserable existence.

Laennec reckons aneurism of the aorta one of three thoracic affections, which still remain in obscurity, notwithstanding the application of the stethoscope.

It is singular, that among the symptoms given by Corvisart and Laennec, there is no mention of the visible pulsation of the arteries of the upper extremities, so remarkable in this case. Three cases of aneurism of the ascending aorta, or its arch, are in my recollection; in each of them this was a prominent symptom. Aneurism of the aorta is not a common disease. I can scarcely, therefore, suppose that this symptom should have existed in all the cases that occurred to me, yet not in any of those that came before Corvisart or Laennec, and I am forced to think that it must have escaped their notice. It will be found, I believe, a valuable pathognomonic sign of the disease. This peculiar appearance of the arteries is noticed, for the first time that I am aware of, by the relater of a case of aneurism of the aorta, in Dr. Macleod's Journal, vol. ii. He cites it triumphantly, as a proof of the muscularity of arteries. To this we shall return.

Without having recourse to the assumption of a power of very problematical existence in the arterial tunic, to say the least, a simple law in hydrostatics will afford us a solution of the phenomenon.

Suppose an aneurism of the arch of the aorta; the pressure of the fluid on its internal surface will be as the area of the surface. The walls of the sac are not at all strong, in proportion to their extent. The same degree of strength that enables an artery, through its small diameter, to resist a distending force, is far from being sufficient for the sides of a cavity capable of containing a pint. The organic contractility of the arterial trunks, arising from the sac (or immediately by it) pressing the mass of fluid through the sides of the sac, and the mere hydrostatic pressure of the column of blood in the carotid, making, on the sides of the sac, a pressure, increasing, as their area, will cause a yielding in its sides, which does not take place in any other part of the arterial apparatus. Hence the arterial branches, the subclavian, brachial, &c., will, from this disproportion in the resistance, become, in some degree, emptied of their contained blood, by pouring it back on the cavity of the aneurism, after each systole of the heart. If the carotid have the area of an eighth of an inch, and contain half an ounce of blood, it produces a pressure of half an ounce upon every eighth of an inch over the interior of the sac. If the internal surface of the sac present an area one hundred or two hundred times greater than

that of the base of the carotid, the pressure on the sides of the sac will increase in the same proportion.

The distending power exerted by the column of blood in the carotid, on the sides of the sac, is permanent; and it may be said the sac will, therefore, be kept constantly at its full stretch, and cannot dilate and contract, which would be necessary, in order to cause the phenomenon described. Such would be the case; but there is another distending power, which is only momentary in its operation, namely, that arising from the organic contractility of the arterial trunks, which converts the sac into a bag, alternately dilating and contracting, in the following manner.

The blow of the left ventricle is quick, sending forward a certain quantity of blood. The sac cannot follow, *pari passu*, in its dilatation the quickness of the impulse. Hence the overplus of blood received so suddenly is sent forward, or, what is the same, sends forward a corresponding quantity into the arterial trunks. They are distended to their full calibre, as in the healthy arterial apparatus. This, however, is only momentary. Immediately the overplus has been sent into them, they, by their organic contractility or elasticity, re-act on it, and throw it on the sides of the sac, producing a dilatation of the sac equal to what would be produced by the pressure of a column of blood of a certain height; and pouring back, of course, at the same moment, on the cavity of the aneurism, a proportion of the blood received; thus producing in themselves a comparative emptiness, which could not occur in an arterial apparatus, to which such a reservoir was not appended. This pressure can only be exerted on the sides of the sac, as long as the overplus of blood remains; but the capillaries are open to receive it. It passes silently along into them. The sac resumes its original dimensions partly by its own elasticity, and partly by the elasticity of surrounding parts, as the lungs, &c., compressed with it. The arteries, which have thus become comparatively emptied, and the sac which had resumed its original dimensions, are then as before the action of the ventricle; the next blow of the heart filling again, for the moment, the semi-distended vessels, produces the phenomenon described.

What takes place in injecting a subject for the dissecting table, supports the explanation offered. The arteries are empty, and, of course, not at their full calibre, as in the living body. If the eye be kept on the situation of even comparatively minute branches at the moment when the injection is sent in, these vessels are seen thrown out in strong relief, presenting precisely the same appearance which the larger trunks present

in a case of aneurism. The arteries in the dead body present it in a more marked degree, because they had been more emptied. None will say that muscularity is the cause of this sudden jerking out of the vessels, at the moment of injection, in the dead body; as little reason is there to assert that to such a cause is it attributable in the living.

It may be asked why (if the explanation offered here be correct) was there not pulsation of the arteries of the lower extremities? The pressure of a column of blood, such as that in the descending aorta, even in a lying posture, is always sufficient to keep its branches fully distended; not so in the upper half of the body, where, through the entire of some of the trunks, and a portion of others, the force of gravity and of pressure is in constant opposition to the current of the blood.

Whether this singular pulsation of the arteries be a constant accompaniment of aneurism of the ascending aorta, it will remain for further observation to ascertain; but from what I have seen, were a patient to be presented to me with this symptom, with constant "*bruit de soufflet*," and "*frémissement cataire*" in the larger trunks, I would not hesitate to pronounce on the case.

Were the aneurism false, with very thick parietes, half filled with coagulum, or in a situation where the surrounding parts might afford firm support, the symptom would be less marked; but false aneurism of the aorta within the chest is of very rare occurrence; and from the proximity to the heart, coagulation to any extent, unless under very active treatment, is not likely to take place. From the relative anatomy of the aorta, firm support cannot be afforded. The value of the symptom is, therefore, considerably increased by the absence of causes which might obscure it.

Two phenomena, well known to the disciples of Laennec, "*bruit de soufflet*" and "*frémissement cataire*," constantly accompany the peculiar pulsation of the arteries. They have baffled inquiry as to their cause. It happened that I had had many opportunities of observing them under varied circumstances. The present article has spun out so far, that I shall not enter into the consideration of them here, but reserve the result of my observations for another number.

Whether my observations and opinions be disproved or supported, I shall be equally satisfied. Truth is the prize aimed for; and, in the contest, there is at least this consolation, that all the competitors may share equally the good attained.

11, Upper Ormond Quay,
Jan. 1829.

P.S.—I may observe here, that the diseased parts, described above, are in my possession.

ON THE BLOOD, AND ACTION OF THE BLOOD VESSELS.

By Mr. R. VINES, Demonstrator at the Veterinary College.

At the conclusion of my last communication, "On the Appearance of the Blood of Animals under Different States of Excitement,"* I stated, that the lacteal and lymphatic fluid of the horse put on different appearances, varying under the circumstances in which the animal was placed, and that in strong and healthy subjects, if destroyed when in perfect health, and moderately excited, it appeared of a white or straw colour in those parts of the lymphatic system which are situated near the circumference and centre of the circulation; but, on the contrary, that in many of those which are destroyed, both when under great, as well as diminished, excitement, it commonly appeared of the same character as dark venous blood in those parts of the lymphatic system which are situated nearest the centre of the circulation, as the thoracic duct, and second order of lacteals and lymphatics, and that this became evident from the function of digestion being suspended, in consequence of severe pain produced from punctures in the feet, open joints, &c.; and also from exposure to a low degree of temperature without food. I likewise stated, in a former communication,† that from these causes the lymphatic glands contained red blood, and that on injecting the arterial system of the lymphatic glands, the injection entered the venous system, and also the second order of lacteals which arose from the glands, thereby clearly proving, that the arterial system of the lymphatic glands, like the arterial system in other parts of the body, terminate in two orders of vessels, the first of which are veins conveying red blood; and, secondly, in veins which only convey white blood, and which are usually termed the lacteals and lymphatic vessels. The lymphatic glands may, therefore, be considered as forming a centre point between those parts of the lymphatic system, situated near the circumference and centre of the circulation, and their uses are to give origin and termination to two orders of lacteal and lymphatic vessels, those situated nearest the circumference of the circulation being the first order, and those nearest the centre the second.

On further investigating this subject, I have been enabled to prove, that the lacteal and lymphatic vessels (as they are usually termed) are the minute or finer parts of the

venous system, corresponding to the minute and extreme part of the arterial system, and in which only white blood generally circulates; and that when the functions of digestion and respiration are duly performed, these vessels absorb the chyle, or new white blood, from the surface of the intestines, and also return the white or colourless blood, from the minute and extreme parts of the arterial system, and that they likewise absorb the fluid deposited in serous and synovial cavities; but when the functions of digestion become suspended, these vessels then cease to absorb chyle, and proceed to remove the fat, &c., in the various parts of the body, and then, under these circumstances, the second order of lacteals, by receiving an increased power from the arterial system of the lymphatic glands and surrounding parts, assume the same character as the veins in general.

The arterial system, therefore, in all cases, controls the action of the venous, or lymphatic, and not the lymphatic the action of the arterial, as it has been generally supposed, for when the action of the whole arterial system becomes increased on any separate part, the action of the venous, or lymphatic system, becomes increased also. And, again, when the action of the arterial system becomes diminished, in any separate part, the action of the lymphatic system becomes diminished likewise. I therefore consider the vessels by which the body is supported to be only of two orders, viz., arteries and veins, the arteries performing the function of numerous depositions, and the veins that of numerous absorptions; thus the lacteals absorb chyle, or new white blood, from the intestines, which, in circulating through the lungs, and by combining with atmospheric air, through the medium of the pulmonary veins, becomes converted into red blood; and the veins which convey red blood, as well as those conveying the white, (which are also termed the lacteals and lymphatic vessels,) when the function of digestion is suspended, absorb different parts of the body; this is evidently the case, as the lacteals and lymphatics, under these causes of increased absorption, are found to assume the same character as the veins.

As regards the blood, I am now induced to consider it to be a peculiar vital fluid, and varying its colour in animals, likewise in different parts of the body of the same animal; that the red colour is not produced from colouring matter infused in the form of globules, as is commonly supposed, but that it is a certain effect produced on the whole mass of blood, while circulating through the lungs, in consequence of its combining largely with atmospheric air, and which, in combination with the chyle, is the true

* THE LANCET, No. 272, p. 401.

† THE LANCET, No. 157, p. 724.

source of the arterial blood, and this, when circulating through the body, assumes different colours, varying according to its degrees of vitality; in the strong parts it appears red, from possessing a high degree of vital power, but in the weak, or finer parts, it is white, from possessing less vitality. When the red blood enters the minute vessels, which commonly only convey white, or colourless blood, as is found to be the case under various circumstances of increased excitement, either in the whole or any separate part of the body; that then it is not in consequence of the coats of the vessels becoming dilated from debility, so as to allow the red globules to pass, but from the red blood being of a higher stimulating quality than the white, and, consequently, producing a more powerful effect on the vessels, and this is to be seen in those cases where the lacteals and lymphatics (as they are usually termed) become considerably increased in size, and assume the same character as the veins. The blood, its vessels, and the body, therefore, act and re-act on each other by means of the excitants which support life, and when these are duly applied, the vital power of the blood, its vessels, and the body, become increased; but if gradually withdrawn, or carried to too great an excess, then the vital power of the blood, its vessels, and the body, will gradually become diminished; organic disease, or debility, may therefore take place, either from the causes which support the functions being gradually withdrawn, or carried to too great an excess; the former may be termed debility from diminished excitement, commonly met with in the autumn and winter, in animals exposed to wet and cold, and allowed only a small quantity of food; and the latter debility from too great excitement, frequent in spring and summer, in animals, when exposed to a higher degree of temperature, and made to undergo violent, or long-continued, exertion. Then, under these circumstances, as I have previously stated, (see *THE LANCET*, No. 272, p. 401,) the colour and coagulating property of both the venous and arterial blood will gradually diminish, and this will be found to be the case by examining the state of it both at the circumference and near the centre of the circulation, and it also gradually diminishes in quantity as well as in quality.

The blood, its vessels, and the body also, possess different degrees of excitement, varying according to the circumstances under which the animal is placed, as the state of *moderate, great, and diminished* excitement, the power which the living body possesses of receiving impressions from the objects by which it is surrounded, is commonly termed its life.

Life, then, or this power of the body, has been termed, by Dr. John Brown, excitability, and by others, irritability, or vital principle; this vital principle of the body may be considered to be imparted to it by the blood, which derives its excitability, or vital principle, by combining largely with atmospheric air, water, and either animal or vegetable matter, the former through the function of respiration, and the latter those of digestion; from this it appears, that the living body is continually deriving its excitability, or vital principle, from objects which surround it, and these, by entering into combination with the fluids of living animal or vegetable bodies, thereby become living matter in a fluid form, termed sap, or blood; animal life consequently becomes vegetable life, and this, again, in return, becomes animal; first in the state of a fluid, but which afterwards assumes solid forms. The excitability, or power, which the living body possesses of receiving impressions, varies in different animals, as well as separate parts of the body of the same animal; it likewise varies according to the season of the year, for in the spring and summer the excitement is quicker and stronger, while in the autumn and winter it is slower and weaker, and this is constantly seen in the inflammatory diseases of the horse, which vary in degree according to the season.

The excitement also varies at different periods of life; in the early stages it is quick and weak, and the blood will be found to coagulate feebly, in consequence of containing only a small portion of animal matter; but in more advanced, and in the middle, stages, and as the animal increases in strength, the excitement becomes more powerful, and the blood will then coagulate quicker and firmer, from containing a much larger portion; but in the further advanced periods, and in old age, the excitement will be slower and weaker, and the coagulation of the blood will be in a corresponding state.

Royal Veterinary College,
Dec. 17, 1828.

ROYAL UNIVERSAL INFIRMARY FOR CHILDREN.

On Friday the 30th ult. the election of a Surgeon to the Royal Universal Infirmary for Children, Waterloo-Road, took place at the Institution, when Edward Doubleday, Esq., Blackfriars'-Road, was elected into the office, by a majority of 184.

State of the poll at the conclusion of the day,

For Mr. Doubleday 362
Mr. Kent 178

THE LANCET.

London, Saturday, February 7, 1829.

WE shall next week present our readers with a report of the Introductory Lecture delivered at St. Bartholomew's Hospital, by Mr. LAWRENCE, who has been appointed, on the retirement of Mr. ABERNETHY, Lecturer on Surgery at that Institution. The lecture is characterised by the ability which distinguishes all the productions of the eminent individual who delivered it; and there are parts of it which, bearing, as they do, on the general interests of the profession, and on the all-important question of surgical reform, merit the especial attention of our readers. Mr. LAWRENCE has now attained the station which his great talents preeminently entitle him to occupy; and the duty of communicating surgical instruction to the first medical school in this country has been appropriately confided to the ablest and most enlightened surgeon of the day. Of his predecessor it will be seen that Mr. LAWRENCE spoke in terms certainly not less honourable to the pupil than to the object of commendation, and such as, whatever grounds for dissatisfaction at the conduct of the late Lecturer Mr. LAWRENCE may formerly have felt to have existed, or whatever may have been Mr. ABERNETHY's errors in his official capacity, can hardly be said to be inconsistently or extravagantly applied to a man of considerable celebrity, and of unquestionable talent. As Mr. ABERNETHY's professional life, or, at any rate, the official part of it, may now be considered as terminated, we, too, may perhaps be permitted to speak of him *sine studio vel ira*, without the partiality of panegyrists on the one hand, or the resentment with which the conflicts in which we have been engaged with him may be supposed to have inspired us on the other. Now that the public objects, for the sake of which we

opposed Mr. ABERNETHY, have been gained, whatever may be the feelings of that gentleman towards this Journal, all hostility on our part is at an end. We maintained against him, in a court of equity, our right to publish the Lectures which he delivered in the capacity of a public teacher, and we maintained that right successfully. We denounced his attempt to sacrifice the interests of a public charitable Institution to his private emolument, and to render an office, which should be conferred only on superior surgical talent, transmissible in his family, even as Sir ASTLEY COOPER has contrived, by the aid of a corrupt system, to get the whole surgical patronage of the Borough hospitals distributed among his nephews and connexions. Here, again, the efforts of this Journal have been successful; for had we not denounced this attempt, the Professor's Chair at St. Bartholomew's Hospital, instead of being filled by Mr. LAWRENCE, would, probably, have been occupied by some obsequious, perhaps incompetent, creature of the late Lecturer, content to hold the office as a *locum tenens* for Mr. ABERNETHY's infant son.

Such were the public grounds on which we opposed Mr. ABERNETHY, and such have been the fruits of our opposition. If, in the course of the conflict, we have sometimes resorted to arguments or expressions which the friends of the late Lecturer may have deemed too strong, or too unsparing, considering the talents, the reputation, and the age of our opponent, it is to be recollected that we had to contend with a disease in which mild remedies would have been wholly inefficacious. The *bond transaction*—the *family job*, which was to consign the instruction of a large proportion of the future surgeons of England to the infant son of the late lecturer, to one who would inherit the name of Abernethy, but no portion of his experience, and perhaps not a particle of his talent—these were symptoms indicating a corrupt state of the system,

which called for the exhibition of the most energetic remedies. The event has justified the employment of such remedies; the disease has been eradicated, and we are ready to bear testimony to the merits, as we have been, on former occasions, to animadvert on the errors, of the late Lecturer.

It is unnecessary for us to express our concurrence in the admirable observations of Mr. LAWRENCE, on the intimate connexion between the two departments of the healing art, which have been absurdly separated in practice, and on the identity of the principles by which the treatment of external and internal diseases must be regulated, because this is a doctrine which must be sufficiently familiar to the readers of this Journal. Mr. ABERNETHY has, undoubtedly, done much towards elevating the character of surgical practice in this country, by directing the attention of surgeons to the constitutional causes of diseases, for which, as the symptoms were external, topical remedies were all, or nearly all, that were supposed to be required in their treatment. He has, indeed, pushed his theory too far, by making the digestive organs responsible for almost all the external diseases that affect the human body. Derangement of the digestive organs is, no doubt, frequently the *fons mali*; but Mr. ABERNETHY has dealt with nosology as the Roman tyrant wished to deal with his subjects—he has referred all disease to one head, that he might have the pleasure of cutting it off with compound calomel, or blue pill. Mr. ABERNETHY has used the digestive organs for the purposes of diagnosis, as incontinently as Mr. PURR's morning gun in *The Critic* was fired off by the players, who, when they once get hold of a good thing, never know when to have done with it. Some practical evil may have resulted from Mr. ABERNETHY's example of referring disease too indiscriminately to derangement of the stomach and other digestive organs, which derangement, if it be fre-

quently the primary cause of local disease, is also not unfrequently the effect of such disease, and is often a symptom by no means calling for the *exclusive* attention of the practitioner. Mr. ABERNETHY's doctrines, however, have certainly led surgeons, generally, to pay an increased degree of attention to the medical treatment of the cases which fall exclusively under their care, and which have co-operated with other causes to create a decided preference in the public mind for the advice of surgeons, in cases of which the treatment was formerly supposed to belong exclusively to physicians. With regard to the remarks which we have made from time to time in this Journal, on the Lectures of Mr. ABERNETHY, there is nothing which requires to be qualified or retracted. When those Lectures were the subject of litigation between ourselves and Mr. ABERNETHY, we thought them unworthy of his professional reputation, and we think so still. The truth is, Mr. ABERNETHY, with all his talents, was too indolent to keep pace with the progress of surgical science; and his Lectures, as they were published four years ago in this Journal, might, for any thing that is to be found in them as to the modern improvements, or attempts at improvement that have been made in surgery, have been delivered, as we believe they were, in point of fact, delivered, twenty years ago. Mr. ABERNETHY was himself conscious of the defects of his course of Lectures, which he had never taken the trouble to improve, or even to illustrate, by contemporaneous cases occurring at his own Hospital; and in the consciousness of these defects, we believe, is to be found the true explanation of his reluctance to see them published, with that *minute fidelity* which he attested by his oath; and the true origin of those proceedings in the Court of Chancery, which, with the aid of pecuniary contributions from Messrs. BRODIE, TRAVERS, &c., he instituted against *THE LANCET*.

The allusions of Mr. LAWRENCE to the absurdity of the certificate system, as a test of qualification for the medical profession, are well deserving of attention. Mr. LAWRENCE is now a member of that body, which has long sacrificed the character and respectability of the profession to its private interests; and if his views of what was due to the honour and independence of the profession were not unaltered, and unalterable, his acceptance of a seat in the council might be regarded as an inauspicious omen by the friends of surgical reform. We felt assured, that the step taken by Mr. LAWRENCE was dictated by the soundest policy, with a view to the final triumph of the cause of surgical reform; and that, pledged as he was to the support of that cause, as well by inclination, and all the tendencies of his liberal and enlightened understanding, as by unequivocal voluntary declarations of his sentiments, as binding as the most solemn asseverations upon an honourable mind,—pledged as he was, we say, by all these considerations, to the support of the cause of surgical reform, the bare insinuation, that in accepting a seat in the council, to which his talents and acquirements pre-eminently entitled him, he had deserted that cause, was an imputation upon his honour, to which we disdained to reply. The best answer to such an imputation will be found in the sentiments which he avowed in his Introductory Lecture on Monday last, and in the fact, that since he has become a member of the council, such is the shock which the system alluded to in the Introductory Lecture has received, and such the desire to avert, by attempts at conciliation, the fate which impends over the surgical oligarchy, that one Surgeon has actually received the diploma of the College *without the production of a single certificate.*

If further proof were wanting of Mr. LAWRENCE's firm adhesion to the cause of surgical reform, and of his unaltered opinions as to the general character of the body

of which he has consented, for sound reasons and salutary purpose, to become a member, it may be found in a letter, written by the sapient perpetrator of the Oysterian oration, and published in *The Times* of last Tuesday. The letter introduces to public notice a proposition, worthy of the intellect from which it emanates, for the publication of hospital reports by hospital surgeons themselves; and it adverts in the following terms to the decided opposition which this proposition has received, in the council, from Mr. LAWRENCE. The passage is well calculated to remove all apprehension from the minds of those friends to surgical reform, who may have been so far misled by the insinuations and misrepresentations of Mr. LAWRENCE's enemies, as to believe that any thing like cordiality, or unity of feeling, on the question of medical politics, could subsist between him and the members of the surgical oligarchy.

"I subjoin an address to the hospital surgeons of England, and which I have not been able to carry into effect, although I have laboured against its sluggish opponents for eight years. I am, therefore, at last compelled to submit the measure to public opinion, under a hope that some powerful influence may command its adoption. Many of your readers will be startled to learn that the most violent objector to those hospital reports, is the child and champion of surgical demagogues. He argues 'that such reports would be of no use;' that 'the hospital surgeons of England hate their own college too ardently to expect any co-operation from them;' that 'the style of the address would be disgraceful to the College;' and, lastly, 'that such reports would only display the comparative mortality in the different hospitals,'—a fact which I consider to be of the utmost importance to the public, the best security against unjustifiable surgical operations, and the highest incentive to honourable competition. I am, Sir, your obliged servant,

"ANTHONY CARLISLE."

From the foregoing extract those members of the profession who have entertained any doubts as to the firmness and consistency of Mr. LAWRENCE, may judge of the state of feeling which exists between "the child and champion of surgical reform," as

that gentleman is styled by Sir ANTHONY, and the oligarchy in Lincoln's Inn Fields. The Oysterian Orator has, unwittingly perhaps, let the profession into the secret of the distracted condition of the Council, and afforded them the means of judging between the accuracy of those calumnious reports, which ascribed to Mr. LAWRENCE a base dereliction of the principles he was pledged to support, and of the information which enabled us to announce, at the commencement of the present medical session, that "Mr. LAWRENCE remained staunch to the cause, and that when the members of the College should again assemble for the purpose of petitioning Parliament for a reform of abuses, he would again be found at his post, ready, as he has ever been, to prove himself the firm and enlightened advocate of the rights and interests of his professional brethren."

ONE of our Correspondents inquires, how it hath come to pass, that during the last four months, not the slightest notice has been taken in the leading articles of THE LANCET, of the quondam editor of a Quarterly Medical Journal, and subsequently of certain bundles of rubbish, which he called Fasciculi; to wit, one JAMES JOHNSTONE, alias DOCTOR JAMES JOHNSON, as he styles himself, by virtue of the fifteen pounds which he paid for an Aberdeen diploma, and of an ingenious alteration of the name, *euphonia gratiâ* we presume, under which he may have formerly practised upon the men and cattle of Carrickfergus. The reason is precisely that which might have been anticipated by those who were aware of the Doctor's visits to the sitting Aldermen at Guildhall, before whom he presented himself once a fortnight, among vendors of blucking and brewers of small beer, to make oath that his Fasciculi still found purchasers. This fact furnished pregnant evidence of the moribund state of the fortnight's *Fasciculi*, and,

as might be expected, the fortnight's *Fasciculi* have, in point of fact, been DEAD these three months. Since the death of the *Fasciculi*, this miserable scribbler made a desperate attempt to catch a few stray shillings from unwary purchasers, by republishing the report of the Trial of Cooper v. Wakley from THE TIMES newspaper, occupying thirty pages, appending to it eight pages of his own balderdash, and giving to the mass of letter-press thus ingeniously, we had almost said fraudulently, concocted, the title of "A full Report, &c." The Doctor makes the following attempt at a Latin quotation, by way of motto to this despicable publication:—

"Falsus honor juvat, et mendax infamies terret."

He makes another attempt, at the conclusion of his pamphlet, to palm himself upon the public as a person acquainted with the Latin language.

"Pudet hæc opprobria nobis
Et potuisse dici, et non potuisse refelli."

We have, on a former occasion, admonished this wretched sciolist, that a blockhead who attempts to palm himself upon the public for a man of learning plays with penknives, and cannot choose but lay himself open to derision. He has, in this last attempt at quotation, got hold of the right number of words, but, with the fatality which always attends him, has so dislocated them as to convict himself of ignorance. The *sense*, however, of the first part of the passage which he attempts to quote, might convey to the Doctor a salutary moral lesson. It would be well if he were himself awakened by some feeling of shame to a sense of the disgrace which his venomous malignity, and his lamentable ignorance and imbecility, as a writer, are calculated to reflect on the profession, which he has the effrontery to pretend to be capable of instructing.

Edinburgh Medical and Surgical Journal.—

(Continued.)

If rarity of occurrence conferred a proportional degree of value upon a case, the next in order would indeed be invaluable, in which Dr. Threlfall, of Liverpool, informs us that delivery was obstructed by a calculus in the bladder, weighing nearly seven ounces. This stone, or rock rather, could be distinctly perceived obstructing the progress of the fœtus during labour; but in consequence of no catheter having been employed, the patient having made water freely, the stone was mistaken for schirrus of the ovaries. In a consultation, the apprehension of hæmorrhage and of hernia, decided against the performance of an operation for the removal of the obstructing body. Embryotomy, however, had ultimately to be performed; some time after the woman unexpectedly died, when the stone was detected lying in the vagina. It would not, perhaps, be fair to censure the practice pursued in this case, without its details being laid more fully before the reader; but we may remark that the writer's defence for postponing the use of instruments, and not having made a more accurate examination, is by no means satisfactory. Had the case been one of an ordinary kind, where delivery was protracted by natural causes, procrastination would have been justifiable; but where a large unyielding body was perceived to frustrate the efforts of nature, we doubt whether an earlier instrumental interference was not demanded.

To this case succeeds another very remarkable one, of imperforate anus, communicated by Mr. Miller, of Methven, of which we shall present an abridgment.

"The patient was a child of about a day and a half old, when Mr. Miller was called to its relief. There was no vestige of an anus whatever; the meconium passed through the urethra, so that a communication between the rectum and the bladder was obvious. Assisted by a friend from

Perth, Mr. Miller made an incision one inch in length and depth, in the usual site of the anus. On the third attempt to push a common trocar in the direction of the rectum, the meconium flowed through the canula, and gave immediate relief to the infant. The canula, and sponge lints subsequently used, had to be removed from the pain excited by them; and gruel injections substituted; by the occasional employment of which, the wound or artificial opening performed the functions of the anus tolerably well. Contractions now commenced, which foiling every means used to prevent them, the wound, we are told, had to be enlarged no less than ten times in eight months. On one of those occasions a slight hæmorrhage occurred, which was stopped by the application of styptics. The child was now removed by Mr. Miller's advice, to the Edinburgh Royal Infirmary; but the practice employed here, (sponge tents to keep the passage open,) being abandoned from the pain it produced, the child returned home, and took to eating coal cinders, which sticking in the passage, had to be frequently removed by operation. In one of these operations, the bladder was unavoidably wounded and a communication established between the bladder and the rectum. Notwithstanding all this cutting and hacking, the urchin threw well on the cinders, and possessed the complete power of a sphincter, until a calculus of an extraordinary magnitude, nearly filling the outlet of the pelvis, impeded for awhile his thriving condition. Mr. Miller, however, by a successful application of mechanical means, such as drills, forceps, &c. relieved the little fellow, (who bore the operation, we are told, with the fortitude of a young Spartan,) by removing the calculus in three pieces, after an exertion of three hours. The entire stone was as large as a turkey's egg; the analysis of which, by Dr. Christison, of Edinburgh, presents some curious results, which are well worth consulting by amateurs in the mineralogy of the human body."

Our readers, of course, will not be surprised to hear, that this indestructible little being, whose vitality resisted all the efforts of nature and art to extinguish it, is still living, and doing well! To a young surgeon wishing to "flesh his maiden blade" in living dissection, such a patient would be invaluable; as he might perform all the operations in surgery on him, without the least fear of THE LANCET or the CORONER.

We next come to a case of an "aneurismal condition of the posterior, auricular,

and temporal arteries," by Mr. Syme, of Edinburgh. Three cases only of this kind were known to the writer: the first occurred in the practice of Pelletan; the second, is reported in this Journal, by Mr. Wardrop; and the third, by Mr. Macleachlan, in the Glasgow Medical Journal. Two of these cases being already known to our readers, it will be unnecessary to notice them here; but of Mr. Syme's we will proceed to give them a summary.

"In July last, he was consulted by a Mrs. J., aged 54, for a tumour over the mastoid process, about the size of a gooseberry. He first thought this tumour encysted, but finding that it might be emptied by pressure, and that it filled again when the pressure was removed, the error of this opinion became apparent. On examining more closely he also found the posterior auricular artery enlarged, and pulsating violently; and that when pressed, the tumour became flaccid. The patient first noticed the disease about ten years ago, after lying-in; its progress, until of late, was gradual. Pressure had been recommended to her, and was tried, but without any benefit. Considering the disease an aneurism of the posterior auris, Mr. Syme proposed an operation, to which she readily assented. On shaving the head for this purpose, the tumour was found to extend along the course of this artery; and also to have engaged the posterior and middle branches of the temporal artery. Mr. Syme was now inclined to tie the carotid; but declined this step, on finding that pressure on the auris emptied the sac, and stopped the pulsation. He accordingly took up that vessel, (which he found as large as the radial, but thinner in its coats,) and applied a single silk ligature. During the subsequent twenty-four hours there was a slight hæmorrhage, and in a week a slight attack of erysipelas. On examining the wound on the twelfth day, he found a small false aneurism at the bottom, and the source of the bleeding; the whole of which, along with the ligature, was now removed, when they suppurated kindly. The operation, however, not having afforded the expected relief, Mr. Syme, assisted by Mr. Ballingal, on the 29th Oct. dissected out the whole tumour; and, he informs us, with perfect success, the wound being now perfectly cicatrized, and the patient comparatively relieved."

When the arterial degeneration can be completely included within the limits of a safe operation, the plan pursued by Mr.

Syme, which, though not novel, reflects much credit on him, is perhaps the best practice in this troublesome disease.

HUNTERIAN ORATION.

THE Hunterian Oration, is to be delivered by Mr. Vincent, in the Theatre of the College of Surgeons, on Saturday, the 14th inst., at four o'clock in the afternoon. Sir William Blizard once more requests that the members will come without their hats.

LONDON MEDICAL SOCIETY.

Monday, February 2, 1829.

Dr. SHEARMAN in the Chair.

AFTER the Minutes of the last Meeting had been read,

Dr. CLUTTERBUCK rose and said, he was desirous of bringing a subject of considerable importance before the Society,—the publication of its minutes in the weekly Medical Journals. He did not allude to the reports which appeared in any periodical in particular, nor to any recent occasion, but to their publication in THE LANCET, and all other works, and to the regular habit which it had become. He now rose to state his opinion, that the practice was open to many, and very weighty, objections. The Society was considerably injured by it, and it ought not to be allowed. These were private and confidential meetings, different, altogether, from those of a public body; and he considered it was extremely unjustifiable that the conversations of private gentlemen should be taken down by Reporters, and published to the world at large. He thought that the late President had given a license to the practice, which was hardly warranted by the laws or objects of the Society. It was customary for many gentlemen to attend there, and state the cases which their patients afforded them, which they did not wish the world at large to know. If they stated many things which were creditable to them, they were so candid, also, as to confess their errors, and he (Dr. Clutterbuck) did not think it was right that this confidential intercourse should be made public; he considered this to be a widely different case from that of hospital reports. Before, however, entering more fully upon his ob-

jections, he begged to say that these did not, and could not, arise from any hostility, on his part, to *THE LANCET*, or any other work, and especially from the former. He (*Dr. Clutterbuck*) had received from *THE LANCET* the most flattering approbation and support, and—

The Reporter here ceased to take notes, in consequence of a private request from the Registrar, by whose ticket he had been introduced, and who personally objected to his doing so. *Dr. Clutterbuck* continued to speak at some length, and, on concluding, our Reporter, addressing the Chairman, stated that he had been taking notes, but had discontinued, in consequence of the above application from the Registrar, and as he should continue them if he remained, he thought it right to ask if he were at liberty to do so; if not, he should retire.

The REGISTRAR stated that he was ignorant his friend was about to take notes; he had a very strong objection to the minutes being reported; he thought it extremely wrong, and what the Society should not allow.

The Reporter explained that he was not taking notes surreptitiously; he had distinctly stated, on receiving his ticket, that he was about to do this in consequence of the absence of the gentleman who usually attended; he considered both the Registrar and himself exonerated from any imputation, and again requested to know if he were at liberty to take notes, or whether he was to consider the meeting as private.

MR. ASHWELL made several remarks on the subject of reporting, strongly advocating it; and replied, in full, to the objections of *Dr. Clutterbuck*. We regret that, owing to the Registrar not having withdrawn his objection, we cannot give publicity to sentiments on the subject, in which far the greater portion of the members appeared to concur.

Our Reporter, after Mr. Ashwell had concluded, stated, that as he had not yet received the sanction of the Chairman, he should withdraw himself from the admission of the Registrar, and request the favour of an introduction from some other member.

MR. PEIRSE was quite sure that the meeting would not wish that. The Chairman, he had no doubt, would at once grant his own introduction, without any objection to notes being taken. This the Chairman immediately did.

MR. PROCTOR thought this an important crisis to the Society, and was opposed to reporting generally. He was not interested in the question; he felt himself too humble an individual to be affected by it; he would ask Mr. Ashwell what possible good could arise from it? the reports had been most accurate, but they ought not to be sent

forth with the comments of Editors, or with such *italics* as he had noticed; if they must be published, it should be fairly, and without remarks; yet, accurate or not, they did no good, and ought to be discontinued. He should submit a motion to that effect.

DR. WILLIAMS objected strongly to the reports, and commented on some of the remarks of Mr. Ashwell. It was not the question whether the public were materially benefited, as Mr. Ashwell had stated; they had nothing to do with it. How could the public, for instance, be benefited by the publication of this report. He concurred in all *Dr. Clutterbuck's* views; contended that it was a private Society, and that many members, within his own knowledge, had been deterred from expressing their opinions with reciprocal confidence on the subjects of discussion; he was sure that, on the whole, the reports had been extremely prejudicial, and that they were a barrier upon the very principles of the Society; there was a very wide difference between the right to publish the reports of societies, and those of hospitals; it was, too, a very difficult thing for reporters to be accurate; he thought it one thing for them to tell the truth, and another for them to tell the whole truth; he had seen most inaccurate reports given; the speeches dealt out in dribblets, and with gross partiality, (cries of chair, chair,) and he thought the Society would go on much better if a stop was put to them, or else that they should be published by a responsible officer of the Society.

A MEMBER, whose name escaped us, thought that this was a very irregular conversation; but on its being observed that there was a motion before the meeting, made by Mr. Proctor,

MR. LLOYD rose and said, he for one, should object to its being put that night, or on any future night. He had always been an advocate for the publication of the Society's minutes, and he believed that much good had been done by it. He considered that the reports had been extremely accurate, and as for the good they did, it was fair to believe that that which was advantageous to hear spoken, must be beneficial to read; he should be against any proposition tending to prevent reporting.

MR. SHEARLY wished to know what difference there could possibly be between the publication of the Society's "transactions" and these reports; nothing could be fairer than the latter, for they narrated unsuccessful, as well as successful, cases. He had had conversations with members who objected very much to the publication of cases, especially those of midwifery; but if members chose to bring forward things which ought not to be made public, it was their own look out. He could not avoid alluding to

the advantage which country practitioners derived from these reports. He had a very extensive connexion with them, and they had invariably told him that they derived very great advantage from reading them. Owing to the extent of these gentlemen's practice, time would not let them refer to the numerous and varied sources of knowledge which it afforded many others, and they consequently depended on the periodicals for all the current information that could be given. These reports became, therefore, of the utmost importance to the profession, and he would give his vote in favour of them.

Mr. KINGDON had little doubt, that if fairly given, reports would be productive of good, and thought it was the duty of the Society to let the world know what they were doing. He considered, however, that nothing more than the conversations themselves, and not the names of the speakers, ought to be given; greater difficulties to such abuses of reporting as had been mentioned, would then be prevented, partiality avoided, and equal utility obtained. He considered it was almost impossible, in giving the reports, to do so without some colouring; and this colouring rendered them to many members very painful, and if painful, they ought to be prevented. Many members were deterred from delivering their opinions. By his plan, all ends would be answered, and no man could object. He should certainly say, that the Society ought to feel obliged to any Editor who would report their proceedings, if it were fairly done. As to the objections of patients, the removal of the speakers' names would prevent them from tracing their cases, as it was said they sometimes did. His own patients had often known their cases from the attaching of his (Mr. Kingdon's) name, and it had been found fault with in consequence. He therefore refrained from mentioning some cases, from the pain he thought it might create. He should urge, very strongly, the suppression of the speakers' names.

Mr. PEIRSE agreed that this was a subject of great moment to the Society, and he considered that it ought only to be entertained in a full meeting of the Society, that it might not be said, a few members had met together, without previous notice, to injure the publications alluded to. He was satisfied that no harm could occur, but very great advantage, if fair and accurate reports were given. They came together as scientific men, to lay certain facts before the Society; discussion was elicited which tended to benefit the whole public. Dr. Williams had said, that many were deterred from speaking; now he (Mr. Peirse,) thought it an excellent thing that this sometimes happened, for when gentlemen

were disposed to talk too much, the reporting induced them to abstain from it, and much valuable time was thus saved. He thought no pain could be given to patients if their names were not published. To the narrators' names, their could be no possible objection. Cases and opinions had no authority without them. (Hear.) He begged to express his opinion, that if the reporting was done honourably, fairly, accurately, and literally, no possible objection could be urged against it. No comments should be made, and he thought that the Society ought to have some accredited agent from the publications reporting, who should be tangible to the Society; it could then take its own measures, if incorrectness or unfairness occurred. No Editor could for one moment object to give in the name of his Reporter to the Registrar. In conclusion, he thought the time of the Society could now be better employed, than in discussing this subject; a special general meeting should be called, if more need be said on it, and all the members ought to have the opportunity of hearing the *pros* and *cons*, and of voting.

Mr. SALMON could not understand the position which had been taken by those who objected to reports, nor could he see objections of any kind to it; he would give the reports his most decided support. He did not understand the A. B. plan of Mr. Kingdon. It was the most useless that could be devised. For himself, he was usually plain and open in his sentiments; and on this, and all occasions, however interested he might seem, he claimed the privilege of being honest in his intentions. He decidedly objected to the suppression of speakers' names. Looking to his own situation, for instance, he did not choose that other gentlemen should hear his opinions in the Society, and out of it repeat them as their own, without the means of detection. He did not understand such a plan, and he would never agree to it. He was not taking a supposititious case. It had repeatedly occurred in private life, that the opinions he had given in one place, had actually been related again to him in another, as the opinions of others; and he would confess, without hesitation, that in this matter it was his desire, as it was his duty, to prevent injury to himself, and to obtain all the benefit he could from the publication of reports.

Mr. CALLAWAY was much pleased with the sentiments which had fallen from Mr. Salmon, and he agreed with them all; but it was evident that Mr. S. was thinking of himself while he spoke. He (Mr. C.) was gratified at the liberal feeling which pervaded the meeting, but thought this was not the right time to entertain the subject. A large meeting should decide upon it. He

had listened attentively to the discussion, and he had not heard one objection to the reports; not one that was satisfactory to his own mind. He should like to hear members state more definitely what were their very serious objections. He did not mean to allude to any publication in particular, but he thought with Mr. Peirse that the Society should have accredited reporters. He had himself seen comments and italics which he thought wrong towards individuals; but he was quite of opinion that the reporting should be fully, openly, and freely allowed (hear). This opinion might possibly have more weight in falling from him than from some others, because he had made no secret at one time, that his sentiments were widely different; but he had since changed his views of the subject, and thought that when regarded, as it deserved, as a great public measure, these reports were of the utmost importance to the profession and the public. If the question were to be decided to-night, he should certainly vote for the admission of reporters, but he thought that timely notice ought to be given to all the members, of any discussion.

Dr. LEONARD STEWART, asked if there were any specific motion before the Society, as, if not, he should move one?

The CHAIRMAN said, that there was none; but that this was merely a conversation originating, (as we understood it,) in the Council, to ascertain how far the feeling of the Society would go towards the prevention of reports. He thought that great mischief had been done by them, but considered that there was no enactment they could make, which would prevent any member, or any visitor, from taking notes and printing them afterwards; he thought, therefore, that the Society should have some accredited agent from the publications. The Editors could arrange with the Society that the reports should be accurate; but the Society could do nothing of themselves.

Mr. ASHWELL again expressed his decided opinion, that there was no real objection to reporting. On the contrary, the Society had very considerably increased in interest through it. He never in his life saw a Society which had so benefited, both in attendance and attraction. Let the reporting be placed on a good basis, and the professional man must derive benefit from it; as for the sacrificing of some gentlemen's feelings, why, if necessary for the public good, it must be done. He knew that it had been done, and great pain excited; but this, he thought, was a secondary consideration, and ought to bend to the public benefit. There could be no objection to Mr. Kingdon's proposition, if it were practicable, but he hardly thought it

was; he had no desire to see his own name figuring away in the reports. Mr. Peirse's proposition was an admirable one.

The CHAIRMAN, on a pause occurring, referred to Dr. Clutterbuck for his intention.

Dr. CLUTTERBUCK said, that he had brought the subject forward as a duty, and if he had found that the feeling of the Society was with him, he should have laid something specific before it; but that he found was certainly not the case. He should not urge it any further now, as the meeting was not large enough, and the subject needed more deliberation. He should be happy if, by and by, there were a change of feeling to bring it forward again.

The CHAIRMAN thought, that the reports ought to be given in a more accurate shape. No person could avoid seeing, that in *THE LANCET* they had sometimes contained a great deal of spite, and endeavoured to throw discredit on some of the members. He had often noticed one speech well given, and directly after, because the reporter did not think the next of importance, it would be said for instance, "Mr. Lloyd uttered some nonsense not worth repeating." Then there was some left out, if it did not bear on the case, while he (the Chairman) thought it ought to be given. He would propose that the Council should take the subject into its consideration.

Mr. CALLAWAY rose and moved, that the subject of reporting be referred to the Council, for them to consider whether an accredited agent should be admitted at the meetings to report the proceedings.

Mr. SHEARLY complained of the report of the proceedings on the night of Mr. Lambert's expulsion, which appeared in one publication. In that report some speeches were faithfully given, but his own was most shamefully garbled. He now begged to know who had sent that report. The reporter for *THE LANCET* was not present, nor any other that he saw; and he again, therefore, demanded, after the decision of the Society on the night in question that no reporter should be admitted, who had sent that report? He believed that it had been done by the Registrar.

The CHAIRMAN here interfered, to prevent the discussion from going further.

Mr. LLOYD took occasion, in concluding the debate, to express, in effect, his opinion that the less the Society interfered with the reporting, the better. He had sometimes had cause of complaint; as when, a considerable time since, a reporter used occasionally to reply to his (Mr. Lloyd's) remarks, while he (the reporter) had the reporting the speeches under his own control, which he considered hardly fair; but if he were not fairly dealt with, he always

trusted to his own character to set him right, and he considered it generally the best way.

The CHAIRMAN here put Mr. Callaway's motion, which was carried unanimously.

Mr. PEIRSE, referring to the report of last week, stated that Mr. Lloyd and himself had not impeached the accuracy of the Society's minutes on that occasion, but that they had explained some remarks made by them, in reference to Mr. Salmon's case of phthisis pulmonalis. His object now was, to exonerate the Registrar.

A specimen of tumour of the breast, and of the œsophagus and kidneys, with hydatids, were exhibited at a late hour to the Society, by Mr. Hooper, Dr. Ryan, and Dr. Ramadge, respecting which further particulars were promised at another evening. A short discussion arose between Dr. RAMADGE, Mr. LLOYD, Mr. CALLAWAY, and Mr. PEIRSE, as to the invariable connexion of hydatids with the outer surface of the kidney; but as the subject will, probably, assume a more regular shape on another occasion, we do not give the casual remarks which arose.

The REGISTRAR stated that he had a most interesting case to communicate from some person who was not present, and which, from the lateness of the hour, was postponed. The meeting then adjourned.

The Chairman, in conjunction with other members of the Society, afterwards intimated to the gentleman who took notes of the proceedings, their wish, that the ensuing report in THE LANCET should convey to the Editors of such Journals as were desirous of inserting reports, the opinion of the Society on the subject of "accredited agents." The above debate will convey that opinion.

WESTMINSTER HOSPITAL.

CHRISTOPHER STANT—(Continued from No. 279 of this Journal, p. 444)

His health rapidly declined; the granulations became pale and flabby, and the muscles retracted, leaving the bone protruding; pus thin, scanty, and approaching, in character, to ichor.

Dec. 28. General appearance tabid; eyes sunk; countenance ghastly; deep ulcer situated on the centre of the left cornea; a considerable quantity of pus effused into the anterior chamber, but the action of the iris unaffected; conjunctiva vascular; cornea opaque. He expectorates thin mucus, mixed

with a large proportion of pus; has had one discharge of florid blood from the lungs, after a fit of coughing, which greatly exhausted him; pectoriloquy distinctly audible; respiration hurried; pulse 130, small, and jerking; tongue dusky red; mouth and fauces covered with aphthæ; diarrhœa. The poor fellow grew gradually worse until the night of the 3d January, when he was suddenly attacked with a violent spasmodic cough, which induced an expectoration of about two pints of scarlet blood; this flux put an end to his existence. Opium, fox-glove, and cordials, were used successively.

Examination of the Corpse, sixteen hours after death, conducted by Mr. White.

All the abdominal viscera were blanched. The liver presented a mottled appearance, and had secreted a thin, light-coloured bile. The spleen was large, but of natural colour and consistence. The intestinal canal, from the cardia to the anus, was perfectly healthy. In the stomach was a quantity of coagulated blood, which had been swallowed. When the sternum was raised, the basis of each lung was found collapsed, of the natural colour, and crepitating between the fingers; the middle and superior lobes were completely tuberculated, and adherent to the sides of the chest; on the right side a vomica existed, of sufficient capacity to contain an ordinary-sized apple, having a thin cyst, and communicating with the right bronchia by a large aperture. It contained a small coagulum, but no pus. The inner tunic of the larynx, trachea, and bronchi, was redder than natural, and the ramifications of the latter on the right side were filled with black clots of blood. The pleura contained about sixteen ounces of serum, and the pericardium nearly six ounces. The heart was fat, apparently healthy, and of mean size. The head was not opened.

ANEURISM OF THE ARTERIA INNOMINATA.

Samuel Stack, an average-sized man, of dark complexion, about 40 years old, admitted 6th February, 1828, under Sir Geo. Tuthill, M.D. After being exposed to cold and damp, about a week before his entrance, he was seized with pain in the throat, and difficulty of swallowing. The pain extended backwards between the scapulae, and towards the right side; he was relieved by a blister.

He now complains of great pain about an inch below the sternal end of the right clavicle, where a pulsatory tumour of an oblong shape, and about an inch in width, is evident; the pain is augmented at each inhalation. Much dyspnoea, cough, and expectoration of a thick white mucus; pulse 96, strong, and vibratory; tongue whitish;

bowels confined; skin cool; lips livid; visage anxious. Cupping to eight ounces; a blister to the chest, and a mucilaginous and anodyne mixture.

7. Cupping immediately relieved him, but towards evening there was an increment of pain in the chest, breathing difficult; cough tiresome; pulse full and strong; ten ounces of blood taken from the arm.

8. Crassamentum buffed; serum turbid; symptoms alleviated by the venesection; pulse 96, full, but thrilling.

18. The symptoms continued without any material variation since the last note; in the interim he was once bled with temporary advantage, and has taken small doses of tartarized antimony. He now sleeps badly, complains of an acute pain under the right bladebone, darting into the vertebral column, and towards the sternum, augmented by coughing and deglutition; cough less irksome; respiration easy; lips livid; tongue clean; bowels open; pulse 92, vibrates. Tartar-emetic ointment to the part pained.

22. Cupped on the back to 12 ounces; pain relieved; takes an expectorating mixture of mucilage, paregoric elixir, and oxymel of squills.

28. Respiration laborious; cannot swallow without bending the body forwards. The aneurismal tumour has grown larger, and its pulsations are more powerful; the patient cannot lie supine; percussion educes a graver sound on the right than on the left side of the thorax; a constant aching at the top of the sternum; slight cough and mucous expectoration; lips purple; face livid, and intently anxious; pulse 100, full. He is incapable of any exertion.

March 3. All the unfavourable symptoms enhanced; the pulsations of the tumour have increased in intensity. Cupping to eight ounces.

10. He was relieved by the cupping, but he gradually gave way, and yielded to his sufferings this morning at four o'clock.

Post-mortem scrutiny.

The arteria innominata much distended, forming an aneurismal sac, capable of holding half a pint of fluid, and which contained several distinct coagula. This was contiguous to the posterior surface of the first bone of the sternum, which constituted its roof. The periosteum was absorbed, so that the cancelli were washed by the aneurismal blood. Arch of the aorta natural. On the right side of the trachea, the pressure of the tumour had occasioned portions of three cartilaginous rings to be absorbed, and the septum, intervening between the cavity of the aneurism and the tube of the trachea, was, at one or two points, a mere transpa-

rent film. Lungs, heart, and gullet perfectly healthy; no effusion into the chest.

HÆMOPTOE.

John Graves, ætat. 66, admitted 16th April, 1828, under Sir George L. Tuthill, M.D. He states, that having about six weeks before been exposed to cold and damp, he was seized with a violent cough, and expectorated a thick yellow mucus, often streaked with blood. At times blood was expectorated more copiously, and the sputa ejected in the course of one night, had once or twice amounted to nearly a pint of blood and mucus. He had been under medical treatment, and partially benefited. He at present complains of pain over the whole body, which is most severe at the upper part of the thorax, and aggravated by cough. Expectoration—mucus, mixed with stræ of blood. Cannot lie on the left side. Percussion elicits the natural sound. Pulse 90, pretty full; respiration easy; cheeks tinged of a pink colour; skin cool; tongue clean; he has a taste of salt in the mouth; bowels regular.

Take of *ipeacacuan*. 4 grains.

Digitalis, half a grain; in form of pill, three times a-day.

Pill of soap and opium, 5 grains every night. A warm bath prescribed daily.

8. Pain of chest has a little abated; cough tiresome; expectorates round mucous sputa; respiration unconstrained; pulse 84; tongue clean; bowels open.

12. Considerable pain under the right clavicle, produced by every act of coughing, which is frequent; inability to recline on the left side continues. Pulse nearly natural.

Tinct. of digitalis, 15 minims thrice a-day, in an ounce of infusion of roses.

Castor oil occasionally.

17. Complaints of pain in the left side of the thorax; sleep much disturbed by the cough; expectoration mucous; pulse nearly natural; skin cool; tongue dry and yellowish; considerable thirst; continue the digitalis mixture. A solution of cream of tartar to be used as a common beverage.

19. Thirst slaked by the acid drink; tongue clean, but the cough is worrying. Continues the remedies.

29. Cough and expectoration have nearly disappeared; no pain of chest; complains of headach; pupils rather expanded; bowels regular; stools natural.

May 3. Makes a full inhalation without restraint. No cough or expectoration; secretion and circulation natural.

5. Convalescent.

HÆMOPTOE—DYSPNŒA.

Richard Hobert, aged 59, admitted 26th April, 1828, under the care of Dr. Rowe, having a cough and a sensation of tightness across the chest, which had existed two months. On the day before his entrance, whilst walking in the park, he, on a sudden, brought up about a pint of florid blood. Now complains of difficult respiration; coughs up a considerable quantity of mucus, striated with blood; cheeks flushed; lips livid; saltish taste in the mouth; skin hot and dry; pulse 100; tongue clean; bowels open. Warm bath; venesection to ten ounces.

Take of powder of meadow saffron-root, 5 grains every six hours.

28. Feels better; no hæmoptoe to-day; breath easy; slight cough; pulse 80, small; skin moist; countenance natural.

29. The cough was troublesome during the night; slight dyspnœa, but no pain; pulse 92, soft.

May 3. Cough rather irksome; a little mucus expectorated; pulse 116, very small; passes his urine with difficulty; tongue clean; bowels open.

Take of ipecacuan. 5 grains, three times a-day.

6. Feels easier, but the cough is still troublesome, and the respiration difficult. Pulse 132, very thin; tongue dusky red; bowels relaxed. Continues the ipecacuanha. A warm bath every night.

8. Dull pain under the sternum; respiration laborious; *gargouillement*; urgent cough; muco-purulent expectoration; pulse 120, exceedingly small; hands livid and cold; some tendency to coma. A cordial mixture.

9. Passed a restless night; dyspnœa augmented. Died at eight, A. M.

Sectio cadaveris, thirty hours after death.

On opening the chest, the lungs were found adherent to the thoracic parietes, and œdematose, retaining the impression of the finger; on cutting into them, a considerable engorgement of bloody serum, which freely flowed out, was exhibited. The middle and inferior lobes contained a few tubercles, one of them as large as a walnut, and filled with soft caseous matter. Some points of hepatisation were seen, and a small tuberculous cavity, communicating with the bronchial tubes. The pericardium contained about two ounces of serum; heart fat; superior surface of diaphragm injected; abdominal organs comparatively healthy.

Joseph George, 36 years old, a drayman, admitted into Mathew's ward, 13th December ult., under Mr. President Carlisle,

with hæmatocele. Early in the morning, whilst moving some bags of hops, he lost his balance, and fell astride a beam. The perinæum is much discoloured and tumefied; the scrotum apparently distended with blood forming a dark purple tumour, as large as a melon; the testicles are tangible at the superior and back part. About ten minutes after his fall he passed his urine through the urethra, but with considerable pain. Bowels open. In the course of the day (Saturday), he was seen by all the surgeons. Mr. Harding had failed in passing the catheter, and a diversity of opinion existed amongst his colleagues as to the mode of treatment. Mr. Lynn recommended cold lotions and purgatives, which did not meet with general approbation. Mr. Harding made three incisions of an inch in length into the scrotum, and a quantity of dark-coloured blood slowly escaped. House-physic, fomentations, and the part to be supported on a small cushion.

14th. Has passed no urine since admission. Scrotum less tense; the fluid discharged from the gashes made by Mr. Harding, has the odour of urine: feels an urgent desire to make water; a sharp pulse and dry tongue; the bowels act freely. Mr. Harding made a second attempt at introducing the catheter, but not wishing to use force, soon desisted. Fomentations to be constantly applied.

15. Has passed no urine. The bladder much distended, reaching nearly to the navel. Another vain attempt with the catheter by Mr. Harding. About noon Professor Guthrie arrived, and with great adroitness, and little force, succeeded in passing the instrument. "La voila," exclaimed the operator exultingly, raising himself to his full height. Three pints of urine were immediately drawn off; a flexible catheter was secured in the bladder; and an ounce of the following medicine was prescribed every six hours:

Aromatic confection, 2 drachms.

Solution of acetate of ammonia, 3 oz.

Camphor julep, 5 oz. Mix.

16th. Passed a good night; pulse soft and voluminous; bowels open. The urine infiltrates into the cellular tissue of the scrotum: tumefaction undiminished.

17th. The urine passes guttatum through the catheter, and dribbles through the fistula. Mr. Harding cut into the perinæum, and exposed the lacerated part of the urethra, into which a probe was pushed; the catheter continued.

20th. Scrotum much reduced in size. Urine flows partly through the urethra, and partly through the fistula. The febrile symptoms have vanished. Middle diet.

22d. Scrotum nearly of natural size; urine comes away involuntarily, both through

the natural and morbid canals; aperient medicine to be taken occasionally.

10th January, 1829. The urine flows in a moderate stream through the urethra; an occasional drop filters from the scrotum, which promises to heal shortly.

12th. The peptic functions well performed. Convalescent.

HOPITAL DE LA PITIE.

EMPLOYMENT OF CHLORURET OF SODA IN BURNS.

M. LISFRANC has lately obtained such success from the use of the chloruret of soda for the sores remaining after burns, that he prefers it to any other application. The following case will serve to illustrate his plan of treatment:—

A. Prevost, *âgé* 36, was on the 13th of August admitted into the Hospital, having on the preceding day scalded his left arm with boiling water. During the first three days, emollient poultices were applied, but on the 16th the chloruret of soda was employed in the following manner:—the detached epidermis having been removed, the affected part was covered by a fenestrated compress, over which some lint, dipped into the solution, was retained, by means of a circular bandage. The whole was kept moist by repeated sponging with the fluid. M. Lisfranc observed, that in order to obtain good effects from this method, the solution must be sufficiently strong to cause a sensation of heat and slight pricking, and that it is better to make it a little too strong than too weak, for the painful sensation which in the former case is produced, subsides within a short time. In the above case the solution was somewhat too strong, but after 48 hours, the burnt part had perfectly healed, and nothing but a slight redness remained.

HOSPICE DE LA SALPETRIERE.

TRISMUS CURED BY THE EXTERNAL APPLICATION OF THE ACETATE OF MORPHIUM.

CASE 1.—Marie Ursin, *âgé* 28, of a scrofulous diathesis, was admitted on account of a large ulcer at the external angle of the left leg, by which the tendon of the peroneus longus was denuded. On the 10th of June it was dressed by one of the pupils in such an awkward manner, that a violent irritation of the denuded tendon, with excessive pain, accompanied by nausea and vomiting, was produced. An hour afterwards, the pa-

tient felt an itching sensation along the affected leg, and complained of excessive debility and oppressive headach. These symptoms were soon followed by entire loss of consciousness, and great rigidity of the muscles of the jaw and neck. The mouth could not be opened, and its angles were drawn backwards; the eyes were staring; the abdomen very hard; the feet spasmodically contracted; the pulse frequent and hard. Twenty ounces of blood were taken from the arm, and 30 leeches applied to the anus, but without any effect. The warm bath for an hour; mercurial frictions; a blister on the neck, and the use of sudorifics having also produced no alteration, the acetate of morphia was employed in the following manner; the fourth part of a grain was mixed with a very small quantity of wax-plaster, and applied over the blistered part. From this time the trismus gradually subsided, and after repeated applications of the morphia, the rigidity of the muscles, contraction of the leg, &c., also disappeared, and the patient ultimately recovered.

CASE 2.—Marguer. Broin, of a nervous temperament, and very weak constitution, having during five years been in the *Salle des Incurables*, on account of a herpetic affection of the extremities, was, on the 23d of July, frightened at the sight of a patient in an epileptic fit. She fainted, and when, after having recovered her senses, she was going to relate what had happened, she was seized with convulsions, which terminated in complete tetanus. The angles of the mouth were drawn towards the sides; the jaws were firmly closed and immoveable, the head was drawn back, the neck stiff, and the muscles of the trunk very rigid. A small blister was put on the neck, and removed after four hours, when the acetate of morphia was applied in the manner above described. After three hours, the trismus had considerably subsided, but the other symptoms continuing unabated, the application of the morphia was repeated, and proved so efficacious, that after three days the patient, with the exception of great debility, had perfectly recovered.—*Lambert, sur la Méthode Emérienne.*

OPHTHALMIC AND SURGICAL CLINIC AT BERLIN.

CALCULOUS CONCRETION IN THE CAVITY OF THE NOSE.

C. B., a middle-aged woman of a robust constitution, had, for two years before her admission, been subject to a constant pain in the left side of the nose, accompanied

by disposition to sneezing, coryza, mucous discharge, and subsequent ulcerations round the nostrils; these symptoms having continued for some time, the left nasal meatus became completely obstructed, and its parietes began to swell in such a manner, as to compress the lachrymal duct, in consequence of which, the tears flowed over the cheeks, and the skin was very extensively excoriated. The continual irritation in the nose induced the patient to use many efforts to remove the obstruction, by blowing through the affected side of the nose; she soon felt something moveable in it, and at last succeeded in expelling a calculous concretion of a considerable size. This was just before her admission. The pain and irritation had considerably diminished since the discharge of the stone; the swelling had somewhat subsided, and the obstruction appeared less complete. On examining the affected side of the nose, no stone could be found, but the mucous membrane was ulcerous, and considerably thickened, and there was a constant discharge of purulent matter. To prevent a second formation of calculus, a solution of the carbonate of potassa was injected into the nose, and, after a few months, the patient was perfectly cured. The calculous concretion which had been discharged from the nose, was of an oval form, eight lines in length, and twelve in thickness; very hard, of a greyish brown colour, and had an uneven surface. On being sawn asunder, its nucleus was found to consist of a small cherry-stone, the kernel of which was reduced to a thin membrane; round the nucleus the calculous matter was deposited in thin concentric layers of different colours. The patient could give no information as to the manner in which the foreign body had entered the nose. On this occasion Dr. Graefe related a case which he had observed in his private practice:—A man affected with gout had a long time ago experienced the same local affection as the above patient; on introducing a probe into the diseased side of the nose, a deep-seated foreign body was felt, which, on attempting to extract it, broke into small pieces, and these having been eventually discharged, all the symptoms caused by the mechanical obstruction of the nasal cavity, and by the irritation of the mucous membrane, gradually subsided. —*Graefe's Journal.*

THE MIDLAND REPORTER.—The country press has lately given birth to a new Medical Journal, published at Worcester. We have not yet had time to look through the contents of the three numbers that have been published, but we are glad to see the effort, and wish it all the success it may prove to deserve.

ON THE PREDISPOSITION TO, AND PREVENTION OF, INSANITY.

"Felix qui potuit rerum cognoscere causas"

To the Editor of THE LANCET.

SIR,—The subsequent is much at your service, if approved, for insertion in your respectable columns.

Believe me very much yours,
W. HORSLEY.

North Shields, Dec. 1823.

A practical exposition of the predisposition to, and prevention of, insanity, being, it is presumed, a *desideratum* in medical literature, is, at this era especially, most deserving of professional, as well as public attention, seeing that prevention and not cure, which lamentable experience has taught us to be impracticable, (I speak, of course, of confirmed, rather than periodical or recurrent insanity,) becomes the fit and proper province of the physician.

That deranged circulation, not organic affection of brain, is the parent of our manifold mental aberrations, both reason and experience, no less than dissections after death, amply testify.

The predisposition to insanity usually develops itself on approaches to adult life, (I except idiotism, from natural defect of intellect, manifested during infancy,) when the circulation of blood, and that of the brain in particular, evinces an important change in the economy—a change, at times, fatal to the well-being of some vital organ, hitherto, perhaps, in a state of comparative quiescence.—To illustrate. The lungs, from predisposition, doubtless, of organisation of vessels, take on a state of excessive and consequent irregular action, and a foundation thereby is laid for perplexing asthma, or mortal phthisis pulmonalis, the appalling and most devastating endemics of our country.

Phrenologists, who contend for a "plurality of faculties and organs," must not lead us from the important business of circulation; the excessive excitement or irregularity of which, local or general, of the brain, constitutes, in my mind, insanity.

We are not permitted (doubtless for wise and benevolent purposes) a thorough knowledge of mind; and materialists may set at naught, if they will, its phenomena, confounding, as they have hitherto done, propensity with intellect.

Physically speaking, at least, it matters not from whence the intellect is derived—we have to do only with its operations, and these are under the immediate influence (as physiology and experience teach us) of the

brain. To secure, then, perfection in the operations of mind, the brain must maintain, throughout, a freedom of circulation compatible with its varied function, and, moreover, unceasingly. Hence its morbid vascularity, and excessive, not to say specific, excitement; for example, hynarcotic substances and spirituous potation, prove most obnoxious to its function, and endanger, as might be expected, its organisation.

Such the "rock we split upon" in our dealings with mind; cordials, and nourishment, are our "watch word;" when, in fact, under its aberrations particularly, these are most fatal to it.

Paralysis establishes the brain's pre-eminence in the economy, and enough already has been said to demonstrate the amount and degree of its affection, somewhat under insanity. The practitioner, therefore, would do well to bear in mind the predisposition of brain to which I have alluded, and by no means to content himself with the mere medicinal treatment of his patient, or assuredly he will fail in the relief, not to say cure, of his malady.

Our object, if my premises be at all correct, is fourfold: first, to make less blood, rather than busy ourselves about the local or general abstraction of it from the patient. Secondly, to lower the temperature, no less than the vascularity, of the brain. Thirdly, to correct the secretions and facilitate the excretions of the alimentary passages. And, fourthly, to have a due regard to the quality of the blood, so as to fit it for the valued purposes of arterial circulation, for which the venous is by no means adapted, without previous oxygenation. Regarding our first position, it may suffice to advert, briefly, to the abuse of animal food and flour meats, from whence much of our sustenance is derived, and a superabundance of nutriment obtained, provided especial regard be not had to the quantity of them. Animal food (the red meats especially) is well known to afford considerable nourishment to the system, and hæmorrhages from the nose and lungs, in early life particularly, are consequent upon the abuse of it. The finer preparations of wheat nourish full as much, but stimulate less, consequently are not quite so prone to create that extreme excitement of the blood-vessels, so peculiarly unfavourable to the brain's function and organisation. The predisposed to insanity, therefore, ought to indulge sparingly in animal food, and have regard to a freedom of bowels, under the farinaceous. The quantity, indeed, of foods and drinks generally demands their best attention, for it is better to obviate plethora, than the brain, under predisposition, might not suffer, either by the accumulation or abstraction of blood.

Under the second head, I have to call the attention of the predisposed to the habitual use, or abuse, of narcotics and strong drinks; without doubt most fertile sources of insanity: a volume would not suffice to portray their baneful influence upon the brain, nor, another, their calamitous effects over the heart and lungs, to say nothing about the stomach, liver, or intestinal passages. I affirm, that nineteen out of twenty cases of periodical or recurrent insanity, are brought about chiefly by the abuse of narcotics and strong drink. Inebriety itself, I would characterise as specific insanity, requiring but the predisposition of brain, to which I have alluded, to afford permanency to it. Without strong predisposition, (call it hereditary, if you will,) something specific is required to act upon the brain, to produce even temporary insanity; the confirmed states of it being kept up by a permanently deranged circulation of brain. Hence insanity becomes incurable, without total abstinence from narcotics and strong drinks. Some years ago an industrious artisan gave himself up to inebriety, and became insane, for the first time of a long life; I had him put into an asylum, restricted from strong drinks, and he convalesced speedily. Resuming his occupation, and abstaining from liquors, he continued well for a series of years; but of late, having had recourse to them, he is, at this moment, in a fair way of establishing his insanity. His brother, it is worthy of remark, died of apoplexy, brought on, manifestly, by the abuse of strong drink. Had leisure and space permitted, I could have illustrated, to an almost indefinite extent, how spirits, habitually indulged in, foster a disposition to cerebral affection. Not a word more about the soothing influences of opium. Know we not, that the repetition of narcotics has a powerful disposition to derange (yea, and permanently,) the circulation of the brain? consequently those important functions of the system, termed involuntary, on which we depend, mainly for our well-being and happiness? The cares of life may effect much in the production of insanity; but I affirm, generally speaking, that predisposition of brain, even without the aid of narcotics and strong drinks, will fail to give rise to insanity. As respects our third position, I would inculcate much attention on the part of the predisposed, to digestion and excretion. Since physic has become a domestic pursuit, control over our patients is really out of the question. In spite of all we can say or do, they bleed, cup, or leech themselves improvidently and unmercifully, or, as a substitute, purge unceasingly with calomel, jalap, salts, colocynth, and aloes, or, perchance, some filthy saline mineral water; without being aware, it

is plain, that digestion and excretion are involuntary powers; and that functions of such vast importance in the economy, were not to be enorched upon, ever and anon, with impunity. Under predisposition to cerebral affection, mental or spasmodic, impropriet bleedings and purgings prove alike detrimental to the system; for, by deranging the circulation of the brain, they foster disposition to organic affection—fatal, not unoften, to life itself. We ought not to bleed at all without the most urgent necessity for it, bearing in mind its interference with the great business of circulation. Regarding physic, our object must be to establish a regularity and sufficiency of feculent evacuation daily, by alterative, rather than forced and drastic measures, correcting, at the same time, the secretions of the stomach and liver, with a view to the perfection of digestion. Hence I would suggest the value of bran bread, (if prepared from wheaten meal, with the whole of its bran in it,) to the predisposed to cerebral affection, highly prone, as they generally are, to constipation. I speak with confidence of its disposition to keep up feculent evacuation, as correcting of the secretions; the *pilul. hydrarg.*, in combination with *antimon. tart.*, will be found to prove eminently efficacious; regard being had, at the same time, to keep the bowels soluble, by some approved saline aperient, to prevent the mercury saturating the system. I advert, finally, to the disposition of the blood to be venous, rather than of arterial character, (opposed, doubtless, to the well-being of the brain,) fostered not a little by our stimulant living, and refined domestic habits, which consign us by day, as well as by night, to a most obnoxious atmosphere. In an essay, recently, on phthisis pulmonalis, I have demonstrated, it is presumed, how essential is the purity of the surrounding medium to the circulation, and consequently, well-being of the lungs. That the brain, no less than lungs, suffers under a deteriorated surrounding atmosphere, syncope amply testifies. But to render the blood to circulate throughout the minuter ramifications of the brain, it must be divested of its venous property, i.e. be purely arterial; and this can only be effected by means of the oxygen of the surrounding medium. A fertile source of headach, it would seem, little imagined, is to be sought for in the surrounding atmosphere. Such the state of our habitations, of association, and repose, which to ventilate, by night especially, would be looked upon as a species of temerity, bordering, I had almost said, upon insanity!

As the surrounding medium becomes deprived of its oxygen, we experience, in proportion, a diminution of those faculties

which derive their immediate influence from the brain.

The predisposed, then, to cerebral affection, whether in the shape of insanity, epilepsy, palsy, or apoplexy, ought, by night and by day, to breathe the very purest atmosphere, as well as in a temperature greatly under that we are in the habit of indulging, in more refined life. I speak from my own personal experience, having overcome a predisposition to apoplexy in myself, which the late Dr. Gregory, of Edinburgh, of acknowledged eminence in his profession, declared to be irremediable. The predisposed, also, should guard against vehement or distressing passions, for these commit serious ravages upon the brain, first, by deranging its circulation, and eventually, its organisation. I take leave, seriously, in conclusion, to awaken the attention of my professional brethren, to the momentous importance of a due regard to functional derangement, seeing that the organic affections of vital parts but "mock our toil," and set both regimen and medicine at defiance.

TO CORRESPONDENTS.

We regret exceedingly the disappointments complained of in the letters from Edinburgh, Liverpool, Leeds, Exeter, and other places, and as it appears that nearly the whole of the weekly periodicals are despatched from London by the coaches on Friday, we will endeavour to make such arrangements as shall enable us to resume the publication of THE LANCET on that day. If this can be accomplished, we shall cheerfully incur the additional labour and expense which must necessarily result. At all events, our best endeavours shall not be wanting, to prepare a sufficient number of the Journal for the COACH PARCELS on Friday evening.

J. M. will perceive that we have omitted the Table of Contents in the present Number.

We believe that certificates of attendance on the surgical practice of the WESTERN HOSPITAL, are not received as testimonials for the diploma at the COLLEGE OF SURGEONS.

We have been favoured by Mr. Bransby Cooper with a species of application, which furnishes a comment at once pathetic and ludicrous, on the morbid state of his feelings. We almost disdain to allude to this proceeding; but it may possibly be necessary to make some observations on it hereafter.

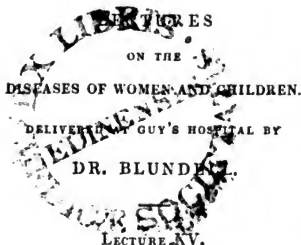
Orders for THE LANCET may be sent to our OFFICE.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, FEBRUARY 14.

[1828-9.



Of the Pessary.

By *pessaries*, Gentlemen, you are to understand certain instruments which are introduced into the vagina, with a view of supporting the uterus, the bladder, the vagina itself, and the parts adjacent; and of these instruments there are various forms and contrivances. Of the different kinds of pessaries which have been commended to use, the principal consist of the ring pessary, the ball, the sponge, and the pessary which is mounted upon a stem.

Ring Pessary.—The ring pessary, on which I shall first make a few remarks, consists of a circular plane of various material—silver, ivory, caoutchouc, or box-wood, for example; thick at the edges, thinner toward the centre, and containing a central aperture, being large enough to admit the point of the fore-finger; not larger, lest the uterus should force itself through the opening, and, in that way, become strangulated. Of these pessaries the accoucheur is to be provided with a succession, consisting of different sizes, rising above each other in diameter; and when he is about to introduce the instrument, he first makes a careful examination of the vagina, to which there can be no objection, as it is necessary for him to interfere manually with the part, in order to introduce the instrument. Having effected this, he places by the bed-side some three or four of the pessaries, which appear, on

comparison, to be best fitted to the vagina; and of these he selects one, lubricates it abundantly, places the woman either in the recumbent posture, or else, which is perhaps, on the whole, fully as convenient, (and more agreeable it may be to female delicacy,) he advises her to take position upon the left side, in the usual obstetric posture. These preliminaries arranged, he lays hold of the pessary, and planting it in the pudendal entrance, with a sort of rotatory motion, he rolls it upwards and backwards along the surface of the sacrum towards the promontory of this bone, with as little force and compression as may be; the plane of the instrument, at this time, lying parallel with the sides of the pelvis; and then, when he has reached the upper part of the vagina, he places the plane in apposition with the mouth of the uterus, which then rests upon it as on a shelf, and thus obtains an effectual support. These instruments, however, are very apt to turn edge-ways. If the pessary be too large, it can easily be removed at the pleasure of the patient, and a small pessary is easily replaced, when necessary, by one of larger diameter. When you pass up the pessary, you ought to tell your patient that the first size will not, perhaps, prove of fit measure for the vagina, and therefore she must not be disappointed, should a change become necessary. To remove the pessary is exceedingly easy; you pass the finger into the vagina, lay it in the central aperture of the pessary, and then roll it downward, careful that you do not injure the vaginal orifice. The great nicety of introduction consists in carrying it upwards and backwards, and not against the point of the pubic arch. I have said you are to carry it upwards and backwards towards the promontory of the sacrum; because, if you carry it directly upwards, you will occasion a great deal of pain, and, at the same time, the instrument cannot be introduced, as it must fall into collision with the symphysis pubis. In all women, the ring pessary may be employed; it is an excellent form of pessary for general use, but for married women it is more especially accommodated, as it does not materially obstruct the vagina.

Ball Pessary.—The next variety of pessary on which I propose to comment is the ball—of silver, of ivory, of box-wood, of various other materials—but box-wood is, in general, preferred. By the turner it is hollowed, in order to make it lighter, and, at the two poles, there are apertures of small size, perhaps the more numerous the better, to allow of the discharge of the catamenia, provided the period of menstruation be not yet passed. With this instrument should be connected four ties of strong red tape, for example, which, by giving a bearing, may facilitate its abstraction from the vagina. When using the ball, you ought to be provided with a succession of three or four different sizes; then placing the woman as before, either recumbent or laterally, the left side being the more decorous posture, and the instrument, as before, being placed in the vaginal opening, roll it upwards and backwards towards the promontory of the sacrum. Some little pain may be expected on passing the orifice of the vagina, but the admission of the instrument becomes more easy as it advances along the canal, for, as I formerly observed to you, the vagina, in the upper part, is often far more capacious than below. If you wish to remove this instrument, this may be done by laying hold of the tape and drawing down; but should the tape give way under your efforts, what are you then to do? Why, in this conjuncture, you may have recourse to the instrument which I here show you, and which I have used in the Hospital, to be managed precisely in the same manner as you would manage the obstetric forceps—the blades are separable, like those of the obstetric forceps; and they are to be applied to the ball, and they are afterwards to be brought into operation, in the way here demonstrated, by which method the ball may be more easily abstracted than by the action of the tape. These pessaries are admirably adapted to prevent the descent of the parts, because the parts get a broad bearing upon the instrument, which is of easy introduction. By the surgeon among the black population of some of our plantations, these instruments are much employed. Thompson, of Little Windmill Street, sells a pessary, in principle like the ball, the contrivance, I believe, of Mr. Pointer, and which may be called a balloon pessary. It is longer in one diameter than in the other. It consists in a firm texture, of a sort of canvass, covered over with common Indian rubber. This instrument is easily introduced and easily removed. If the removal be obstructed, all that is necessary is to make a small aperture in the instrument, when it will collapse, and come away with ease. Thompson recommends that we should employ the glare of eggs for its lubrication, in preference to

oil, which has a tendency to dissolve the caoutchouc.

Sponge Pessary.—A piece of sponge, introduced into the vagina, may be used as a pessary; but unless judiciously managed, it operates but badly, because, if it is not well fitted in size, it tends to dilate like a sponge tent, so as to increase the original cause of the disease; but if the capacity of the vagina is well examined, and the sponge is cut down, and formed into the oviform shape, it may be accommodated to the cavity, and may be used in those cases more especially, where, from the irritability of the parts, the pessaries before commended cannot be employed. Dr. Haighton was partial to this variety of pessary (condemned by some,) and thought that he found advantage from it. He recommended tapes to facilitate its removal, and was of opinion that some advantage might be derived from imbuing the instrument daily, with some astringent lotion, alum, for instance, the strength of which should be gradually increased. With three or four of these spongy pessaries the patient ought to be provided, and every day the one that has been in use should be removed, to undergo a thorough ablution, to be introduced on some future day. If the vagina be prone to contraction, the pessary may be cut smaller and smaller, with scissors. Dr. Haighton thought, by using the pessary in this way, we might not merely support the parts, as by the ordinary instrument, but that we might reasonably hope, now and then, to produce some constriction of the vagina, so as to obtain, perhaps, a radical cure of the disease.

Stem Pessary.—There is yet one other variety of pessary, which is sometimes used, and that is the pessary mounted on a stem, of which there are different kinds, for a ball, a ring, or any form you please, may be mounted in this manner. Of the use of this pessary, I have seen very little, having advised it only in one or two instances, and those did not remain under my own eye, so that I could not fully observe the result. In the general, I know that stem pessaries are not needed, and unless needed they should not be employed. The cases best adapted for their use, are those in which the perineum is torn open, or in which the vagina is relaxed extraordinarily, inasmuch that no ordinary pessary will remain. Commonly, by the sciatic ligaments alone, a sufficient support is given to the pessary, to the ball more especially, so as to render it unnecessary to employ the instrument with a stem; cases, however, may occur, with laceration of the perineum especially, in which a stem pessary may be usefully employed, and of those pessaries there are different forms. Of the different kinds of stem pessaries,

perhaps one of the best is that recommended by Dr. Clarke, and which I would advise you to essay. In using this pessary, the patient wears a bandage round the hips, and there is a ball for the vagina; down from the bandage in front there is a stem, or wand, of metal, which passes between the limbs and to the bandage behind, so that this stem becomes incurvated, and when properly adjusted, passes between the limbs, has a bearing in the line of the pudendal opening, and lies on the ball, describing a line along its inferior hemisphere, from pubes to coccyx, so as to yield it an effectual support; but lest the pessary should slide out on the one side or the other, displacing the wire laterally, there is a sort of staple fixed in the instrument, and through this staple it is that the wire passes. Now a stem pessary of this kind I have tried, and it answered very well, one inconvenience excepted, which was, that in the case referred to, much distress was occasioned in consequence of the softer parts being apt to get between the iron stem, or wand, and the staple, causing a painful compression, and the rather, because those parts are very sensible.

I here show you another stem pessary, imperfectly formed, but which, tried on a patient of this Hospital, labouring under proclivitas, was found to answer very well. It consists of a ball elevated upon a stem of pewter, and the ball may be passed up to the os uteri, the stem being incurvated, and brought up to the bandage before mentioned, and fixed there at a proper elevation by means of screw and socket. This stem may be adjusted in two ways, being accommodated to the bandage, either in front, over the symphysis, or between the nates behind. The great advantage of this sort of pessary is, that it may be adjusted to a great nicety, to the liking of the patient; if she wishes to throw it higher she can do so; if she wishes to lower it, this may be done; and if she is uneasy in any way, she can move it from one side to the other, or bring it from her person altogether; all this obsequiousness depends, mainly, on the flexibility of the stem, which, however, is so stiff, that while it obeys your pressure, it nevertheless retains the curve you give it. From the trial given to this instrument, I have reason to believe, that, on the whole, it is by no means a bad one.

General Remarks on the Use of Pessaries.—

Whatever pessary you use, there are different modes in which they may be employed; and the patient may wear them for years together, without removal during the whole term; for, finding the part well supported by it, she becomes habituated to the instrument, and learns at length to bear it with contentment; or, again, when this is pre-

ferred, the pessary may be employed in the daytime; and if a woman is tolerably well, and more particularly if she is a married woman, it may be better to wear it in the daytime only; and it may be regularly introduced in the morning, and regularly removed in the evening, like a part of the dress. If your patients are wanting in intelligence, having more heart than head, the less you rely upon their skill the better; and I should, therefore, certainly prefer the use of a pessary, to be left for months together. Where pessaries are left in this manner, however, they ought to be watched; and if there are pains and discharges, and other alarming symptoms, which may excite a suspicion that some other disease is forming, the instrument must be abstracted, and the state of the parts ought to be investigated with care. In such cases, sometimes the vagina is become inflamed and irritated, and it seems not injudicious to confine the patient afterwards with strictness for a few weeks, to the horizontal posture, as there is a reasonable hope that, under all this action, the vagina may become constricted, so that a radical cure may be obtained.

The sizes of the pessaries vary with the different capacity of the vagina, and some may require a larger and some a smaller pessary; when a ball pessary is to be used, the size required may be ascertained by means of hard eggs, or lemons, an instrument being afterwards chosen accordingly. The egg itself, designed by Nature for these parts, is not a bad pessary. The tale of Leda gives us classical authority for their employment. The larger pessaries are proper when intended to be of permanent use; the smaller, when they are to be removed, like a part of the dress. The smallest pessary which will support the parts is the best.

In the general, pessaries, if well adapted, may remain for years without producing any ill effects; bad consequences, however, I have sometimes seen, and the following are some of the more important—obstruction of the bladder, obstruction of the rectum, bruises, inflammations, ulceration, thickenings; inasmuch, that the very walking of the patient becomes painful to her; by ulceration, the rectum has been laid open into the vagina. I once saw a case, in which a very large pessary had been introduced, the rectum opening in consequence; the woman died, (I had almost said happily,) and thus became relieved from her misery. The ball pessary, when too large, may occasion much tumescence and pruritus of the parts below, just within the passage, the cause of which may not be understood; the removal of the instrument relieves the symptoms at once.

Ball pessaries are, perhaps, best adapted to the unmarried; ring pessaries to the married; the sponge to those who are very irritable; the stem to those cases in which no other form of pessary will remain; larger pessaries are fit for permanent use: pessaries used in the day only should be smaller, the smaller the pessary the better, provided the parts are duly supported; a compress and bandage will, in many slighter cases, supersede the pessary; the same contrivance may be a useful help in supporting a pessary. Pessaries of a size well adjusted to the vagina may occasion pain during the first few hours, and ought not, on that account, to be too hastily removed.

Pessaries are very excellent remedies where they are well adjusted to the parts; but Denman has remarked, with good reason, that many women lose the advantage of the instrument because of their impatience, or because, to use a female expression, they become fidgetty. If you introduce an instrument that does not exactly fit, they will not allow it to remain—they will not allow another to be tried—they are displeased, and petulant, and child-like—for there is a good deal of resemblance between the temper of women and children, they fall into a pet, and as we can hardly forbear petting them, what with the folly of the patient and compliance of the surgeon, my lady-pouts, and loses her advantage. Now, at the time when you propose the instrument, you had better tell your patient, at once, "This instrument is really an excellent contrivance, but I know it will be of no use to you." "Of no use to me?—Of no use to me?—Why?" "Why? why because you will not allow me to try it sufficiently; there will be a little trouble attending it, and I know you will become fidgetty, fall into a pet, and prevent a fair essay." This brightens the lady's eye a little, gives a glow to the complexion, raises a small emotion of indignation, and puts her on her mettle, to use a phrase of the *manège*; her heart is excellent at bottom, but she does love a little perverseness, and is determined that you shall prove a pseudo-prophet; and thus, thanks to your management, and a taste of John Abernethy, the instrument gets fairly tried. A squeeze of the lemon has sometimes a very agreeable flavour. Recollect, however, that even the accomplished Lady Townly occasionally gave a little too much.

VERY IMPORTANT.

"DR. SCUDAMORE has been appointed Private Physician to the DUKE of NORTHUMBERLAND."—*Morning Herald*. Private! what does this mean?

A LECTURE INTRODUCTORY

TO A

COURSE ON SURGERY.

DELIVERED BY

MR. LAWRENCE,

IN THE THEATRE OF ST. BARTHOLOMEW'S HOSPITAL.

Monday, February 2, 1829.

GENTLEMEN,—The serious indisposition which Mr. Abernethy has lately experienced, has left him entirely incapable of doing that which he was extremely anxious to do, namely, fulfilling his pledge towards you, of delivering this course of lectures. Hence the duty has devolved on me, at a very short notice, of endeavouring to supply his place, and it is on that account that I have the honour of appearing before you on this occasion.

I cannot but be aware, Gentlemen, that I am subjecting myself to a very disadvantageous comparison with one whose original views and great power of observation gave him the highest professional character, even at his outset in life, (great applause,) and led him to those philosophic investigations of disease which introduced important improvements in the practice of surgery; with one whose unrivalled excellence as a teacher has long been universally acknowledged; and who has thus far outstripped his contemporaries, not only in original genius and the power of acquiring knowledge, but in the rare talent of communicating the knowledge thus acquired to others in the clearest and most agreeable manner. You will, I am sure, join me in the expression of an earnest wish for his recovery; and in the hope that, though he may no longer be able to continue his useful public labours, he may still enjoy his well-earned fame for many years of tranquillity and retirement in the bosom of his family.

With respect to the present course of lectures, I must appeal to your indulgence, on account of the circumstance I have alluded to—the short notice at which I have undertaken them. It was only on Saturday week, Mr. Abernethy had finally made up his mind to relinquish the chair he had so ably filled. I cannot say, however, that lecturing is altogether new to me; you are probably aware that I have before delivered lectures on surgery, but it was under circumstances so different in respect to their number and arrangement, that the preparations then made are little applicable to the

present occasion. I shall not, however, enter into any further apology, but assure you, that as far as time and circumstances will permit, every endeavour on my part shall be exercised, to render the present lectures useful to you.

Surgery, Gentlemen, considered according to the derivation of the word, means manual operations. Galen, speaking of the treatment of diseases, divides it into three parts, according as it is to be accomplished by diet, by remedies, or by manual operation, and he calls these respectively—*diætica*, *pharmaceutica*, and *chirurgica*.

Thus he uses the word surgery, not to denote a separate science, nor a distinct branch of practice, but merely to designate one mode of treating disease. Custom has allotted to the care of the surgeon all injuries; most external diseases, and such internal ones as produce changes recognisable externally; operations, and all cases requiring their performance. Thus surgery is a large division of the art and science which relate to disease; if that science, which may be called in one word medicine, be divided into surgery and physic, the former will at least equal the latter in extent and importance.

My conception, Gentlemen, of a course of lectures on surgery is, that it should embrace what I have stated; but I must in the outset of this course apprise you, it will not correspond to the sketch which I have given. I stand here, Gentlemen, in the place of Mr. Abernethy, and mean to follow that course which he has adopted; it is not my object to form a plan of my own. Mr. Abernethy has delivered in this theatre the lectures on anatomy and surgery, and he has been accustomed to distribute in those courses, various subjects in the way he thought it would be convenient for you to understand them; thus he has placed in the anatomical course a great number of subjects which would have been properly introduced in the surgical course, namely, the diseases of bones, the accidents incident to them, the diseases and accidents of joints, surgical operations, and all the cases requiring them. It will fall to the lot of my colleague, Mr. Stanley, who has the charge of the anatomical course, to treat of those objects I have named; I shall deliver to you in the surgical course what I have to say on the specific part allotted to it. (Great noise and confusion, in consequence of the crowded state of the theatre.) If, Gentlemen, I should find that those subjects cannot be treated of in two lectures a week, according to the arrangement of Mr. Abernethy, I shall fix on some other time that may be convenient to the class, for delivering a third lecture weekly, taking care that the whole course shall be finished at the period

at which Mr. Abernethy has been accustomed to conclude it. (Great applause.) When you hear, Gentlemen, physic and surgery spoken of as branches of medicine,—when you find they are exercised in many instances by two distinct classes of persons, and that they form in this country the provinces of two distinct incorporated bodies, you will expect to find that there are some essential distinctions between them; this, however, is not the case, the distinction is completely arbitrary; it originated at a period of barbarism and ignorance, it has been upheld by deference to authority, but of late years it has been fading away before the light of reason, and appears likely altogether to disappear under the rapid progress of knowledge. The human body, Gentlemen, as you must all be aware, physiologically speaking, is composed of a great number of parts, all the movements and designs of which are subordinate to one common end, the life of the individual; there is one source of nutrition, the alimentary canal; one centre of circulation and nervous energy; moreover, the various organs are brought together, and connected, in many instances, by that which appears mysterious to us, and which is denominated sympathy. None of the parts composing our frame act separately, each is connected, immediately or remotely, with all the rest; you could form no idea of the utility of one organ, if you insulated it from the rest, any more than you could estimate the use and action of a single wheel, or lever, detached from a watch, or a steam-engine. Each part exercises, it is true, its own particular office; but that office is subordinate, and for the good of the whole, all are necessary for the natural functions of the body. The causes which constitute disease, are seldom to be found in the affected part itself; often it is situated in a part of the system very remote; for instance, in a person labouring under gouty inflammation of the toe, no cause of disease could be ascribed to the part itself, but on examination into the state of the individual, it has been found to originate in a disturbance of the stomach, and the cure of the disease has been accomplished by directing the remedies to the alimentary organs, probably without any application whatever to the local part. An individual may have a toe, or finger, paralysed, but you will not find in the part itself the reason why it is in such a state; you must examine the state of the brain, and you will find, perhaps, changes there to account for the disease. The cure, then, is to be accomplished by means directed to that quarter.

It must, Gentlemen, be the first business of the medical student to make himself acquainted with the structure of the human body, and with the actions of its different

functions. These are the objects of the two sciences which are denominated Anatomy and Physiology. He proceeds then to notice the circumstances under which diseases arise; he examines the organic changes produced after death, and learns to connect with them the appropriate external signs by which the disease is accompanied, deriving, from these comparisons, the means of determining the exact seat of disease, and of foretelling its course and termination. This part of your study, Gentlemen, is what is called Morbid Anatomy and Pathology. Morbid Anatomy is opposed to Anatomy, Pathology is opposed to Physiology. Properly speaking, Anatomy regards the healthy structure, Morbid Anatomy the diseased one. Physiology regards the healthy functions, Pathology those which are diseased. The observer is now prepared to apply the external agencies, such as diet, climate, exercise, &c.; the outward or inward remedies, or the surgical operations, which may be necessary to remove disease and restore health. These last circumstances form the subject of treatment, or, as it is frequently called, the science of therapeutics, and it is divided into three parts: that which relates to the management of the various external influence; that which has reference to internal remedies; and the other regards operations of surgery. To say, Gentlemen, that there is an essential distinction between physic and surgery, would be to assert that there were two kinds of pathology, and that the internal and external parts of the body are to be treated on distinct and different principles. When you reflect that the primary tissues that compose the various organs of the body, are the same throughout, and that the only difference arises in the number and proportions of those tissues, you will perceive that the position of the organs in the body will make no essential alteration in the treatment. It may, perhaps, vary the mode in which it is to be carried into force, because various local applications may be made to the external, which cannot to the internal, parts. The principles of pathology, therefore, are general, they are common to all parts of the healing art, and therefore they must be common to the physician and the surgeon. We may, therefore, entirely agree in what Mr. Abernethy has said, that surgery and medicine are one and indivisible. No single branch of medicine can be well practised, except by individuals who have carefully studied the whole. As to external and internal treatment, by those who have been anxious to uphold the distinction of physic and surgery, various views have been taken of the ground on which it ought to rest, but that which has obtained the most general currency, gives to the surgeon the treatment

of external diseases, and internal to the physician. Unfortunately for this proposition, nature has so connected the exterior and interior of our frame, as to render it extremely difficult to say where one terminates and the other begins, because she has directed that they shall both obey the same physiological laws. Who shall say how deep the exterior of the frame extends; how far the province of the surgeon is to go; what is the boundary of the internal cavities of the external outlets; those lined with mucous membrane, for instance, and so on? In what manner is it to be determined in such cases, whether the disease belongs to the physician or the surgeon? Polypus of the nose is considered a disease of a surgical character, while a catarrh of the same part falls to the care of the physician. Inflammation of the throat, arising from syphilis, is the surgeon's disease; catarrhal inflammation the physician's. It is, therefore, mere matter of choice whether a particular disease belongs to the surgeon or physician. In fact, to me it appears a kind of neutral-ground, on which each party seizes on what he can get. (Laughter.) The affections of the bones and joints have been given to the surgeon, yet these parts can hardly be called external. The case of hernia, for instance, is under the surgeon's care; here there is an external swelling, it is true, but it is produced by internal causes, and it cannot but be clearly seen, that external diseases are produced by various internal causes, as *erysipelas*, gout, and so on. Again, many internal diseases are produced from external causes, as rheumatic and catarrhal affections, brought on by exposure to cold. The eye has been regarded as an external part, and as such has been placed under the care of the surgeon, yet there is no organ of the body that is subject to so great a number of diseases, and no organ in which those diseases require a greater knowledge of all the principles to be derived from general pathology and therapeutics. It contains mucous, serous, and fibrous membranes; it is subject to be affected by almost every disease to which the human frame is liable; it suffers in small-pox, measles, scarlet fever, and many others. It is liable to be attacked by scrofulous and syphilitic inflammation. If, therefore, an organ so various and complex in its structure, can be safely committed to the care of the surgeon, I am at a loss to know why there should be any distinction whatever between the surgeon and the physician. If there be no distinction, it would be vain to establish separate professorships of pathology and physiology. Writers and lecturers cannot make a distinction, and so we find the same diseases are considered and comprehended in the writings of both, and

treated by them on the same general principles. Some authors, it is true, have made a distinction between local and general disease, and have been inclined to assign the former to the surgeon, the latter to the physician. We shall find that there are few diseases strictly local, that is, where the cause has been applied to the part itself, and the influence of the disease, as well as the treatment, do not go beyond it: a wart or a corn may be an instance of the kind. (Loud laughter.) Although we talk of general diseases, there are none which are strictly so. Several parts may be affected in an equal degree; but even in those cases called fevers, we find that some particular organ is the origin of the disease, and the various derangements that make up the affection, have reference to its source.—Some persons regard surgery as the art of operating, and regard operations and manual proceedings as the province of the surgeon. According to this notion, the important distinction between physic and surgery would rest, not on any essential difference in the causes, nature, or seat of disease, nor in the principles of treatment, but on the accidental, and often varying, circumstance of the mode in which those principles are to be carried into effect. What shall we do with the cases, in which both internal remedies and manual proceedings are necessary, as in a large proportion of inflammations? It is often a mere question of degree, whether the former alone will accomplish the purpose, or whether both may be necessary. If it be meant to confine surgery merely to a mechanical department of the healing art, I, for one, must enter my strongest protest against such an arrangement. I should really feel myself degraded, by exercising such *barber surgery*. If this kind of arrangement were carried into effect—if our profession were reduced to such a state—there would be little inducement, indeed, for us to investigate its scientific principles, and we might put aside the study of anatomy and physiology altogether. I believe if such were the case, our profession would soon degenerate again into the hands of its original founders, the barbers.

Considering the matter historically, I cannot deny that surgery originally consisted of this limited, mechanical, and subordinate department, which was exercised by the permission, and under the direction of physicians. But surgeons have long emancipated themselves from this degrading bondage, and I trust that they will never be mean enough to submit again to such ignominious trammels. (Loud cheers.) They have cultivated, with ardour and success, the scientific principles of their art; they may appeal to the recent rapid progress of surgery, to the station which it has attained,

and the rate at which it still advances, in proof that its claim on the confidence of the public, is not inferior to that of any other department of the healing art. Lecturing, Gentlemen, in this place, I would not omit to mention the name of the illustrious Pott. Although he was equally celebrated as a practitioner and medical writer, his merits have been thrown into the shade by his contemporary and rival, John Hunter. When we contemplate this extraordinary man, we are at a loss which most to admire, his great and original genius, or his industry. For although the novelty of his views, his searching glance into the structure and actions of all animated beings, and the splendour of his discoveries strike us with astonishment; we are lost in admiration on entering his museum, and can scarcely believe that this splendid monument of science and industry, could have owed its existence to the mind and labours of one man. May we not add to these names that of a kindred spirit, who entered with ardour in the path traced out by his great predecessors, and followed it up into new regions of speculative and practical improvement—I mean the founder of this school—Mr. Abernethy. (Loud applause.) In France we may allude to the many eminent men who have reflected honour on their country in the course of the last century, to the members of the Academy of Surgery; to Dessault, and his pupil Bichat; to Boyer, and Dupuytren. In Germany, the name of Richter will always be looked up to with respect. We ought not, Gentlemen, to omit noticing Beer, of Vienna, so great in the annals of ophthalmic medicine. The name of Scarpa, in Italy, is also calculated to produce great interest in every medical breast.

The attempt, however, Gentlemen, to reduce surgery to its ancient limits, to bring it back to the art of plasters, bandages, bleeding, tooth-drawing, and the like, which composed nearly its whole encyclopædia in the venerable times of barber surgery, if it could be carried into effect, would be highly detrimental to the public, and injurious to our profession; the proposal comes a century or two too late. In those serious cases, Gentlemen, in which local injury or disease is attended with general symptoms, as in compound fracture attended with fever, in erysipelas or strangulated hernia, it is necessary for the individual to be attended by a person who understands the case in all its bearings. It matters not whether he belongs to this college or to that, or whether he belongs to any college at all, this deserves much less consideration than that important one which requires the individual to have a competent knowledge of the case. The confidence which persons are inclined to repose under such circumstances, in what

they call a combination of talent is fallacious, if the combination consist of a surgeon ignorant of the general, and a physician who knows nothing of the local, management.

While I am on this part of the subject, Gentlemen, I may observe that the mere performance of operations is the *least* important part of the surgeon's duty. To judge whether or not the disease is curable by other means; to determine whether an operation is advisable, or not; to ascertain the time when the operation becomes necessary; to prepare the patient for it, and to manage the case judiciously afterwards,—are points, if not of greater, at least of equal importance. I do not, Gentlemen, mean to speak lightly of this branch of our profession; on the contrary, you must cultivate with great care this important part of surgery. I would never advise you to operate on the living subject till you have done so on the dead. It is, indeed, a mistake to suppose that the performance of surgical operations constitutes the principal part of the duty of any surgeon. It is the great boast of modern surgery to have diminished, in a very remarkable degree, the number of operations; and I am within truth when I assert to you, that the number operated upon at this hospital, is less, at least by half, than it was five-and-twenty years ago; the important difference to which I allude, is owing to the improved knowledge and treatment of the diseases, acquired from the pathological and practical researches of surgeons. Whatever course we take, we arrive at the same conclusion, that there is no natural distinction between physic and surgery, they are closely connected together, they are parts of one and the same science and art, the principles are the same in both, and the same method must be followed, because both have the same end to accomplish. Thus, the separation of physic and surgery is purely artificial; they are distinguishable upon no fixed principle, they are intended to apply to the study, not to the practice, of our profession. The several parts of the medical art elucidate each other; and he who confines his attention to one branch, cannot thoroughly understand it without having a knowledge of the others. Proceeding in the natural order, the pupil will first turn his attention to the study of the external affections of the human frame, then to the internal. In the former, the origin, progress, termination, and effects of the disease are obvious to the senses; the clear evidence derived from such a source must be applied by analogy to the more obscure affections of internal organs. The physician, therefore, must commence his study of the profession by attention to surgery; when he has

done so, he makes himself master of his art, and is enabled to prescribe a remedy for disease. If, then, this be the case, is it not most surprising that the great body at the head of this department of our science, should make it one of its rules, that it will not admit a party to become one of its members, if he belong to any surgical body? I should advise the College of Surgeons to adopt a rule exactly the reverse of this, and to make it imperative on all who present themselves before them, to make themselves well acquainted with medicine. The views I have stated to you have been recognised and introduced in France, Germany, and the United States of America. In all these countries, the division between physicians and surgeons has been, in great measure, abolished; they have all to go through the same study and the same examinations, and they receive the same kind of diploma; and with that diploma (which, by the way, gives one as well as the other the title of doctor) they may apply themselves to any part of the healing art they think proper.—I have but few words to address to you, Gentlemen, respecting the mode of study. Need I tell you, that anatomy and physiology are the great groundworks of medical science? No one would think of repairing a clock or a watch who was not well versed with all its parts, its movements, and its connexions; the same with respect to the human body; no person is able to cure its different diseases, without he is well acquainted with the structure of the whole. Yet, Gentlemen, I am sorry to say, that we see persons constantly attempting to palliate disorders incident to the human frame, who have but a slight knowledge, or, perhaps, are totally ignorant of its anatomy. Not only are anatomy and physiology the groundwork of medical science, but a correct knowledge of anatomy is absolutely necessary and essential to the surgeon, in the ordinary exercise of his daily duties, to enable him to discover the exact seat of disease, the extent and nature of injury in fracture and dislocation, wounds of blood-vessels, and other internal parts, and also in the case of all surgical operations. Your study of anatomy should comprehend the whole human frame; no part can be excepted, unless, indeed, there be some parts on which you never can be called to operate; some parts which can never be liable to accident; some parts which never can be affected by disease. You will never think, I trust, of calculating with how small a portion of anatomical knowledge you may be enabled to carry on the trade of your profession; you will be aware, that a thorough knowledge of anatomy is the groundwork of a good surgeon. With respect to operations, they may, perhaps, to a certain extent, be reduced to mechanical rules;

consider, however, if any unforeseen circumstance should occur, that will cause any rule to be abortive—and such things will sometimes happen—consider what must be the confusion, the fear, and disgrace attendant on an ignorant operator. In any operation you have to perform, unless the knife is guided by anatomical knowledge, consider the risk of the patient, and that of yourself, as the operator. I hope, at the same time, you will never plunge the knife into the body of a fellow-creature, without being aware of the object you have in view, without knowing where you may go with safety, and where danger begins. The knowledge of anatomy, however, does not teach you that of disease; you may be perfectly aware of the whole human structure, and yet ignorant of disease. The question then is, how are you to be taught this? Not by lectures or writings; no, you must study them in the great book of Nature, that wide and ample field. Lectures and books are, in many instances, useful, but of secondary importance, in comparison with the observation of disease. Do you imagine that a carpenter, or watch-maker, would think of learning his trade from lectures? No; he provides himself with materials and tools, then he examines the production of which he is required to furnish a copy, and sets to work accordingly. Do you suppose, if several eminent watch-makers were to examine a young watch-maker, who applied for a watch-making diploma, do you imagine that they would require a certificate from him of having attended so many lectures on watch-making? (Loud laughter.) To know disease, then, you must see, watch, and closely examine patients. You must observe the altered functions during life, and explore, after death, the changes produced in the organisation by disease. Here your knowledge of anatomy and physiology will be of the greatest service to you. How are you to judge of the distinctions of disease and health, unless you are acquainted with the healthy functions of the body? A large hospital, Gentlemen, is undoubtedly the best place for studying disease; the congregation of human infirmities, brought together in such an establishment, affords you opportunities of observation which will enable you to make yourselves masters of disease. Clinical instruction, under a well-informed teacher, is, perhaps, the best method that can be adopted of acquiring this inestimable art; facts are, by this means, brought home to the senses; and what makes the stronger impression is, that the knowledge which you thus obtain is all derived from Nature. It prevents the student speculating, and keeps him to plain matter of fact. I may say, indeed, the importance of lectures has been overrated, and the regulation

of our public bodies, which requires the exhibition of certificates of having attended certain courses of lectures, as a criterion of ability, has tended to keep up the delusion. Lecturers and writers have too often copied each other, instead of referring to the fountain of knowledge; we cannot, therefore, be surprised, that they often mislead and deceive. A course of lectures contains a general, but not a minute exposition of the subject; they would become quite wearisome, if it was attempted to go into all the various descriptions of every minute part of the human frame. I beg to exhort you to conduct your study of medicine, whether in nature, books, lectures, or in any other way, so as to embrace the whole of the science. To those of you, who are to be general practitioners, it is unnecessary for me to say that this will be of the utmost consequence; for the greater number of cases you will have to deal with, will bear little or no resemblance to each other, and therefore will require a diversity of knowledge to treat them. Those, also, who mean to practise surgery only, such I suppose as would wish to be denominated pure surgeons, as a mark of superior dignity, would not, I think, be willing that, in their higher situation and rank in the profession, their portion of knowledge should be more limited than that of the general practitioner. An eminent surgeon will be continually consulted in cases of obscurity, difficulty, and emergency. What will be thought of him, if he should be obliged to say that he has not studied this part, that he is ignorant of that; that, for a third, a physician or an apothecary ought to be consulted? Will he allow it to be said, that he is not competent to the management of a surgical case in all its parts, and that he requires some one else to help him through, even in matters belonging to his own branch of the profession? With respect to books, I should recommend those commencing the study of surgery, not to trouble themselves with many of them, your attention should be rather given to the observance of things than to much intercourse with medical authors. Much good is certainly not derived from studying various books; the elementary works of Mr. Samuel Cooper are all, perhaps, that would be necessary; his dictionary, I may say, is almost a medical library in itself; it contains knowledge extracted from the works of various authors, compiled and arranged in a very scientific manner. You may, if you please, extend your study to the writings of Mr. Pott; to those of Mr. Abernethy; more particularly his work on the Constitutional Origin and Treatment of Local Diseases; and also to those of John Hunter. With respect, however, to the latter, I cannot well recommend him to be-

ginners; his great work was not prepared for the press by himself, it was posthumous, and, taken altogether, he was by no means a happy writer. With reference to the works of foreign authors, I cannot omit to notice that of the venerable Boyer. His *Traité des Maladies Chirurgicales*, not only embodies the experience of a long life, but represents the present state of surgical knowledge and practice in France; indeed, you will find a great number of very valuable productions issuing from the French press.

In conclusion, Gentlemen, allow me to impress upon your minds, the serious nature of the studies you are now occupied upon, and to exhort you to employ most diligently the short, I may, perhaps, call it too short, period of time, that you have to devote to the purpose of rendering you able to take upon yourselves the active duties of your profession. The study of medicine, Gentlemen, is a most arduous undertaking, and it would occupy persons of great mind and shining talents many years to master it, and to bring up their knowledge to the present state of science. It is, however, a salutary and pleasing exercise of the mind, while the practice of the profession calls forth all the better feelings of our nature. In some respects, we enjoy peculiar advantages; we are employed in the study and contemplation of nature, and the investigation of truth. We are not called upon to defend doctrines or systems, nor to uphold any particular set of opinions. We have no interests at variance with those of the community. In professional intercourse with our fellow-creatures, we are known only as instruments of good; as the means of restoring or securing health, the greatest of blessings—of alleviating or removing pain and sickness, the greatest of evils, and in soothing the acute anguish which relations and friends feel for each other. Not only the happiness or misery of life, but the very question of life and death, often hangs on our judgment and exertions. Think of the responsibility belonging to those decisions, on which it will depend, whether a beloved husband or wife shall be saved; whether children shall be restored to their anxious parents, or parents be preserved for the benefit of their offspring. I trust that, bearing in mind the serious nature of these duties, you will eagerly embrace every opportunity of gaining that knowledge which will qualify you for discharging them effectively. You will thus become respected members of an honourable profession, and you will prepare for yourselves, in the decline of life, the sweetest of all rewards, the retrospect of labours devoted to the good of others.

[Mr. Lawrence then retired from the theatre amidst the loudest shouts of applause.]

FOREIGN DEPARTMENT.

ANASTOMOSING ANEURISM, SUCCESSFULLY TREATED BY TYING THE CAROTID.

By M. ARENDT, of St. Petersburg.

IWAN KAVALONOFF, a middle-aged man, of a very robust constitution, had a *nævus* over the right eye-lid, which gradually increased to the size of a large apple, and, from its weight, hung over the whole eye; in consequence of a blow on this tumour, it suddenly swelled to such a degree as to cover the whole of the right side of the face, extending from the middle of the forehead to below the angle of the lower jaw, over the right ear, and a great portion of the occiput; it pulsed strongly, was of a bluish-red colour, and so very tense as to threaten immediate bursting. The patient was instantly carried to the Artillery Hospital, and an hour after the accident M. Arendt, in conformity with the opinion of his colleagues, proceeded to the operation of tying the carotid, as the only chance of saving the patient from the danger of fatal hæmorrhage. The artery having been laid bare, in the usual manner, the operator was going to pass the needle under it, when the tumour suddenly burst, to the extent of an inch; and although the assistants used every means to arrest the hæmorrhage, the blood rushed forth with such a violence, that within a few seconds the patient had lost about three pints, and was seized with syncope and hiccough. This dreadful event, and the imminent danger, made M. Arendt hasten the application of the ligature, which was no sooner performed than the hæmorrhage ceased. The wound was dressed by a uniting bandage, the tumour covered with cold fomentations, and acedulated potions, with opium, given internally.

On the day after the operation, the patient having passed a very good night, a crucial incision was made into the tumour, and a great quantity of grumous blood removed; the hæmorrhage from the divided vessels was very considerable, and at least five pints of blood were lost; twelve arteries were tied, and the wound was covered with powdered alum, gum arabic, and kino. The patient was so exhausted as to render the administration of wine, and other stimulants, indispensable. On the following day, the right side of the face was considerably swelled; there was much fever, headach, &c., but these symptoms gradually subsided; the nights became tranquil, the strength of the patient returned, the tumour diminished in size, and went into full suppuration; the only unfavourable event was a slight attack

of angina and cough, which was, however, soon subdued by the use of leeches, and mercury.

On the seventeenth day after the operation the ligatures came away; the wound of the face began to heal, and all seemed to indicate a favourable termination, when, on the twenty-third day, at noon, without any previous cause, except, perhaps, a slight attack of cough, a violent arterial hæmorrhage ensued from the wound in the neck; the patient lost about a pint of blood, after which the hæmorrhage stopped of itself. On examining the small aperture which had not yet healed, the origin of the bleeding could not be discovered, but from this time it returned daily for four days, and, strange to say, always at the same time of day; the quantity of blood lost never exceeded five or six ounces, and the hæmorrhage always ceased spontaneously. On the 27th and 28th, there was no hæmorrhage; on the 29th and 30th, it occurred again; but after this time it fortunately ceased entirely. The patient, under the use of quinine, soon regained his strength, and, four months after the operation, was discharged perfectly well.—*Journ. Univers.*

TEST OF ARSENIC.

The solution of sulphuretted hydrogen is generally used to precipitate small quantities of arsenic dissolved in animal fluid. In order to detect the metal in the sulphuret, Berzelius formerly proposed, either to volatilize it over red-hot iron, or to sublime it in a glass tube; he has lately found out the following method, which he considers superior to those hitherto employed:—

The sulphuret of arsenic, being mixed with an excess of carbonate of soda, and a few drops of water, is introduced into an open glass tube, which, at one end, is drawn to a very small diameter; the mixture having been placed about an inch from the smaller opening, is heated till it fuses, after which a current of hydrogen gas, carefully dried, is passed through the tube for a few minutes. The gas is then blown off, and the tube being, by means of the blow-pipe, brought to a red heat, the arsenic is deposited, in its metallic form, on the sides of the tube; the remainder is hydro-sulphate and sulphuret of sodium. In this manner, Berzelius says, the presence of the least particle of arsenic will be ascertained, provided the hydrogen gas is quite pure, for which purpose he recommends it to be prepared from distilled sulphuric acid and iron.—*Ann. de Physik*, 1828.

ON CHRONIC INFLAMMATION OF THE UVEA.

By DR. SIMEONS, of Heppenheim.

Although it is very doubtful whether this affection, in its acute form, ever occurs independent of iritis, or inflammation of the other neighbouring organs, it appears that chronic uveitis not only may exist, without any concomitant affection of the iris, but that it is very often the cause of synizesis, in which it invariably terminates, if left to itself, as is generally the case, its signs being very obscure, and, as far as we know, altogether overlooked, by the writers on the subject.

The beginning of the disease is characterized by the margin of the pupil being drawn backwards, and by its mobility being somewhat lessened, and the sight becoming impaired; after some time a small ring of a greyish, or sometimes even brown, colour, becomes visible, first behind, then at the margin of the pupil, which still remains circular; the colour of the iris is unchanged, and it can be very distinctly seen that the ring is not attached to, but advances from behind, the iris. Sometimes, instead of the continuous ring, some small fringes are formed, and gradually coalesce into one uninterrupted chord; meanwhile the sensibility of the iris diminishes considerably; its contractions are irregular, and the ring round the pupil enlarges, so as to leave only a small retracted opening. Sight is now entirely destroyed, and the iris begins to be changed in colour; in brown eyes it becomes of a greenish yellow, with spots of a dark-brown colour; in blue eyes it changes into greyish-yellow, with darker coloured spots. If the disease proceeds further, the pupil is completely closed, and the iris is, in consequence of the pressure from the thickened uvea, partially absorbed. The uvea is now seen protruding through the ruptured fibres of the iris, in the form of small prominent tumours, which gradually advance towards the cornea. The disease is hardly accompanied by any pain in the eye-ball, and the patient complains only of slight pressure in the frontal region, and, at first, of sparks and muscæ volitantes before the eye.

If the capsule of the lens participates in the affection, its symptoms are somewhat modified; a cloud begins to be formed in the midst of the pupil, and is gradually changed into a defined centre, from which isolated filaments of a greyish-yellow colour, are seen running towards the margin of the iris. This centre becoming larger, and the ring proceeding from the uvea likewise increasing, the pupil is at last closed. The first symptoms of the disease, as well as the alterations in the texture and colour of the iris, are the same as described above.

Rheumatism and gout seem to be generally the cause of chronic uveitis; sometimes, but less frequently, it is of syphilitic origin.

As to the operation of artificial pupil, in those cases where the disease, having attained its last stage, is of course beyond the reach of medical art, the author is decidedly against it; the fibrous tissue of the iris being so thoroughly destroyed, that it cannot be expected the operation would be attended with any favourable result; and in all the cases in which he performed it, or saw it performed, the artificial opening was very soon closed by new exudations.—*Journ. für Chir. um Augenheilk.*

PHRENOLOGY.

" MATERIALITY OF MIND."

To the Editor of THE LANCET.

SIR,—Knowing the liberal principles with which your Journal is conducted, and that your pages are always dedicated to "free discussion," I have been induced to send the following remarks upon a paper, "On the Organic Materiality of the Mind," by G. D. Dermott, Esq., which appeared in THE LANCET of the 11th of October last.

I am yours, &c.,

A PHRENOLOGIST.

Dec. 20, 1828.

It will be seen by this extraordinary essay, that the author comes boldly forth as a voluntary defender of materialism, yet, fearing the obloquy that awaits those who deny an immaterial agency in man, he subsequently admits—nay, maintains, that the existence of the soul is "undeniably acknowledged," though *dormant* in this life. I shall endeavour to examine the propositions in this gentleman's paper *seriatim*.

He first asserts (and it will be seen throughout, that assertion supplies the place of proof) "that the cortical part of the substance of the brain is only subservient to the medullary part, inasmuch as the former is the seat of birth, to certain qualities which afterwards become diffused or circulated through the medullary part of the brain, and even nervous system."

As this conclusion is so highly interesting, we would gladly be informed how Mr. Dermott made the discovery of the birth-place of certain qualities which become diffused, &c., where he found the propelling or circulating power, and how "the medullary part of the brain" is proved to possess "all the distinguishing living pro-

perties peculiar to the brain, as living brain."

Now Mr. Dermott "knows that there are certain masses, or portions of the brain, individually possessing their peculiar properties," which is the *peculiar doctrine*, I believe, of phrenology; consequently, as these "peculiar properties," according to the first assertion, originate in the cortical part of the brain, they must be propelled or circulated through the medullary part of the brain and nervous system, of which we should like to examine some few of the author's proofs.

Mr. Dermott then asserts that "one particular portion of the brain is the region of perception, another of thought, another of memory, and a fourth for judgment;" and we cannot but regret that none of these attributes of the fundamental faculties of the mind have been assigned a place except judgment, which we are told resides in the cerebellum! What, then, are the offices of the cerebrum? These are fully established by Messrs. Flourens and Rolando, says our author; for these gentlemen, he would make it appear, have taken away the cerebrum, and with it perception, thought, and memory, but have left the judgment sitting undisturbed "amid the wreck of matter" in the cerebellum! Now, that taking away an individual's brains should deprive him of memory, &c., we can easily conceive, but to allow his cerebellum to remain, and with it his judgment, is very curious: reversing the order of things, however, we are led to suppose that the aforesaid gentlemen have removed the cerebellum and its illustrious inhabitant, and have left perception, thought, and memory, to revel, uncontrolled by judgment, in the apartments of the cerebrum! Let experimentalists look to this; who knows but, in a short time, we may see some "march of intellect" man obtain a patent for purifying people's judgments, or, in other words, for an instrument to relieve them of all unnecessary incumbrance of thought, perception, memory, &c., by removing "the seat of birth" of these troublesome faculties. But to be serious: Mr. Dermott says, "It is in vain to state that what I have now ventured to affirm is untrue, upon the strength of an assumption founded upon ignorance and prejudice, and frequently made,—that the mental properties are totally different from the known properties, and all established ideas of matter; for our ideas are founded upon our knowledge of *dead* or *inorganic* matter, to which, and theology, the divines, and every sensible man not in the profession, should confine their speculations." If divines and sensible men were to confine their speculations on mind to *dead* or *inorganic* matter, it is

pretty obvious their speculations would soon be a dead letter.

To return more particularly to our point—we have hitherto learnt from Mr. Dermott's paper, that all the varied operations of the mind are comprised in four functions, viz. perception, thought, memory, and judgment, yet not a single fact is proposed as a proof of this, unless the assertion could be taken for one, that Messrs. Flourens and Rolando have separated the cerebrum and cerebellum, and with these their several assigned functions.

Let us now go to where Mr. Dermott takes up the "argument on fresh grounds," which are these, that nerves feel by their peculiar properties, and that sensations and impressions are conveyed from the different parts of the body to the brain, and this (the brain) "produces perception of sensation." An assertion follows, viz. that perception and sensation are material, being the actions of living matter; and further, that they must be material, because material and spiritual things are incompatible! Thought is stated to be the immediate sequence of perception, and therefore not immaterial! "The same may be said of memory and judgment, and all other mental operations, the sequences of the last mentioned." From these assertions, it would appear that all actions of matter must be material, and that actions of matter, and matter itself, are incompatible!

To support Mr. Dermott's doctrine, we are directed to look to comparative anatomy for "incontrovertible facts." This, we are told, teaches that the intellectual or higher part of the brain corresponds in size, so as to be commensurate in its development with the understanding, which we are given to suppose, from the former assertions, is composed of memory, thought, and perception; the judgment, let us bear in mind, resides in the cerebellum, and, consequently, far removed from the "higher part of the brain," so that the understanding is not necessary to judgment. Now, were it correct that the intellectual or higher part of the brain corresponds in size to the understanding, a very useful table might easily be constructed, that would afford us, at one glance, the exact proportion of intellectual acumen possessed by any given individual.

We are further informed, that the reason of the intellectual, or mental part of the brain being less in size in the lower class of animals than in man is, "because in these there are fewer agents and fewer senses to excite the sensitive mass into action:" another assertion, unproved by comparative anatomy. We would ask, has the cat, or dog, or sheep, so fewer of the senses to excite it, or do these animals actually possess the senses more acutely than man?

We are afterwards assured, that all animals have more or less a mind; but as this involves a definition of the term, we leave it for the present. Mr. Dermott further asserts, that Nature is imperfect, which is the most preposterous and noxious of all,—and that animals "partook of the fall of Adam" along with man; and then a joke about providing animals with bibles follows. We come now to a strange inconsistency: we were told in the early part of the paper, that material and spiritual things were different and incompatible, and yet it now appears, that "such a principle as a soul is undeniably acknowledged;" and, as if to reconcile these contradictory creeds, our author makes the soul to be dormant as long as organic life continues, and that on that ceasing, the soul enters into a state of development, or, we suppose, "it wantons in endless being."

From the boldness with which Mr. Dermott makes these assertions, one would really suppose that he had already an insight into the "secrets of the prison-house," if, in the next place, he had not said, that we know nothing of the spiritual world, whatever divines and philosophers may say. Mr. Dermott now grows serious, and after talking of providing the lower animals with bibles, considers it "impious as well as ignorant in the extreme, to treat such a thing with ridicule." We wonder, after assigning different functions to different parts of the brain, Mr. Dermott did not point out the dormitory of the soul, as well as of the judgment.

We are glad to come, at length, to two causes for all our actions, and these are breeding and education, which give birth to conscience and judgment; and these terms a little further are made synonymous, and then each is used but as a relative term: finally, this paper closes with a chapter of the author's belief. How much it is to be regretted, that we cannot take the advice of Horace in writing for the public:—

"Sumite materiam vestris qui scribitis
æquam veribus."

It occurs to us, that perhaps many of your readers may not trouble themselves to ascertain the justness of our remarks on Mr. Dermott's paper, since its diction, its want of arrangement, and the absence of its logical deductions, render it totally uninviting, we shall, therefore, append a summary view of what we consider sufficient to substantiate our charge of presumption, of dogmatism, of inconsistency, and of Mr. Dermott's ignorance of some of the most striking facts in nature. We insert twenty-three of his assertions, unsupported by proofs:—

1st. That the cortical part of the brain is only subservient to the medullary part, and

that the medullary part of the brain and nervous system have certain qualities diffused and circulated through them, which had birth in the cortical part.

2d. That there are certain portions of the brain which individually possess peculiar functions.

3d. That there is one particular portion of the brain for perception, another for thought, a third for memory, and a fourth for judgment, which is attempted to be proved by a

4th assertion: that we may take away the cerebrum, and with it perception, thought, and memory, the cerebellum remaining; and then that we may remove the cerebellum ("without the cerebrum,") and we thereby take away the judgment.

5th. Have all men and animals judgment in proportion to the cerebellum? That Messrs. Flourens and Rolando have established this fact, which, in reality, they never attempted to establish; their opinion, or rather the opinion of M. Flourens, being merely that the cerebellum presides over the forward motion of the animal.

6th. That mental actions are nothing else than organic functions.

7th. That the opinions here advanced it is in vain to controvert.

8th. That our ideas are founded on dead or inorganic matter.

9th. That sensation and perception are both material, because

10th. That spiritual things, and things material, are incompatible, and that neither of these could be the effect of the other.

11th. That thought is the immediate sequence of perception, and that memory, judgment, and all other mental operations proceed from perception: inconsistent with No. 4.

12th. That these assertions are supported by comparative anatomy.

13th. That we have, in the most perfect animals, the size of the intellectual, or higher part of the brain, corresponding to, and commensurate with, the development of the understanding.

14th. That this is the state of man.

15th. That all nature is imperfect; and that animals partook of the fall of Adam along with man.

16th. That animals should all have ministers, religions, bibles, and revelations, and should enjoy a future state.

17th. That organic matter could not have its operations fully developed, contemporarily with those of the immaterial principle—the soul.

18th. That as long as organic life continues, the soul must remain dormant; and that, as soon as the life of the body ceases, the soul enters into a state of actual existence.

19th. That material and spiritual things

cannot be existing in a state of intimate connexion: inconsistent with 18.

20th. We do every thing from breeding and education.

21st. That conscience or judgment results from education. Do the educated alone possess conscience then? or is their conscience proportionate to their education? Do animals possess conscience in proportion to their breeding and education?

22d. That conscience is only the production of an accumulation of knowledge.

23d. That conscience is entirely the effect of education.

We repeat our former opinion, and maintain, that this paper is presumptuous, inasmuch as it professes an acquaintance with subjects not cognisable to man's senses.

That it is dogmatic, as assertions Nos. 11, 13, 16, &c., will show. That it is inconsistent, may be seen by Nos. 4 and 21, &c. That it is ignorant of nature, will be seen by assertion No. 4, 5, and 18.

We cannot but regret, that Mr. Dermott, while deeply engaged in a positive science, should put forth such theoretical notions; that he should write papers absolutely useless, nay, worse than useless, injurious;—injurious not only to himself, but to the reader, who misapplies his time—the very material (?) of which his life is made.

ABSCESS OF THE STOMACH.

To the Editor of THE LANCET.

SIR,—The following is a case of abscess of the stomach, and from its being one of rather unusual occurrence, I have sent it for insertion, if you esteem it of sufficient importance.

Thomas Stoddard (a prisoner,) ætat. 36, a tall robust man, very muscular, with large bones, and an unusual broad chest, was admitted into the Hospital, May 23d, 1826, with symptoms of catarrh; what was done for him then, I am not acquainted with; he did not come under my care until June 4th, 1826, when he complained of pain about the scrobiculus cordis, and when pressed with the hand, he described the pain as more at the back part than the front; he had also a sense of weight and heaviness about the region of the stomach. The pulse never exceeded 100, and small; tongue dry, complaining of great thirst, and bowels confined. These symptoms continued to the 16th of June, with little variation. He had fomentations to the stomach, cupped twice, with a blister to the scrobiculus cordis; kept open for ten days; also febrifuge mixtures, and pills of the ext. colocy. et pil. hydrarg.

On the 17th, at 12 at night, I was called to him; found he had gone to the closet, and in the act of rising from the seat, was seized with violent retchings, continuing for six minutes, and then fell to the ground insensibly. On examining what had been vomited, there appeared an amazing quantity of black blood in coagula, with a quantity of grumous liquor and pus; mixed with these were some particles of curdled milk, amounting altogether to three or four pints. The sickness continued for twenty-four hours, he at different times bringing up blood, and a dark and thick fluid, complaining much of a sharp pain in the stomach. The bowels became all at once much confined, refusing to act with *ol. ricini*, *hyd. subm.* and *ext. colocy.*; some strong doses of croton oil took no effect. Some powerful enemata brought them into action, bringing away exceedingly dark-coloured fæces, quite saturated with blood. By the 20th he had rallied, and could take nourishment of a light nature. His pulse 70, very weak and feeble, countenance pale, and his body much emaciated. He had prescribed for him anodynes, light aromatics, and tonics; also half a pint of port wine a-day.

From the 20th to 30th of June, he occasionally vomited small pieces of coagula and pus, mixed with a brown fluid, and his stools were mixed in some respects with it.

On the 3d of July, he had pills of the *superac. plumbi*, of a quarter of a grain each, and increased to *gr. jss.*, and on the 18th increased to three grains in a day. From this time to the 20th of October, he became worse gradually, though at times he would rally; emaciation going on, and œdema of the legs following. Within three days of his death, his abdomen became swelled; on examination, it had all the appearances of ascites; the urine flowed freely, and even in larger quantities than he was accustomed to.

On the 23d of October, he drank for his breakfast a pint of hot tea, he immediately complained of "its burning his bowels;" he became insensible soon afterwards, and died in the middle of the day.

Post-mortem Examination.

On making an incision from the top of the breast downwards to the pubes, the scalpel suddenly entered the abdomen, when a vast quantity of fluid escaped; some was caught in a bucket, and, with what remained on the floor, we imagined it to amount to three gallons.

The lungs were remarkably healthy; the heart flaccid, but healthy; the stomach, on the lateral and outward coats felt callous. From the particular appearance of this organ, we supposed it to be the seat of the disease; after tying a ligature above the cardiac orifice, and another, taking in six

inches of the duodenum, the stomach was cut away. In the centre of the lateral and posterior part appeared a hole, of such dimensions that a pigeon's egg might be easily passed through it, the edges thickened and uneven. In the internal part was seen a dark red areola, taking in a space of two inches' diameter. All the vessels near it were gorged, and perfectly distinct. The pyloric orifice was thickened, and callosity extended to four inches of the duodenum. Liver enlarged, and hard; gall-bladder full; spleen healthy; kidneys enlarged, particularly the right one. The intestines, at several parts, had a slight blush of inflammation on their external coat. Bladder collapsed but healthy. Your constant reader,

G. R. M.

Portsmouth, January 4th, 1829.

HOPITAL DE LA CHARITE.

SPONTANEOUS FRACTURE OF THE THIGH BONE.

L. D., æt. 68, with a constitution broken by syphilis and mercury, was, on the beginning of December, admitted into the Hospital, having, three months before this period, become subject to rheumatic affections, and to a deep-seated violent pain, which extended from the right leg to the knee, and had lately become so severe as to prevent him from following his occupation. In the Hospital the affection of the hip and thigh was treated, for a fortnight, as ischias, by blisters along the external surface of his thigh; but, on the 13th, the limb was found considerably shorter than that of the other side, and though this shortening was, at first, considered as the effect of diseased hip-joint, it was soon discovered to be caused by a fracture of the thigh bone; the lower portion of the fractured bone was drawn upwards and outwards, and appeared to be somewhat enlarged; the knee and foot were turned outwards; the pain had so much increased, that it was impossible to examine the affected parts accurately, and to set the fracture. As to the origin and time of this accident, no information could be obtained, so that the patient probably broke the bone by muscular contraction, when changing his position in bed. It is worthy of remark, that after the occurrence of the fracture, the left hip began also to be very painful. The patient's general health was very bad; he was weak and emaciated, and suffered much from excessive diarrhœa, but no symptom of any organic disease could be discovered. The treatment was, of course, entirely palliative; no local means were employed, and only opium and mucilaginous medicines given inter-

nally. On the 17th of December, the patient began to sink, became restless and delirious, his countenance was very much altered, the tongue black and dry, the stools extremely fetid, the pulse very small, &c., and he died on the 20th.

On examination, the brain, heart, and lungs, except some gangrenous excavations in the latter, exhibited no morbid alteration; the liver was rather enlarged, but of healthy structure; the splenic artery was much dilated, its surface uneven, and its internal membrane covered with yellow cartilaginous spots. The abdominal aorta, being considerably lessened in its diameter, was surrounded by a great mass of indurated glands, of carcinomatous appearance; its serous lining exhibited the same alteration as that of the splenic artery; the vena cava was also comprised in this congeries of glands, which had, for the most part, gone into ulceration, and were firmly adherent to the vertebral column. Another mass of carcinomatous glands, attached to the peritoneum of the os sacrum, surrounded the right iliac vessels. The intestinal canal and mesentery were healthy. The right kidney was enlarged; its notch was filled with cancerous glands, and its tissue was almost entirely degenerated into tuberculous matter; the left kidney contained only a few tubercles. The emulgent veins were filled with a spongy red substance, which, at first sight, appeared to be grumous blood, but, on closer inspection, proved to be encephaloid matter. The fat surrounding the kidneys and the capsulæ supra renales, were also filled with softened tubercles. The round ligament of the right cotyloid cavity was somewhat injected, thickened, and of scirrhous hardness. The fracture of the thigh bone was two inches below the great trochanter, and the two fragments were in a very oblique position; their medullary canal contained a fatty, vascular substance, which was filled with cancerous tubercles; the cancellous structure of the bone, being considerably thickened, was infiltrated with a similar matter, and the compact substance of the bone reduced to a very thin lamina, the external surface of which was rough, without periosteum, and very vascular. The same morbid alteration, but not in such an advanced stage, was found in the left thigh bone.—*Journ. Hebdomad.*

EXTIRPATION OF A SCIRRHIOUS TUMOUR OVER THE PAROTID GLAND.

On the sitting of the Académie Royale de Médecine, on the 23rd November, M. Larrey, made a report of this operation, which was performed in the beginning of last August, by M. Foulloy, at Brest. A female, 52 years old, had been affected for

a long time with a tumour over the left parotid gland, extending from the temporal region and the ear over the cheek, lower jaw, and lateral portion of the neck; it had an uneven surface, was very hard, and extremely painful, and as it caused considerable difficulty of respiration, mastication, and deglutition, and appeared to be increasing, its extirpation was decided upon. In order to prevent profuse hæmorrhage, M. Foulloy considered it advisable to tie the carotid artery, previous to the removal of the tumour; a longitudinal incision was accordingly made through a transverse fold of the skin, along the internal margin of the sterno-mastoid muscle, and the artery tied, having been carefully separated from the vein and nerve, by means of Dechamps's needle; a momentary pain and paleness of the face ensued, but there was no attack of syncope, or any other nervous affection, and, after a few minutes' rest, the operation was enabled to proceed. A similar incision having been made at the external margin of the tumour, M. Foulloy succeeded in arriving at its roots, which being situated in the cellular tissue, between the ear and the ramus of the lower jaw, and firmly attached to the transverse processes of the cervical vertebrae, were divided, and the tumour being forcibly pushed upwards, was now easily detached from the parotid gland, the masseter, and the skin, and thus ultimately removed. No vessel, except the maxillary artery, was tied during the operation; the wound was united by three sutures; on the fifteenth day the ligature of the carotid came away, and eleven weeks after the operation, the patient was perfectly cured.—*Arch. Génér. de Méd.*

PECULIAR FORMATION OF THE RIGHT LUNG.

A young girl, nineteen years of age, was, on the 28th of November, admitted on account of phthisis, which was already so far advanced, as to leave no chance of recovery, and she died on the 14th of December. On examination of the body, the right lung was found studded with tubercles and small excavations; its three lobes were divided by very deep incisions; from the posterior surface of the superior lobe there originated, moreover, a fourth lobe, which adhered, by its anterior margin, to the lung, and through it received a branch of the pulmonary vein and artery, and of the bronchia; it was on a level with the upper lobe of the right lung, but only half an inch in thickness; it consisted entirely of pulmonary substance, and partook of the general disease of the lung, being filled with abscesses and tuberculous matter. The left lung was regularly divided into two lobes.—*Journ. Hebdomad.*

THE LANCET.

London, Saturday, February 14, 1829.

IN one or two recent numbers of *The Political Register*, Mr. COBBETT has taken occasion to speak of THE LANCET in such terms of approbation as he is not much in the habit of applying to contemporary journalists, and such as it is gratifying to us to reflect that we are believed to deserve, by a writer whose powerful talents, if not universally acknowledged, are universally felt, and, perhaps most felt where they are least acknowledged. It has been said, that one of the best tests of merit is the praise of those who are themselves the objects of general approbation. For our own parts, we had much rather receive the praise of a man who has been as much vituperated as Mr. COBBETT has been by some of his contemporaries—who is as able as Mr. COBBETT has ever shown himself to give his enemies ten blows for one, a species of tactics wherein we may also take to ourselves the credit of possessing some small skill, and who, by reason of constant exercise in the task of inflicting chastisement on his opponents, has become slow and cautious in dispensing his approbation. In the last week's *Register*, Mr. COBBETT adverts, in the following manner, to the very important point of law which was decided at the outset of the late trial.

"There was in this case a question of great interest decided; namely, that a defendant thus pursued, who pleads *justification*, has a right to *begin and prove his publication to be true*. LAWYER SCARLETT contended for the contrary, but the CHIEF JUSTICE decided for Mr. WAKLEY, who is a man of very great talent, and who beat SCARLETT as a Lawyer, and the other Knight or Baronet, SIR ASTLEY COOPER, as a Surgeon, as far at least as, in my judgment, appears from the report of this trial."

Now, waving the personal compliment
No. 285.

which Mr. COBBETT is here pleased to pay us, and assuming credit only for so much of approbation as, upon public grounds, we are fairly intitled to, we have no hesitation in saying, that a more important point of law, as regards the interests of public writers generally, and of public journalists in particular, than that which we maintained on the late occasion, and maintained successfully, not only against Sir JAMES SCARLETT, but in opposition to the opinion and advice of our own counsel, Mr. BROUGHAM, has not for many years been decided in a court of justice.

We have been informed by several gentlemen at the bar that this decision, which gives to defendants who are in a situation to justify an alleged libel, the right of opening their case, and of having the general reply, is likely to produce a total change in the practice of special pleaders, and that whereas pleas of justification have hitherto been always discouraged in such actions, they will henceforth be recommended as decidedly beneficial to defendants, or, rather, as depriving plaintiffs of an advantage, which enabled their counsel to produce unfavourable impressions on the minds of a jury, by dint of unfounded observations to which a defendant had no opportunity of replying. The right of opening in actions for alleged libel, where the defendant puts a plea of justification on the record, first established in the case of *Cooper v. Wakley*—a case memorable, therefore, in a legal, as well as in a surgical point of view, and which will be as often referred to by lawyers as by lithotomists, coupled with another proceeding, which, in many cases, may be found highly useful, namely, that of filing a bill of discovery in the Court of Chancery,—will afford, for the most part, a complete protection to public writers against vexatious appeals to the law for alleged abuses of the liberty of the press. The editors of newspapers are more especially interested in the late decision, because there is no class of

public writers so liable to become the objects of actions for libel, in cases where facts, tending to injure individual reputation, have been published; and where information having such a tendency has been supplied by parties, of whose motives the editors cannot be cognisant, and who may, by possibility, supply it from a malicious motive. In such a case, a plea of justification, according to the late decision, would completely exonerate the innocent publisher, even though the motive of his agent, or reporter, or of the person supplying the information, were malicious; for Lord TENNERDEN distinctly laid it down, that if, in such a case, the jury believed the facts reported to be true, the *animus* with which the facts were communicated, however malicious, ought to have no influence on their verdict. It is impossible that the importance of this decision should have been overlooked by the public journals; yet it so happens that, except in the passage above cited from Mr. COBBETT's *Register*, not the slightest allusion has ever been made to it. The point has been gained, and it matters little by whom it has been gained, or whether the Editors of newspapers were or were not disposed to give us credit for having gained it; but we mention this circumstance because it may furnish a comment on that part of Sir JAMES SCARLETT's speech at the late trial, wherein he expatiated on the connexion which he supposed to subsist between *THE LANCET* and the daily journals, and even ventured to intimate that one of the *leading articles* in *The Times*, calling public attention to the Report of Mr. BRANSBY COOPER's case of lithotomy, was contributed by ourselves to that journal. In this part of his speech Sir JAMES had the merit, to use a figure of his own, of killing two birds with one stone; for, in attempting to asperse the character of *THE LANCET*, he was at the same time guilty of offering a gross insult to the character of *The Times*. The precise nature of this insult, the learned gentleman

will perhaps never understand, unless per adventure he should himself offer to *The Times* a leading article of his own composition; for if *The Times*, or any other respectable journal, would disdain, as it most assuredly would, to address the public in the exquisite language of Sir JAMES SCARLETT, the learned gentleman will see the absurdity of imputing to the editor of a paper, the admission of a contribution in the shape of a leading article, under any other circumstances. We have supposed a *maximum* of temptation in supposing the tender of a leading article to a public journalist on the part of Sir JAMES SCARLETT; and that learned gentleman's mathematical mind will readily perceive, that if an editor's virtue could be proof against the opportunity of arraying itself in the exquisite plumage of the propounder of the Poor Bill, any inferior degree of temptation would be easily resisted.

The following is Mr. COBBETT's opinion of the merits of Mr. BRANSBY COOPER's case, after a perusal of the full report of the trial:—

“I have now read a full and detailed report of this trial, the publication consisting of a hundred and sixty-six pages; and, I can only say, that if this report be correct, and I had been one of the jury, and no other evidence than that which I have read had been given, Mr. COOPER would not have got one single farthing.”

We believe that the jury would have arrived at the same conclusion as Mr. COBBETT, had they implicitly followed that part of Lord TENNERDEN's charge, in which he directed them to dismiss from their minds all consideration of the *animus* with which the report might have been written, and also of the dramatic form which was given to it. Constituted as human nature is, it is scarcely possible, and, we will frankly admit, it is scarcely desirable, that this direction should have been implicitly followed, supposing the jury to have believed, that our reporter entertained so much of malice towards Mr. BRANSBY COOPER, as to be glad of an op-

portunity of publishing a case calculated to expose that gentleman's deficiencies, and, consequently, to injure his reputation. We believe that no quarrel or misunderstanding between Mr. LAMBERT and Mr. BRANSBY COOPER, would ever have induced the former gentleman to pervert or misrepresent the facts of a case transmitted for insertion in this Journal; and if Mr. BRANSBY COOPER had had the fairness and the manliness to publish his own report of the operation before the trial, the jury would then have been furnished with demonstrative evidence, that no facts had been perverted or misrepresented. In many respects, as far as facts are concerned, Mr. BRANSBY COOPER's own report of his case is even more unfavourable to his surgical reputation, than the report transmitted to us by Mr. LAMBERT. But though it would have been impossible for Mr. BRANSBY COOPER to obtain a verdict, had he ventured to publish his own report before the trial—and let it be remembered, that Mr. BRANSBY COOPER kept back this report for the avowed purpose of increasing his chance of obtaining a verdict—though Mr. BRANSBY COOPER afforded the jury no means of ascertaining what he considered a true statement of the facts of the case, except by putting a single witness of the operation in the box, his assistant, Mr. CALLAWAY, which assistant swore, that he was not better able to form an opinion of the difficulties of the case, than any other man who saw the operation—and though not a single material fact stated in our report was contradicted by Mr. BRANSBY COOPER's only witness—notwithstanding all these circumstances, we are ready to admit that, if the jury believed our reporter to have entertained malice towards the operator, they were morally though, according to Lord TENTERDEN's direction, not legally, justified in presuming, that some material fact, though uncontradicted by any evidence, *might* have been untruly stated, and, consequently, in return-

ing a verdict for the plaintiff, with damages sufficient to save his professional character from utter ruin, though wholly unsuited to the justice of the case, if they had believed him to have a substantial foundation for the injury of which he complained. But to what circumstance is Mr. BRANSBY COOPER indebted for having gained his "*five per cent.*" upon the alleged amount of injury, which Mr. COBBETT calls "a pitiful result for so grand a speculation?"—solely to the suppression of his own report of the operation, until after he had obtained a verdict; for that report, had it appeared before the trial, would have removed all doubt from the minds of the jury, and established, beyond the possibility of contradiction, the truth of the facts stated in Mr. LAMBERT's report.

The following observations of Mr. COBBETT are well deserving of the public attention:—

"It was curious to observe, that at this trial the BENCH was covered with Surgeons! What, are they got there too? Is it come to this, that the rich, or supposed rich, that the powerful prosecutors, in short, are to be perked up on the Bench alongside of the Judge, are just to step down from the Bench to the witness-box to give their evidence, and then step back again and resume their seat upon the Bench; and all this while those whom they prosecute, and against whom they bring actions, though perhaps a thousand times their worth, to be compelled to stand upon the floor, amongst the attorneys' clerks and court headles? There was, upon this occasion, old COOPER himself (without his famous instruments, I believe) seated on one side of the Judge; and there was Mr. GREEN, and a whole tribe of Surgeons, all stepping down from the Bench alternately to the witness-box, to give evidence against Mr. WAKLEY; while there was Mr. WAKLEY sitting or standing amongst the attorneys' clerks and tipstiffs. I leave for the Judge to consider how far this was decorous in appearance; how far his dignity was likely to be enhanced by having these companions on the Bench; and, above all things, I wish him to consider the probable effect that these marked things might have upon the minds of the jury; and the effect which this strange proceeding might have had upon the mind of the defendant. It hap-

pened, indeed, that these tribe of Benchers—Surgeons had before them a man not to be intimidated by any thing; and a man to feel increased energy in consequence of the insult offered him in the perching of his enemies upon the Bench. This was a man not to be put down; but it is not always that there will be such a man to be a defendant; and, therefore, let us hope that even *before* we get a reform of the “collective,” this practice of perching prosecutors, or the witnesses of prosecutors, upon the Bench, will be discontinued. I wonder that Mr. WAKLEY did not complain of this upon the spot. However, he did the thing so well, obtained so complete a triumph for the press and for the public, as well as for himself, that we may leave to the COOPERS the privilege of boasting, that they have for once sat upon the Bench alongside of the Judge.”

Who, in the name of common decency, are such persons as JOE GREEN, CHARLES KEY, BEN BRODIE, BEN TRAVERS, and BEN HARRISON, *ci-devant* vendor of bottles, that they should presume to perch themselves on the same bench with the Lord Chief Justice of England? Had ROWLAND STEPHENSON, the depredator, who fled, or rather who travelled by easy stages in one of the carriages which he called his own, loaded with the spoils of his confiding customers—had this man been subpoenaed to give an account of the way in which he managed the funds and dispensed the patronage of St. Bartholomew’s Hospital in the capacity of treasurer to that Institution, *he* too would, no doubt, have been seen perched upon the same bench with the Lord Chief Justice of England. This practice is not only indecent—not only derogatory to the dignity of the Bench, and calculated, as Mr. Cobbett suggests, to have an evil influence on the minds of jurymen, but it sometimes leads to practical violations of the decorum which ought to be observed in a court of justice. In the time of Lord Ellenborough, a peer, who was to be called as a witness in a cause, and who had probably some interest in the event of the suit, was perched, on the score of his peerage, by the side of the learned judge, and availing himself of his proximity, had the

presumption, in the progress of the trial, to address some observation to the Chief Justice, in a whisper. The reply of Lord ELLENBOROUGH to the peer, uttered in a voice which resounded to the extremities of the court, was brief and characteristic—“If you again thus presume to address me, I shall commit you to the custody of the tipstaff.”

WE intended, this week, to take a review of the rise and fall of a number of Medical Journals, which have appeared and disappeared since the first publication of *THE LANCET*, and also of the death of all the old rubbish which existed before the establishment of this Journal, but our space will not permit us to enter upon this subject in the present Number.

Edinburgh Medical and Surgical Journal.—

(Concluded.)

THE article which succeeds Mr. Syme’s paper, demands little comment; its object being a description of the well-known climate and diseases of Lisbon. According to the young traveller who gives it, Lisbon seems to be a pleasant place enough to reside in; there is an abundant supply of sunshine throughout the greater part of the year; and at all times a fortunate dearth of disease. People contrive, however, to die in Lisbon, just as they do elsewhere, and of pretty much the same description of maladies as in less favoured climes. This is the sum total of Mr. Wallace’s statistical observations, who, we have no doubt, spent his time very agreeably between the city and the sea; but we are not quite so certain of the propriety of taxing us with the perusal of a commonplace record of his pleasurable sensations, even in the delightful climate of Lisbon.

Mr. Wallace is followed by Mr. Crichton,

of Dundee; but we are sorry to say, that he is not quite so interesting on the subject of hydrophobia, as he was when we had the pleasure of meeting him last, in an article on lithotomy. So fortunate an exemption from this frightful affection blessed the country around "Bonie Dundee," for several years, that Mr. Crichton began to think that there was no such disease as hydrophobia at all. The only parallel to this strange conceit with which we happen to be acquainted is, the attempt which was made by a Frenchman, some time ago, to prove that syphilis was merely a metaphysical abstraction, existing in the mind of some foolish speculative writers, such as John Hunter. A bull-dog terrier, however, brought Mr. Crichton to his senses on this subject, about twelve years ago. This ferocious little animal, he tells us, bit several persons, one of whom, a young lady, died of genuine canine madness, while the rest escaped at the expense of a severe fright, on learning her melancholy fate. We should feel happy to record any novelty in the pathology or treatment of this affection, discovered by Mr. Crichton, but, as yet, he has made as little progress on these points as any of his predecessors.

Mr. Crichton was not more embarrassed about hydrophobia, than Mr. Duvar, of Dumferline, seems to be, about the manner in which the bladder of a patient, whom he examined after death, was lacerated. The subject of his speculations on this problem received some severe blows on the abdomen, in a drunken brawl; he was subsequently seen, however, attending to his business; and, at a still later period, fell on the ground, while in a state of inebriety; the symptoms of the injury of which he died, then first set in with severity. All this Mr. Duvar knows by report only, not being himself in attendance on the case. At the post-mortem examination, he discovered a considerable effusion into the abdomen, and a rupture of the bladder, about three inches and a half in

length, and a great thickening, or contraction of the coats of that viscus. From the fact of the patient having worked after the infliction of the first injury, Mr. Duvar infers that the rupture could not then have taken place: the nature of the laceration disposes him to think, that it could not be the effect of the retention of urine; the openings, in such cases, being small, and formed by gangrene and ulceration; he therefore concludes that the rupture must have occurred at the time of the fall, when the bladder was probably in a state of distention. For one who knew nothing of the case but what he learned from others, and through an autopsy, Mr. Duvar's conjecture of the real cause of the accident is as rational as any that could be formed, under such vague circumstances.

We are next favoured with an account of another "rupture," by assistant-surgeon Gun, of the *Spartiate* frigate, in the Tagus; but this "rupture" happened to take place in the pulmonary artery. The patient, we are told, was an unhealthy looking "tar," and, as if in the habit of making too free with "grog," about which there can be very little doubt, he had been unwell for a few days, with some rather obscure symptoms, for which he was, of course, appropriately treated; but, on making some exertions afterwards in his occupations about the bowsprit, "Jack" fell to rise no more, and would have been drowned, by dropping into the water, but for the humane assistance of some of his companions. The chest was found filled with blood, in the usual states of serum and crassamentum; the lungs compressed, of course, by the effused fluid; which is not at all surprising, considering that a large rupture was found in the pulmonary artery, about one inch and a half from its origin, in the right ventricle. Around this aperture the vessel was diseased, to the extent of a shilling; the coats of the vessel being thin, of a brown colour, and generally degenerated. This circumstance naturally introduces the subject

of the formation of aneurism; but, to do Mr. Gun justice, he has not abused an opportunity, so favourable for inflicting on us a criticism on Scarpa; and though his remarks are plain enough, we are really grateful to him that they are so few, their brevity being by far the best part of them.

"If," with which word Dr. Thomas Masterman Winterbottom begins the next article, is really so ominous a particle to commence an essay with, particularly on so speculative a question, as the nature and contagion of typhus fever, that, we had some notion of leaving the Doctor to accumulate his fanciful creations around this monosyllabic nucleus of hypothesis without interruption, until we accidentally saw at the bottom of each page, the erudite sources of his materials, which comprehend quotations from, and references to, the writers of all ages, nations, and languages. We therefore gave him the benefit of a perusal, and found, as this ostentatious display of reading led us to expect, that were the various authors, whose ideas he has had the ingenuity to combine into this essay, merely to take back but one syllable each from the compound, they would leave him in the melancholy predicament of the jackdaw in the fable, stripped of its borrowed plumage by the rest of the feathered tribes. The upshot of this ingenious medley, we perceive, is a recommendation of that now fashionable practice in inflammatory complaints, the exhibition of calomel in large doses, say of some hundred grains, within a few days. Among the diseases for which this treatment is proposed, there is one so seldom left to the mercy of mercury, or any other article of the *materia medica*, except steel, that we are induced to allow the Doctor with the awful name, to express himself on the subject:—

"In enteritis and strangulated hernia, two cognate diseases, I have found calomel, in large doses, to possess a power equal to Peruvian bark in intermittent fever. In strangulated hernia, ten grains of calomel

repeated every hour, or hour and a half, so that one hundred and twenty grains may be administered, in from fourteen to eighteen hours, will frequently cause the protruded gut to recede spontaneously, or, at least, with the slightest touch. When vomiting and pain are considerable, a grain, or half a grain, of opium will be found useful. In upwards of twelve cases this method succeeded with me; in one instance only it appeared to fail, from adhesion of the sac."

Strangulated hernia, strictures, adhesions, and all, to yield before calomel and the slightest touch! Perhaps so, indeed, though to us it sounds rather strange, even with the adjuvant of a little opium; but we shall certainly be on the look out, in the future numbers of the "*Indigo Journal*," for further novelties from the pen of Dr. Thomas Masterman Winterbottom!

We must stand excused for a very bad pun, but Dr. Wilson, on the mechanism of the biliary system, has really made us so bilious that we cannot attempt a better; and Dr. Bostock, in a letter explanatory of an error into which he had fallen, in writing on the coagulation of the blood, has not a little stirred up that vehicle of indignant feeling within us, that he should have written a trifle so ill, who has, on other occasions, said so much well. We must, therefore, pass them over in silence, lest we might become personal, and restore our equanimity by an examination of a peculiar epidemic, which has been lately visiting the West Indian Islands. Mr. Nicholson, to whom we are indebted for a monograph of this disease, has baptized it an "*Arthritic Exanthem*," in honour, we presume, of the memory of that greatest of all nosological onomatologists, John Mason Good. The natives, however, not quite so classical in their notions respecting nomenclature, have called it the "*Dandy*," for what reason Mr. Nicholson could not learn, nor is it, perhaps worth inquiry, considering the queer things which are said and done in a place where the same trade is carried on in living as Burke did in dead flesh, at Edinburgh. The following are the symptoms and treatment.

of this singular affection, as described by Mr. Nicholson, of Antigua:—

"Intense headach; flushed countenance; pains in the back, in the wrists, in the ancles; weariness of limbs; and great prostration of strength. Along with these there was a difficulty of flexion in the joints of the fingers; heat of skin, with moisture; acute sensibility to impressions of cold; and vomiting, which aggravated the pain of the head. In the course of thirty-eight, or forty hours, these symptoms all abated, and the patient, in general, left his bed on the third day, perfectly well. From the fourth to the eighth day, subsequent to convalescence, a pricking sensation was felt in the soles of the feet and the palms of the hands; an eruption, commencing in red points, diffused itself over the body in wheals, or papulæ, accompanied by pains of a rheumatic character. In about twenty-four hours, the eruption also disappeared, leaving the cuticle in a state of desquamation, and the ancles œdematous. In those cases in which there was no eruption, the pains continued for several weeks; but in no instance was this disease, which very much resembled influenza and measles, followed by fatal results. Cathartics, saline diaphoretics, warm clothing, and frictions with flannel, constituted the principal means of cure."

A sagacious little note, by the Editor, Dr. Craigie, appended to this paper, informs us, that this epidemic proceeded from East to West, through the West Indian Islands, and, unfortunately, deprives us of the hope that this harmless affection would, some summer or other, make an incursion among our own "Dandies," to the great delight of the public, and the profit of the doctors. Here, however, end the "original" communications of the "Blue" for the last three months, and with them we must take leave of our readers for the present. The reviews, which now bring up the rear of this Journal, are no longer objects for praise or censure, nor have they been since the retirement of Dr. Duncan, and the decease of Dr. Bateman, the Coryphæi of this once celebrated, but now crest-fallen, publication.

LONDON MEDICAL SOCIETY.

Monday, February 9, 1829.

Dr. SHEARMAN in the Chair.

REPORTING—COMPLICATED CASES OF PHRENITIS—AND DELIRIUM TREMENS.

THE Minutes of the last Meeting were read.

THE PRESIDENT did not consider that it appeared very distinctly from them what had transpired respecting reporting, and therefore he thought it right to state, that the conversation upon reporting arose from Dr. Clutterbuck's objection to the publication of the minutes of the proceedings of the Society. The Doctor intended to make a motion, calculated to suppress such publication; he, however, found the majority of the meeting very much against such a motion, and therefore he postponed the resolution till he had an opportunity of attending at a more full meeting. The question had, therefore, not finally been disposed of, but till it should, the reporting was to be permitted to go on under the superintendence of the Council, the Reporter to be responsible to them; Dr. Clutterbuck being at liberty to bring forward the subject again when he pleased. When it should be brought forward again, in all probability the sense of the Society would be taken by ballot, and the further reporting decided upon by the result of that ballot.

Dr. BLICK could not understand a part of what had been represented to have passed at the last meeting on reporting, but he was desirous of bringing forward a question now upon the subject. As far as he could collect from the Registrar's minutes, an irregular conversation upon the point had arisen,—

THE PRESIDENT observed, that the conversation had not been irregular, but any conversation then upon it by Dr. Blick would be out of order, and a waste of the Society's time.

Dr. BLICK said, that if it was suffered to be brought forward last Monday, he knew of no law preventing the conversation being renewed this week.

THE PRESIDENT. Dr. Blick, we must not enter into it at present.

Dr. BLICK. Then I submit to the Chair one other observation. (Cries of Chair, Chair.)

THE PRESIDENT. No; I cannot hear it.

Dr. BLICK. Well, then, I am to understand there is one law here for the Medes and another for the Persians. (Laughter.)

THE PRESIDENT. No; certainly not.

THE REGISTRAR read a paper, forwarded to the Society by a Member, on what he

considered cases of phrenitis, and delirium tremens. The subject of the first was a solicitor in the City, ætat. about thirty years, who had lately married. He had been a temperate man, but for about a month, at Christmas last, had indulged much more than ordinary in the pleasures of the table. Five days before his attack of illness, his wife was seized with puerperal mania, and the grief occasioned by this, together with the late intemperance, was supposed to have caused the attack. Very soon after this attack, he was obliged to have the strait waistcoat put on, and, during the time it continued, he had two violent paroxysms; between them an interval of nine hours elapsing of comparative quietude. Sixteen ounces of blood were taken from the arm; thirty-six leeches, in the whole, applied to the head, and he was cupped. On dissection, there were marks of meningeal inflammation, and the plexus-choroides very turbid. The vessels of the pia mater were much injected; a slight serous effusion upon the brain; but, otherwise, nothing particular to be remarked.

Mr. SHEARLY did not think, from the description, that this case had any thing to do with phrenitis, but that it was a pure case of delirium tremens. He wished to know, whether the gentleman had abstained from the use of stimuli for some days previous to the attack. If this were so, and regarding the dejected state into which he had been thrown by the sudden illness of his wife, he should think no doubt could remain as to the character of the disease, and that, in such a case, depletion was to be condemned.

Mr. KINGDON inquired, what colour the brain was, when cut into, and whether any of the viscera were examined?

Mr. CALLAWAY considered that it might be useful for the author to state, orally, the condition of the pulse with more precision than had been taken notice of in the paper.

The AUTHOR observed, that the patient had not left off the use of stimuli before the accession of the complaint, though, for a short time previously, the use of it had been lessened in quantity. The brain presented rather a more yellow appearance than was observable in the healthy state. The viscera were not examined. The pulse was sharp and wiry, varying exceedingly in quickness, but never under 130.

The circumstances of another case were related by the Registrar, communicated by the same Author. The patient was a medical student, who resided with a surgeon at the West end of town. He was taken suddenly with aberrations of mind, and confined to bed for about seven days. During the whole

of his illness he did not present one single symptom of fever, and the pulse was seldom, if ever, above eighty or ninety. He was bled to 16 ounces; his head was shaved and blistered; neither the brain nor its membranes presented any degree of vascularity; about two ounces of serous fluid were found in the lateral ventricles; and the only appearance of inflammatory action throughout the brain, was at the decussation of the optic nerves, where a small quantity of coagulable lymph had been thrown out. He had complained of pain in the head for two weeks. The question with the Author here was, whether hydrocephalus was capable of existing, without the cause to which it was generally referred, viz. inflammation? This case showed, to his mind at least, that effusion might go on to a considerable extent, without any adequate inflammation preceding it; nor had he any doubt that the effusion into the ventricles produced death.

Dr. BLICK looked upon any quantity of coagulable lymph thrown out, as a proof of adequate inflammation having existed. He did not put any great stress on the appearances presented by dissection; but he held bleeding, followed by a large dose of opium, to be the best treatment in delirium tremens.

Dr. RYAN objected to general bleeding in delirium tremens, as he had often done before.

Mr. LLOYD was decidedly of opinion, that whenever acute mania, or any serious disease was going on in the brain, bleeding ought to be had recourse to. In hydrocephalus, Dr. John Clarke, and subsequently his brother, Dr. Charles, had used depletion, with the greatest possible success. He (Mr. Lloyd) had adopted the same plan; he was in the habit of taking away blood, generally, and almost always, with success.

Mr. KINGDON related a case that had come under his own care very similar to the last, the particulars of which had been read. It was that of a medical student too, of a very anxious and honourable mind, who had been so solicitous respecting his examination at the College, that he was afterwards seized, though he passed his examination with the utmost credit to himself, with the most violent brain affection. This gentleman was bled, opium, and hyoscyamus administered, his bowels kept open, and he recovered.

Dr. RAMADGE related several cases of acute mania, and other diseases of the head, that had fallen under his care, and he exhibited specimens of inflamed membranes of the brain.

Mr. EDWARDS recommended the most prompt and free use of the lancet in acute inflammation of the brain, even in children of but a few months old.

WESTMINSTER MEDICAL SOCIETY.

Saturday, February 7, 1829.

THE Minutes having been read,

Dr. A. T. THOMSON made some observations on the subject of a report of last week's proceedings, which appeared in "a hebdomadal, critical sort of a publication," in which he had been so falsified, that it became, he said, a great and cruel misfortune to the Society, that reporting should be allowed at all. He charged the work with having violated every possible feeling, that it had made public, private business, and said, whoever was the reporter, he felt astonished that the Society did not expel him from its bosom; at the least, he thought, he ought to be severely reprimanded. Dr. Thomson then publicly charged the author of the mischief with falsehood.

Dr. RODERICK MACLEOD sat at Dr. Thomson's elbow, but made no remark in reply!! For ourselves, we are unable to set Dr. Thomson right with the public, no report having appeared in *THE LANCET* of the proceedings on the night in question. Although a very long explanation followed on the subject, we did not glean from it the particulars of the case.

The Minutes were at length confirmed, when another member (Mr. Thomson,) rose with a like complaint against the same work, *The Escrescence*, which he charged with "the most unhandsome, ungentelemanly, unfair, and slovenly reporting."

On this charge, also, Dr. RODERICK MACLEOD made no remark! In answer to a question from Mr. Thomson, whether a reporter could be kept out, or punished, for erroneous reports,

The CHAIRMAN stated, that the subject had been brought before the Committee by different members, from time to time, but after mature deliberation, it had been decided, that the Society had no law by which it could prevent reporting, either by members or visitors, nor did they know how to prevent it. No measures had therefore been taken, and the only reply he could make to gentlemen who thought it right to complain, was, that there was no redress. (Loud applause followed this announcement.)

Mr. BENNETT called the attention of the members to the circulation of the blood through the venous system. The veins were usually supposed to gather the blood from the arteries, and to bring it back to the heart; but some late observations had induced him to think, that the venous system was endowed with some other function. There was reason to suspect this, from the preponderance of the veins over the arte-

ries. Indeed, so apparent was this, that unless some other function was connected with them, he might almost speak of them as unnecessarily numerous and capacious. Various systems of veins, particularly those of the liver in all creatures, and the kidneys in certain oviparous animals, afforded grounds, he thought, for believing that their business was not merely the mechanical conveyance of the blood. Mr. Bennett here exhibited M. Breschet's plates of the venous system, showing the veins connected with the vertebral column, running along which was to be found, a collection of veins separated into two series, one external, and another internal, the two communicating with each other by large venous branches, some of which passed through the bodies of the vertebrae. The most extraordinary fact connected with these veins was, that there were no arteries corresponding in size or number accompanying them, a circumstance which rendered their use a matter of much speculation. At present, we might be allowed to explain the lassitude and painful sensations in the loins in fever, &c., by referring them to some derangement in the functions of these vessels, or of the circulation of the blood in them. There was a system of veins in the bony parietes of the skull; by carefully removing the external table, large channels, branching off into numerous canals, were displayed, and small openings discernible, through which the great sinuses within, communicated with the veins external to the skull. For these, of course, there was some function, a knowledge of which would explain a variety of obscure phenomena connected with disease, and particularly those various affections called headaches. He would submit it to the Society, as an interesting and important subject, to discuss the nature of that function. Mr. Bennett subsequently stated, that his chief inducement to bring the question forward, had been a hope, that it would lead to some discussion on the subject of apoplexy. The quantity of blood sent by the heart to the brain was constantly varying, while the quantity returned from the brain remained the same, in consequence of the non-dilatibility of the sinuses by which it flowed back. This circumstance would almost lead him to explain the occurrence of apoplexy upon mechanical principles, and, in illustration of his views, Mr. Bennett dwelt upon the constant connexion between hypertrophy of the heart and apoplectic affections. In the healthy condition of the heart, when its action was increased by stimulants, exercise, or emotions of the mind, and an unusual quantity of blood was transmitted to the brain, the system of veins alluded to, must be of use in relieving the sinuses.

It was argued generally, in a discussion

in which Mr. Thomson, Mr. Burnett, R. McLeod, Dr. L. Stewart, Mr. Bingham, and other members, took part, that the disparity between the veins and arteries might be, in great measure, equalised by the increased velocity of the blood through the venous system, and that the want of power in the osseous veins to collapse or dilate, if it existed, might also be compensated by a proportionate velocity in the circulation through them. Mr. Bennett's opinions on the subject of apoplexy were also opposed, and the members did not generally appear to coincide in the views which that gentleman laid before them.

Dr. GRANVILLE explained a new method of extirpating tumours, invented by himself, to avoid the danger which arose out of excising or extirpating some tumours, whether by ligature, or in any other way. The present case was that of a vascular tumour, connected with the right nympha of a young female, who was for a considerable time a patient at the General Dispensary. All treatment had failed in diminishing or arresting its progress, and it was feared, that considerable disease of the vagina would occur, if the tumour were not removed; but the danger of hæmorrhage from its excision appeared to be great. Ligatures, however, would have been very painful, tedious, and difficult, as the tumour extended the whole length of the vagina. Dr. Granville, therefore, proceeded to apply pressure to cut off all communication with the surrounding parts, and then employed an instrument which he termed a jugum, for excision of the tumour itself. The instrument (which was not exhibited) consisted of two bars of metal, with two screws. Its action was such as, by turning the screws, wholly to cut off the tumour. The tumour was removed on the fifth day. It proved to be scirrhus in the centre, but highly vascular around. The surface was now very healthy, the pain gone, and the patient doing well. The opinion, however, which he (Dr. Granville) had formed on the subject, after greater experience, was, that the jugum would give the practitioner the power of excising the tumour at once, and without gradually regulating the pressure by the screws, as he had done in the present case. He was convinced that there would be no danger from hæmorrhage, and by no means such pain as arose from ligatures. The pain at the moment he would drown by opium. The opposite side in this young woman was also affected, and he meant to treat it in the same way. Dr. Granville stated, that he removed one tumour only the previous morning, which came away instantly, and was not followed by a drop of blood.

A MEMBER considered the rapidity of the

excision very advantageous. He thought it might be applied with great advantage to tumours near the rectum.

Dr. GRANVILLE stated, that Dr. Ley and Mr. Arnott were present at one operation, and referred to the latter gentleman for his opinion of the instrument.

Mr. ARNOTT expressed himself well satisfied with it. He had not, however, had sufficient opportunity to enable him to make up his mind as to its advantages in all cases. He thought, that for tumours on the face, where much skin could not be afforded, and a great scar must be left, its use was not so advisable.

Dr. GRANVILLE meant to limit the application of the jugum, but, in the cases he had mentioned, was confident it had great advantages. In answer to a question from Mr. North, Dr. Granville repeated his opinion, that the rapid was better than the gradual excision of tumours.

MEDICO-BOTANICAL SOCIETY,

February 10, 1829.

The Lord Bishop of BATH and WELLS in the Chair.

AFTER the Minutes had been read,

Mr. PEREIRA wished to make some observations on the subject of their confirmation.

A debate arose, in which Mr. MORRIS Churchill and Mr. Frost took part; the latter gentleman opposing the right of discussion on the minutes. The question was ultimately referred to the Rev. Prelate in the chair, who decided in favour of Mr. Frost.

On a proposition being made that Dr. Steggall, of Smithfield Bars, should become a fellow of the Society,

Mr. MORRIS CHURCHILL observed, that he considered the proceeding, connected with this proposition, a most shameful one; he would not suffer it to pass, without expressing his opinion that the Society was disgraced by it. Dr. Steggall had been proposed on a former evening by some gentlemen, amongst whom were two or three of those fellows who had opposed the ejection of Mr. Brown, and the consequence was, that, at the ballot on the last evening, Dr. Steggall had been blackballed, as an act of revenge upon his proposers; this had been done through the influence of Mr. Frost, who had formed a party for the purpose. Dr. Steggall immediately inquired the cause of his rejection; he was told the circumstances, and informed that he had not been blackballed from any

personal objections, and that he might be proposed again; this he had now been by some of the very men who had before rejected him, and he (Mr. Churchill) thought the circumstances very disgraceful.

Mr. Frost called Mr. Churchill to order, and thought that he ought to be turned out of the room, for making the statements in the presence of the Rev. Prelate in the Chair.

The debate, which had become extremely warm, was ultimately checked by the Chairman, when

Mr. Frost stated, he had been commanded by the Council to inform the Society, that they would not, for the future, allow any discussion whatever, unconnected with its objects, to be carried on during the meeting. The Council considered it was consulting the interests of the Society by coming to this determination.

The Rev. Prelate hoped, that the Fellows would acquiesce in this decision, and all that had now passed would be buried in oblivion.

A Paper was read, entitled "Observations on the *Chenopodium Olidum*," by Joseph Houlton, Esq., F.L.S., Associate of the Society; which plant the author, after making some observations on the neglect into which many of our indigenous plants, once highly valued by medical practitioners, have fallen, says he has found, in two particular cases, to possess the most decided emmenagogue powers, which seem to have been known to many former writers on materia medica, but which have been lately much neglected. The author exhibited to the meeting a specimen of extract which he had prepared, and in which form he had always administered this remedy.

Another paper was read, entitled "Remarks on the *Prunus Cæcumiglia*," by Professor Michael Tenore, of Naples." The whole of the Continent was at one time reduced to the necessity of employing indigenous substitutes for foreign drugs; this plant was then used as a substitute for Peruvian bark, and successfully administered in numerous cases of intermittents. A botanical description of the tree, and a chemical analysis of its ultimate constituents, were appended. Thanks were voted in the usual form.

The following members were elected:—The Vice Chancellor of England; Dr. L. Adolphus, of Jamaica; Dr. John J. Bigsby, of Newark-on-Trent; and Dr. William Lempiere, of Newport.

Members admitted:—Benjamin Bond Cabell, Esq., and Charles Welstead, Esq.

ROYAL COLLEGE OF PHYSICIANS.

On Monday evening last, the first meeting or *conversations* of the Royal College of Physicians, of the present Session, was held at the College, Pall-mall, East, and was very numerously attended.

Dr. Maton presided, and Dr. Macmichael read a paper, drawn up by the late Dr. Baillie, "On Paraplegia;" also a paper, by Dr. Gregory, "On Smallpox," showing the prevalence of the disorder during the last year, and the number of cases in the Smallpox Hospital. The cases were principally supplied from the neighbouring counties, where smallpox has been very prevalent. Suffolk afforded by far the greatest number of cases; and as no circumstances occurred to invalidate the prophylactic powers of vaccination, it would seem that the medical men of that county have shown some degree of remissness in the performance of their duty.

ST. BARTHOLOMEW'S HOSPITAL.

FRACTURE OF THE SEVENTH AND EIGHTH DORSAL VERTEBRÆ.

With Paralysis of the lower half of the Body, Dislocation of the Head of the Femur, and first Bone of the Sternum.

WILLIAM FRAY, ætat. 38, a bricklayer, was admitted into Rahere's Ward, Jan. 6th, at 2 o'clock, under the care of Mr. Lawrence, in a state of insensibility, having fallen from the roof of a house three stories high, in Fetter Lane. He was taken to a surgeon in the neighbourhood, and brought from thence to the Hospital. Mr. Burnett, the house surgeon, saw him when admitted, and discovered an irregularity about the 7th dorsal vertebra. There was also a lacerated wound of the integuments covering the metatarsal bone and first phalanges of the great and next toe. The wound was dressed, and a dose of house physic ordered. The pulse feeble.

7. Complaints of pain and difficulty in breathing. There is total loss of sensation and motion of all parts below the umbilicus. The body is cold, particularly the lower extremities. Pulse still feeble, but seems to have rallied a little since yesterday. The urine has been drawn off night and morning, and the house physic repeated this morning, but no motion obtained. Mr. Lawrence saw him to day, and ordered calomel and jalap, should the house physic not act shortly.

8. Slept a little in the night. Felt much pain about the middle of the back this morning, particularly when the nurse moved him on his side. The bowels acted last night after the calomel and jalap, and again this morning, involuntarily. The lower extremities are still cold, and the pulse feeble.

9. Was very restless last night. There is more power in the pulse, and the lower extremities feel warmer. The circulation is altogether more vigorous; breathing very painful and difficult.

13. Remains in a similar state. The urine drawn off, and the *æces* pass involuntarily. The urine latterly has acquired the ammoniacal smell. Pulse weaker; countenance sinking; complains of much pain in the right side.

15. The pain and tightness of the chest are now very distressing; breathing quick and difficult, with frequent coughing; bowels still act.

17. Can scarcely breathe without coughing; pulse very quick and feeble: countenance much sunk.

19. Died last night at half-past ten o'clock.

Post-mortem Examination at Two o' Clock.

Blood extravasated into the substance of the muscles of the back, around the seat of injury. The rim, articular processes, and body of the 7th, with the superior articular process of the 8th dorsal vertebra, fractured. Slight effusion of blood upon the *theca vertebralis*. A considerable quantity of bloody serum escaped, on separating the arachnoid membrane from the chord, which was found in this situation, completely broken down and disorganised, having been pressed upon by the fractured rim of the 7th vertebra, being quite pultaceous at the seat of injury, and softened both above and below, especially for some little distance below, and presenting here and there, when cut into, patches of coagulated blood, which had been effused into its structure. On removing the sternum, with the cartilages of the ribs, for the purpose of examining the chest, the upper portion of that bone was found dislocated from the second, and a large quantity of blood discovered in the right cavity of the chest. Blood was also effused into the cellular texture of the pericardium. A curious appearance presented itself in the left lung, a sort of appendix, about two inches and a half in length, and one in breadth, at its base, gradually narrowing towards a point, was attached to its lower portion, an attempt, apparently, to form a third lobe. The unusual appearance in the position of the right lower extremity having excited the attention of one or two present, the limb being shortened and everted, a dissection

of the upper part of the thigh was commenced, and the head of the femur was then found to be resting on the body of the pubes. On further examination, the ligamentum *teres* was seen to be ruptured, and the upper and internal position of the rim of the acetabulum broken away, the head of the bone having been thrust upwards and forwards. There was the usual effusion of blood into the muscular and ligamentous structures around. The external surface of the brain presented the strongest marks of nervous turgescence, with much effusion of lymph beneath the arachnoid. The internal parts of it were not examined. By some neglect, also, the bladder was not examined. Neither the dislocation of the sternum nor femur was discovered before death.

REMOVAL OF A CARCINOMATOUS ULCERATION OF THE LOWER PALPEBRA.

George Smith, *æt.* 54, was admitted into Henry the Eighth's Ward, Jan. 9, with an irregular indurated ulceration of the lower palpebra, evidently carcinomatous, extending on each side to the angles of the eyelids. About seven years ago, it began in the shape of a small pimple, and had gradually attained its present state. Occasionally it had been painful, but generally easy. Various remedies had been used. Ordered *catap. panis*, and house-physic.

14. At half-past one o'clock, Mr. Lawrence removed the lower palpebra, extending the incision around the angles, and upwards, over the external and internal fourth of the upper eyelid, leaving the two middle fourths. The operation was a delicate and tedious one. A piece of lint, spread with cerate, was directed to be placed between the middle pendulous portion of the upper eyelid, and the cut surface of the lower one, and a wet cloth to be laid over the whole.

15. Passed a tolerably good night; there is some little tumefaction and redness of the integuments around, but complains of little pain. Bowels not open. House physic.

24. The same dressings have been continued up to the present time. Inflammation of the conjunctiva came on within these last few days, and the pain has prevented sleep at nights. There is now some degree of chemosis present, but the patient does not at present complain of pain, unless when the eye is exposed to the light. The cornea is quite clear, and the wound looks healthy.

Feb. 2. By the cicatrisation of the wounded surfaces, at the angles of the palpebrae, their aperture is much contracted, a very small opening being left; sufficient, however, for a tolerable use of the eye.

The parts are very nearly healed, and the inflammation of the conjunctiva much diminished.

WESTMINSTER HOSPITAL.

AMY DAY, ætatis 17, a plethoric, sanguineous girl, admitted into Ann's Ward, under Dr. John Bright, 10th May, 1828. About fourteen days previous to admission, the usual symptoms of fever appeared; the patient applied for advice to a quack, who continued to treat, or rather maltreat her, until this date.

On her first appearance, the following symptoms were extant; face flushed, and pungently hot to the touch; expression of features sombre; irides sensitive. She answers all questions rationally, but cannot fix her attention on any subject for a moment; pain of head; lassitude; occasional slight rigours; respiration variable, calm and equal one moment, hurried, irregular, and unequal the next; pulse 130, small, weak, and intermitting; tongue tremulous, brown, and glazy; lips and gums covered with black sordes; the bowels stated to be open, and secretion of urine scanty; the skin dry, of unequal temperature, burning hot in patches, and elsewhere cold. The following remedies were immediately ordered by Mr. Edwards: a clyster of salt, olive oil, and gruel immediately; a pill of four grains of calomel and a grain of opium afterwards; and this draught every four hours,

Epsom salts, a drachm.

Dilute vitriolic acid, 10 minims.

Infusion of roses, 1 oz. Mix. A hot bath.

May 11. Complaints of a sensation of tightness across the chest; pain of head diminished; slight incoherency of action; pulse 100, stronger; skin uniformly hot. Bled from the cephalic median vein to 14oz.; the clyster to be repeated occasionally; ten grains of calomel to be taken directly, and strong purging mixture every now and then. Barley water, qualified with sugar and muriatic acid, to be used as common drink.

12. The patient passed a restless night, occasionally delirious; towards morning, comatose mutterings; hands in perpetual motion; bowels open, stools fetid and dark-coloured; skin hot.

A blister to the back of the neck, sinapisms to the legs, and a diaphoretic mixture every six hours. A grain of opium and five grains of calomel to be taken directly.

13. Constant delirium; muttering; pupils dilated; pulse 140, small; other symptoms unaltered.

7, p.m. The delirium less active; pupils more sensible; pulse 120, fuller. Twenty drops of laudanum, and twenty of antimonial wine, to be taken at bed-time.

14. The passive delirium had degenerated into coma; irides insensible; sensation

has ceased; breathing laboured and slow, effectuating a very distinct "râle muqueux;" pulse not perceptible; she expired at noon.

Inspection of the Body twenty-nine Hours after Death.

On removing the calvarium, the meningeal arteries, and their satellite veins, were found turgid. The tunica arachnoidea, between the hemispheres, injected with red blood. The pia mater appeared a fine web of scarlet vessels. A large secretion of pus had taken place between the arachnoid tunic and pia mater, at the base of the brain, investing the pituitary gland, and the parts contained within the circle of Willis; this secretion was traceable along the course of the middle cerebral arteries into the deep convolutions, at the sides of the cerebrum; and, in the trajet of the posterior cerebral arteries, into the plexus choroidea upwards, through the inferior horns of the lateral ventricles. A general turgescence was discoverable throughout the vascular system of the brain; the medullary substance peculiarly soft in the thorax; the lungs were found distended with blood of a dark colour, but their structure was unaffected; the mucous membrane of the trachea and bronchi much injected, and the heart apparently healthy.

ST. THOMAS'S HOSPITAL.

EPILEPSY.—ANNE'S WARD, NO. 1.

EMMA WAYMAN, æt. 18, admitted on Thursday, February 5, under the care of Dr. Roots. The patient stated that she first became subject to fits during the period of dentition, but felt nothing of them afterwards, except an occasional rising in the throat, until about fourteen years since. When she had an attack of *typhus fever*, and the fits returned. They again left her, however, and she experienced nothing but an occasional sensation in the throat, which has always continued. About five or six years since, the fits returned, without any apparent cause, and have continued from that time. She says she now has them from once or twice, to six or seven times a day, and seldom goes more than one day without an attack; is generally aware when a fit is coming on, from additional pain in the head, and the rising in the throat, and can then prevent herself from falling, by leaning on the table; but occasionally falls down suddenly. The fits continue from half an hour to an hour, and always come on if she does not evacuate her urine as soon as she feels an inclination. Menstruates regularly, but in small quantities; has constant pain over the forehead; pupils not dilated; ap-

petite good; bowels moved every alternate day; pulse 120, soft, and not full; says she often cries on recovering from a fit. Ordered to apply twenty leeches to the temples.

Castor oil, half an ounce.

Oil of turpentine, four drachms, to-morrow morning.—Milk diet.

6. Had no return of fits since admission; but says she felt a slight giddiness this morning: pain in the head somewhat relieved since the application of the leeches. Bowels have not been acted on.

7. Had three fits last evening; took a dose of house medicine, which operated several times during the night.

Ammoniated copper, half a grain, three times a day.

Extract of colocynth, with *blue pill*, three grains every other night.

Pulse 80, soft and compressible.

9. Has had no return of fits since Friday evening. *Ammoniated copper* increased to one grain three times a day.

10. Had no return of fits; headach gone, and quite free from pain. Bowels open, pulse soft.

COLIC FROM LEAD.

Robert Home, æt. 26, a glass-cutter, in the habit of using white lead, was admitted into Edward's Ward, under the care of Dr. Roots, on Thursday the 5th of February. Had had pain in the abdomen for three weeks past; it became more violent on Sunday last, and was attended by vomiting, which continued up to the time of admission. Abdominal muscles strongly contracted, and the pain so severe, as to cause him to writhe in great agony. Pain somewhat relieved by pressure; has had no stool since Tuesday, and then but one. Pulse 80, full, but soft; tongue white, and loaded. Ordered, a warm bath immediately; and—

Calomel, 10 grains, with

Opium, 4 grains, afterwards.

Castor oil, 1 ounce, with

Oil of turpentine, 1 drachm, every four hours, until the bowels are opened. Milk diet.

6. Has experienced but trifling relief, though the bowels have been freely acted on. Warm bath repeated.

Extract of henbane, 12 grains.

Feels rather better.

7. A blister to the abdomen, and to take *Diluted sulphuric acid*, 15 minims, with half a drachm of *tincture of henbane*, every six hours.

9. Bowels open, free from pain, and, in every respect, much better; complains only of weakness.

10. Considerably better; nearly convalescent; complains only of weakness.

GUY'S HOSPITAL.

Accidents admitted during the week, under the care of Mr. Morgan.

Accident Ward—Injury to the knee.

Contused wound of the leg.

Fractured humerus.

Injury to the ankle.

Injury to the spine.

Chapel Ward—Fractured patella.

Burn.

Luke's Ward—Injury to the testes.

AMPUTATION.

Tuesday, February 10th, Mr. Bransby Cooper performed the flap operation below the knee on a middle-aged man of healthy appearance. The limb was removed in a short time, but some difficulty was experienced in securing the arteries, which occupied a considerable time, and about twelve ounces of blood were lost.

GLASGOW ROYAL INFIRMARY.

IMPROVEMENT IN THE OPERATING THEATRE—NEGLECT OF THE LAWS OF THE HOSPITAL.—AMPUTATION.

SUNDAY, January 18, 1829. It was generally understood that to-day there would be an amputation of a man's thigh, by Dr. Couper; accordingly a great number of students assembled some time before the operating hour, to witness it. As for myself, I was carried to the operating theatre, more by the wishes of a friend than my own; for frequent disappointments in my endeavouring to see the operations performed, had almost sickened me at the idea of another attempt. Although there were many before me, I was still early enough to get a seat sufficiently near to enable me to see what was going on, unless some unlucky wight should, in the mean time, step in between me and the patient, and afford a gratuitous and unwished-for opportunity of viewing the beauties of a well-made coat, and a deliberate scrutiny of the posterior part of an equally well-formed person, in exchange for the regular steps of an important operation. My expectations being any thing but sanguine, my surprise will easily be imagined, when, instead of the usual crowd round the table, of surgeons, dressers, clerks, and visitors, of every degree and description; these gentlemen modestly kept at a distance,

so that every one saw what was going on. Perhaps it will scarcely be conceivable how twenty individuals could be accommodated in a circle, the radius of which cannot, certainly, be more than eight feet; but such an occurrence did undoubtedly take place. Dr. Couper and Mr. Cowan deserve the thanks of every student attending the Hospital for the change, for, to their good sense and good feeling, we are no doubt indebted for the amendment. This was the first operation which had taken place since the appearance of a letter in *THE LANCET* on the subject, which, though short enough, was, it seems, sufficiently long to effect its purpose. There needs not one word of comment to be added on the subject. The students have for years murmured respecting this abuse; they hissed and booed loud enough, to be sure, but as one generation went away, and another succeeded that which was gone, they still found the abuse continue, and if it had not been publicly noticed, it would, in all probability, have continued to exist. I hope the efforts of *THE LANCET* in this instance, will always be attended with a result as happy, unexpected, and beneficial.

Before saying any thing of the patient or the operation, it should be mentioned, that the day previous to the removal of his limb, being at his bed-side, I happened to cast my eyes to the ticket attached to his bed, and—will it be believed? although he had been admitted on the Wednesday before, I found the following description, "Robert Leggate, admitted December 27th, 1828: ulcers, secondary syphilis." This ticket had belonged to the man who had occupied the same bed before the admission of the present patient; but although this is a glaring, it is not the only, instance of carelessness and neglect on the part of the gentleman whose duty it is to attend to such things. Some few days before, I counted, on one side alone, of Ward No. 6, no less than six beds wanting tickets. It is one of the regulations of the Hospital, that the name, date of admission, and disease of each patient, should be marked on a ticket, and attached to his bed. On the fulfilment of the first two of these injunctions, the pupils have a right to insist, to enable them, without troubling the patient, to refer to his case in the journals; but as to the last of the three, of course, it is better to be content with the least of two evils, and rather want the name of a disease, than be presented with an incorrect one. The Directors, before they made such a regulation, should have considered the necessity of always appointing clerks capable of obeying their orders.

—Cowan was admitted by Dr. Couper, with diseased knee-joint. He had been re-

peatedly a patient in the Hospital before, and now came to have the limb removed.

Compression was made on the femoral artery by Dr. Auchinloss, with his thumb. The operation was performed at the superior third of the thigh, by the double flap, with Lisfranc's knife, the usual instrument in almost every case of the kind which occurs in the Hospital. The outer flap was formed first, and the inner immediately afterwards. A gush of blood took place from the divided femoral artery, which, however, was instantly taken hold of by Mr. Cowan, and compressed till Dr. Couper applied a ligature on its extremity. A scalpel was now carried round the bone, so as to divide the muscles that still remained attached to its surface, and the retractor put on to remove the integuments out of the way of the saw. The bone at this part was thickened, and appeared, from the ease with which it was divided, to be much softer than is natural. Eight vessels were secured, and the flaps brought together. In the description of an operation, there is seldom any notice taken of the dressing, the neatness of which, in the present instance, I could not but admire.

The man having been put to bed, an incision was made through the muscles on the anterior part of the thigh, and the joint laid open. There was an abscess extending for a considerable distance between the muscles situated internally, which Dr. Couper, however, supposed did not communicate with the joint, the cartilages of which were ragged and ulcerated. The bone, on its posterior aspect, was denuded of its periosteum. It was, throughout, soft and thickened. Dr. Couper intimated his intention of making a section of the bones, and showing them to the students at a future opportunity.

ROYAL WESTERN HOSPITAL.

To the Editor of *THE LANCET*.

SIR,—You have thought proper in your last Number to observe, that "you believe the certificates of attendance on the surgical practice of the Western Hospital, are not received by the College of Surgeons." To this statement I beg to observe, that *twelve months* not having elapsed since the Hospital was opened for the reception of a hundred patients, with a hundred and five beds, pupils cannot, *as yet*, have presented certificates from it; so far your statement that they "are not" received, is perfectly correct; but lest any might mistake your sentence, are not, for *will* not, and as the subject has been introduced, I shall trespass on your professed independence, with a brief account

of the reasons assigned by the Council of the College for not having publicly recognised this Hospital. As a body, they have not thought proper to give any reason; but many of them have stated to myself, and by far the majority of them to others, that when it came within their by-law, it was *virtually* recognised. The excuses (individually) they have given are, 1st, That they never publicly recognised any hospital; 2dly, That they doubted the stability of this hospital; 3dly, That although it contained upwards of a hundred beds, (according to their by-law,) yet that they were not *all* occupied; 4th, That the beds were too close. The first excuse is not worth a comment. When they advanced the second, "That they doubted its stability, &c." his Majesty was not its patron, the Duke of Wellington was not its President, the Right Hon. Robert Peel, and thirty, at least, of the principal nobility, were not its Vice-Presidents; at that time it was a private establishment, now it is as public a one as any in this metropolis: will they now dare doubt its stability? The third excuse, "That the beds were not *all* occupied," I am inclined to think, will be considered by every man of an independent spirit, as futile a plea as was ever made; when it is recollected, 1st, That we have had seventy-five patients at a time in the hospital; 2dly, That *all* the beds are ready for patients; 3dly, That none have ever been refused admission; 4thly, That one of their own recognised hospitals* contains only *forty* surgical beds! As to the "beds being too close," they shall very soon have no reason even for this complaint, as the building is immediately to be enlarged, so as to contain from 150 to 200 beds. Finally, before next January, I shall, in all probability, send to the College fifty pupils; and I can tell you, they will not dare to refuse my certificates; for, although it is probable "they neither can sue, nor be sued in the name of their secretary,"* I shall maintain my rights, and teach them *individually* not to break those laws (vide by-laws of the Royal College of Surgeons in London, Sect. 18,) which they themselves have made. I cannot conclude without stating, that for some of the members of the Council, I entertain the highest respect, and am, Sir,

Your very obedient servant,
W. W. SLEIGH.

25, Upper Seymour Street, Portman
Square, Feb. 9, 1829.

* Four of the surgeons of this Hospital are members of the Council!

† "Their Charter of Geo. III. not ever having been confirmed by Act of Parliament."—*Vide Paris's Medical Jurisprudence*, p. 58.

THE WEBB-STREET SCHOOL.

To the Editor of THE LANCET.

SIR,—You are, perhaps, aware that of late a museum has been added to the Webb-street School of Anatomy, which, it was stated at the commencement of the season, would be open to the students constantly, and I believe many entered under this idea, and on that account. I can, however, say, Sir, that instead of the above being the case, it is always closed, except when the high and mighty enter it themselves, and students are, and I have been, actually refused admission by Mr. Appleton; when, upon questioning his authority, he declared that it was the express order of Messrs. Grainger and Pilcher. This looks like a "hole and corner" proceeding. Let these gentlemen recollect upon what principle their school was established by the late and regretted Edward Grainger: was it not to burst the barriers of a system of monopoly and humbug practised upon the poor borough student? And will they profane this individual's memory by perverting his good and laudable object? Is this the Webb-street School?

A PUPIL.

TO CORRESPONDENTS.

WE really wish that some of our correspondents had a little more patience. It often happens that we receive more communications in one week, than we can find time to peruse in three. Yet we are frequently required to decide on the merits of an article, occupying several sheets of paper, and to "send an answer, or the communication, by return of post." We have not yet read the Essay signed "B. E. X."

We were wrong, we find, in styling Mr. Vines "DEMONSTRATOR," in our last Number. Mr. Sewell is the *nominal* Demonstrator, but in truth, the pupils have no demonstrator at all. It is much to be regretted that Mr. Vines is not appointed to the office.

"X." The operation was indeed performed in a bungling manner. But "give him time; do not crush him in the outset of his career."

Statements of facts cannot be inserted, unless authenticated.

The Pupils at St. Bartholomew's do not receive a proper notice of the post-mortem inspections.

Orders for THE LANCET may be sent to our OFFICE, in the STRAND.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, FEBRUARY 21.

[1828-9.]

LECTURES
ON THE
DISEASES OF WOMEN AND CHILDREN.

DELIVERED AT GUIN'S ROAST BY

DR. BLUNDELL.

LECTURE XVI.

Of the Bladder, and some Diseases to which it is liable; Of the Catheter, and its introduction; on Rupture of the Bladder.

Or the bladder, in women, it may be proper to remark, that it is a musculo-membranous receptacle, which, when contracted, lies concealed behind the symphysis pubis; and when dilated, advances forward and becomes large, containing, occasionally, nearly two gallons of water; of course this is the effect of over-distention. It is of three tunics that the bladder is composed, at least according to the British accoucheur; and the distinction is sufficiently minute for all practical purposes; internally, it is invested by its mucous membrane; externally, it is partially covered with peritoneum, and intermediately you have numerous muscular fibres ranging in all directions; and, of course, when they contract, the dimensions of the bladder are, in every direction, considerably decreased. The peritoneum furnishes a very partial coat for the bladder; covering merely the back part of the body and fundus, while the neck all around, and the whole of the front, lie bare. Where the bladder is covered by peritoneum, it is smooth; where by the cellular web, it is rough. At the lower part of the bladder in front, the urethra enters, being an inch, or an inch and a half long. Throughout its course, it lies at the back part of the symphysis pubis; and, at any time, when it is to be wished that you should feel the urethra, you may distinguish it by putting your finger upon the back of the symphysis pubis, in the way here demonstrated. Of

ureters, there are generally two, opening into the back part of the bladder, at the sides inferiorly, so that there are three apertures; the two orifices of the ureters, and the orifice of the urethra internally, forming the points of a small triangle. When the bladder is dilated, it fills up the abdomen much in the same way that the womb would do, perhaps occupying one-third, or one-half, of the front and middle part of the cavity; but when contracted, it lies behind the symphysis pubis, and, at all times, the back part of the neck of the bladder is lying on the front and superior part of the vagina. And hence, if an examination of the bladder is to be made, you may pass the finger up to the anterior and upper portion of the vagina, and thus ascertain its condition almost as well as if the finger were within it; this is a fact of which all are not aware, and a fact of considerable importance in obstetric practice.

I send you round a painting of the symphysis pubis, and the internal parts of the pelvis. (Dr. Blundell explained the different parts of the painting.)

Here is a preparation of the bladder over-distended, and burst on its peritoneal surface, which is remarkable, for that is the strongest side. The back, which is covered with peritoneum, is smooth, and the front, covered with cellular web, is rough. The next two preparations exhibit the same parts.

Retention of Urine.—As men are liable to retentions of urine, so also are women, but from causes much less grave. In women, the retention of urine is of two kinds, partial and complete, and very important the distinctions are. Patients we sometimes meet with labouring under a complete retention of the urine, so that not a drop comes away, the abdomen, in the course of two or three days, looking like a case of ascites, particularly if a woman have borne any children. With this condition of the bladder, there may be slight delirium, shivers, heat, and a pulse 120 in the minute; the patient, perhaps, on account of her delirium, giving but an obscure history of her case; and forcings occur, and much pain of the abdomen and of the bladder. An accoucheur of experience meeting with a case

of this sort, will soon learn its nature; and even the inexperienced, finding that no water has passed for two or three days together, can scarcely mistake the case for dropsy of the peritoneum.

But more frequently we are meeting with cases of *partial* retention, and of a very deceptive kind; the patient may tell you that she cannot retain the water, because it is frequently gushing from her, or dripping away continually, so that your first impression is, that she labours under incontinence, for water never passes in a plenary stream, and in large measure, at once. If at this time you lay the hand on the abdomen, you find it is large, as if it were *ascitic*; and it fluctuates very distinctly; and there may be tenderness and pain, and forcings, and rigours, and fever, which are characteristic of the disease, and help to distinguish it from ordinary peritoneal dropsy. Now and then there is a swelling of the legs, particularly if the woman be pregnant, so that if you are at all in the dark, as to the nature of the disease, you still retain a wrong notion of it. You began with the suspicion that the woman was incapable of retaining the urine, and you now fall into the opinion that she labours under an *ascites*. There is a case related by Sir Richard Croft, in which, under partial retention, the urine had been gradually accumulating for four or five weeks together, the abdomen at length becoming exceedingly distended; for in these cases, the water issuing more slowly by the urethra than it enters by the ureters, there is a continual, but gradual and slow increase of the quantity. Thus is the case referred to, the urine accumulated to the measure of nearly two gallons. Nor is it alone with incontinence, or peritoneal ascites, that this disease may be confounded, for the abdomen being tender and painful in high degree, with rigour and fever, and the patient continually writhing and complaining, we may get a notion that she labours under abdominal inflammation, joined with suppuration or spasms. Well, then, here, perhaps, you will ask me how it is that we are to know at the bed-side the nature of an affection so fallacious, simulating at once the symptoms of inflammation, dropsy, and urinary incontinence. Why, by the following diagnostics: that there is a retention of the urine, we ought always to suspect, provided we discover a large intumescence of the abdomen, fluctuant and accompanied with much pain, tenderness, and forcings, and we may always reasonably suspect, that there is a considerable quantity of accumulated urine, provided the water do not issue at all, or provided it is issuing in a very small stream, or by drops involuntarily, or in occasional gushes, and all this in conjunction with a large, tender, painful, and fluctuating abdo-

men. If, in these cases, you are told that the patient can pass the water, let it be submitted to inspection, and take care that it is the secretion of the patient that is produced to you, as the nurses are not always to be relied upon in this point. Now, if you find that the urine issues in copious stream, there is no danger, but if there is no discharge at all, or only a very small discharge, then there may be a retention, which may rupture the bladder, unless the patient is relieved. Again, when you suspect that there is a retention of the urine, introduce the catheter, and this instrument, properly managed, will prove an excellent diagnostic. In passing the instrument, however, do not slide it into the womb, and draw off the liquor amnii in mistake for the urine; be careful, too, not to urge it upward too forcibly, so as to force it through the back part of the urethra into the vagina, in place of the bladder; in passing it gently, be careful, however, that it is passed sufficiently high, in dubious cases especially, for sometimes you may just reach to the entrance of the bladder, and there stop short; remember that the catheter should be clean, its apertures, eight or ten in number, all open, its calibre clear, and the stylet withdrawn; recollect also, that from over-distention, the bladder is sometimes paralytic, and, therefore, even though the catheter be fairly introduced into its cavity, the urine may not readily flow away; all this bear in mind, and then if the catheter be introduced with all these cautions, you will find it an excellent diagnostic. One other caution I ought to mention, which is, that sometimes there is a deep mucous follicle by the side of the urethra, perhaps an inch or more in its profundity, and into this the catheter may pass, you mistaking it for the urethra; and, as no urine flows, you may then persuade yourself that there is no accumulation of it; inflammation of the bladder, if not rupture, being the consequence of the error. Here, then, is the answer which I would give to the question before proposed.—How is it that we are to know at the bed-side the nature of the affection?—The retention is known by the intumescence and fluctuation of the abdomen; by a total retention of urine, or an involuntary discharge by dribbling or by gushes; by there being in the chamber no large measure of urine, passed at one time by the patient in a plenary stream; and by the failure of a flow of urine, although the catheter have, with all due cautions, been introduced into the bladder. Remember all these diagnostic symptoms. Fatal consequences may result from a want of sagacity here.

Retention of the urine may arise from a variety of causes, requiring a corresponding treatment, of which causes I shall men-

sion the more important in women. Retentions occur sometimes in consequence of a general constriction of the urethra; two cases of this kind I have seen, in which the urethra was constricted from end to end; in one of these cases the bladder lay open by an aperture into the vagina, so that the action of the urethra was superseded; and in the other, the bladder was healthy enough, yet the urethra was so contracted, that I found it requisite to sound it with a probe, and every morning the patient used to be twenty or thirty minutes in passing the water, if the ordinary quantity were accumulated. Dilatation is the remedy for this defect; nor will it be difficult if there be no extensive organic disease.

Women are sometimes affected, or fancy themselves affected, with spasmodic stricture; for I do not believe all that is said by women reputed to labour under this disease, which sometimes may be attributed to a mixture of caprice and hysterics; yet there is no doubt that spasmodic stricture does sometimes take place, and it is more likely to occur in very irritable girls, than any other persons. A well marked case of this kind I examined in the hospital, for Dr. Williams. In those cases of spasmodic stricture, for days together no urine passes without the catheter, and then it may flow readily enough; being afterwards again retained and again emitted, *ex arbitrio*. In the general, and perhaps always in real spasmodic stricture, the catheter may be passed, the constriction giving way before the instrument, so that palliation is easy; but with a view to the radical cure of the disease, you may try what can be done with the *tinctura ferri muriatis*, the warm hip-bath, the cold hip-bath, large blisters at the lower part of the spine, and above the symphysis pubis, and perhaps I may say the extract belladonna.

After hard labour it sometime happens that the urine is retained, and the retention is produced by inflammations in the back part of the neck of the bladder, and swelling, more or less, and spasm. Time, a period of two or three days, for example, generally cures this affection. The cure may be accelerated by the application of leeches above the symphysis pubis, from ten to twenty—by a large blister—by fomentations, purgings, and bleedings from the arm.

I have already observed to you, that retentions of the urine are sometimes to be attributed to retroversions of the uterus, which may close the urethra completely or partially, giving rise to both the varieties of the disease before described. Of course the principle cure consists in the replacement of the uterus, by emptying the bladder, and afterwards operating upon the womb by the hand—by emptying the bladder, and

then directing the patient to take posture on her knees and elbows; or this failing, by again emptying the bladder and making with the hand more active attempts than before to replace by the hand, in a manner already explained at large.

Retention of the urine in women, more or less complete, arises occasionally from prolapsus of the uterus, where it comes down beyond the external parts, producing *proidentia*, (considered fully in a former lecture,) the bladder descending together with the womb; but where the uterus comes down but a little way, so as to constitute the relaxation considered at a former meeting, some retention of the urine may still be produced. In cases of this kind, the most effectual means of relieving the patient, is by replacing the uterus. A woman may be taught to replace the womb for herself, by making pressure upwards and backwards, so that the urethra may thus be replaced and rendered pervious, and the water may be found to flow. Of course, in cases of this kind, it is occasionally necessary to introduce the catheter, and this, too, if the patient have a tolerably intelligent mind, she may do for herself. *Prolapsus* of the bladder sometimes occurs; and in consequence of this descent of the bladder, an obstruction may be produced as before. The most effectual mode of relief in this variety of the disease, is by replacing of the parts, and supporting them by means of a pessary. If the water cannot be liberated in this manner, then the catheter must be introduced.

In women you may, occasionally, meet with retentions of urine, arising from inertness of the bladder; in some cases, perhaps, the result of an injury done to the spine. A case, which wore this aspect, I once examined in the Hospital, where a severe blow had been received in the lumbar region, in consequence of a fall on the stairs. Three or four pints of urine had been accumulated in the bladder, and when the catheter was introduced, so as to remove all resistance, a flow, indeed, occurred, but it was feeble. I remember once seeing Sir Astley Cooper introduce the catheter, in a male, in whom there was great abdominal distention, and when the catheter was introduced, the urine scarcely flowed at all, to the surprise of the by-standers, till, at length, the hand was laid on the abdomen, and when a gentle pressure was made there, the water issued readily enough. In these cases of paralysis of the bladder, the remedies to be most relied on principally are, I believe, in the first place, the introduction of the catheter; secondly, the employment of very warm hip-baths; and, lastly, blisters, and which may be applied either to the lower part of the abdomen in front, or to the back of the spine.

You will now and then be called to cases where urine is said to be retained, and where there is, in truth, no retention, but really a suppressed secretion. My friend, Dr. Chapman, late of Demerara, tells me, that in the very last stage of the yellow fever, when it is all over with the patient, there is sometimes no secretion of the urine for hours. In this very Hospital I was once called to see a poor creature, dying under a sloughing chancre, and who had not passed any water for some time. I was requested to introduce the catheter, and did so, too inconsiderately, before I had duly examined the abdomen; but I was unwilling to disturb the poor girl. When I made my attempt, I found I could not introduce the catheter to half the depth I had expected, and, frustrated in my endeavours, I made my examination above the symphysis pubis, when the abdominal parietes being exceedingly attenuated, I could readily distinguish the point of the catheter lodging in the bladder, just behind the symphysis pubis. Violence has no place in scientific midwifery; operating as I was, upon a poor young girl, only not moribund, you may well suppose I proceeded with the utmost gentleness; indeed, in this case, had force been used, much injury of the bladder might have ensued.

These, then, together with the modes of treatment, are some of the principal causes by which the retention of the urine may be produced:—A permanent constriction, or spasmodic stricture, an injury done to the bladder by severe labour, retroversion of the uterus, prolapsus of the uterus, prolapsus of the bladder and vagina, a want of muscular power in the vesical tunics, and a total failure of the secretion of the urine.

Of the Catheter, and its introduction.

Under retentions of urine in women, it is necessary to have recourse to the catheter, and, for this purpose, different instruments have been contrived, of various form, size, and material: of silver, pewter, flexible metal, and caoutchouc, but most frequently of silver. There is a flat catheter, the contrivance and recommendation of a very excellent practical accoucheur, Dr. Ramsbottom; and there is a double catheter, which Dr. Clark has contrived, not without elegance, one lying within the other; in this instrument you have the advantage of having a small catheter within a larger, so that if the urethra is so small that you cannot introduce the larger, in some cases, at least, the smaller may be substituted with success. The length of the catheter which I use is about six inches. Shorter catheters may generally draw the urine, but not readily in all cases. The instrument ought not to be

straight, for then you are more likely to pass it through the back part of the urethra; a certain degree of curvature, somewhat bold, should be given to it, so that, during the introduction, the point may be easily passed upwards and forwards. At the under end of the catheter a stop ought to be placed; it enables you to hold it more steadily, and prevents the risk of its slipping into the bladder. All catheters are properly made with the upper extremity closed, being opened at the side by apertures. Some of the older catheters have only two or three punctures in their extremity; but these are not sufficiently numerous; there ought, at least, to be four or five on each side, for some of them may become obstructed, and thereby the flow of the urine may be prevented. When going to introduce this instrument, you will find it convenient to be provided with a large vessel, to collect the water; but you ought to have a small one also, to receive it immediately from the instrument, and a decanter, or any bottle, of proper size, is, I think, one of the most convenient vessels for the purpose.

In introducing the catheter, the first and most difficult point turns, on finding the orifice of the urethra. Sometimes it may be necessary to expose the person a little for this purpose, if the operator be unskilful; but when tact is not wanting, the orifice of the urethra may be reached without. There are different modes in which this part may be discovered; first, by putting the patient in the recumbent posture, and planting the tip of the left index on the glans, you may afterwards carry the finger downward about an inch, at an equal distance between the nymphæ, when you will find its extremity lying immediately before the orifice which you seek, and the instrument may then be easily introduced; and this is a very good method of introduction, but wanting in decorum, and I prefer, therefore, another mode. Now operating in this manner, you place the woman on her left side, in the usual obstetric position, afterwards planting the finger upon the urethra, to be felt like a piece of laycord close upon the symphysis pubis; and you then carry the finger down to the arch of the pubis, where you may discover the orifice of the urethra, especially on moving about a little; and this once discovered, the catheter may be easily introduced with the other hand.

This method succeeds very well; it does not expose the person of the patient, and it is more convenient for the abstraction of the urine. There is yet a third mode, that which I prefer in my own practice, but it requires a good deal of experience to be able to use it with dexterity, and this consists in placing the finger immediately on the point of the arch of the symphysis pubis,

close to which lies the orifice of the urethra, and there feeling for the opening; and there is no reason why you should not find on these parts the orifice of the urethra, just as readily as you would find any other orifice, of equal size, formed in a piece of moistened leather, for example, and submitted to the touch. Now, in some of these cases, the orifice is so flaccid, that you may have a difficulty in distinguishing it; and, in these cases, you may venture to apply the catheter at a risk upon the part, when you will generally find that it enters without difficulty, on moving it about a little, as here demonstrated; in most cases, however, as the orifice is generally a little dilated, and sometimes also elevated at its margin, you may feel the aperture readily enough. Well, having found the orifice in one or other of these modes, you lubricate the catheter, taking care that you do not close up the punctures of the instrument, and then passing it into the opening, you slide it onwards, carrying the point upwards and forwards above the symphysis, but not with violence; for if the instrument will not pass without violence, lay it aside altogether. The back of the urethra has been bored through, over and over again, to the dishonour of the profession, so that there is no need to perform that operation again. I know of one case in which a male catheter being employed, the point was pushed through the back of the neck of the bladder, the patient dying in consequence. Do think of your own urethra, when you are passing the catheter into the urethra of any other person; and really this reflection may have a good effect in mollifying your operation. In passing the catheter, not only proceed with gentleness, but beware of holding the instrument sturdily in a certain position, as if you were determined to carry it up, according to strict anatomical rules, bearing down all resistance in a *scientific manner*, for sometimes the urethra lies very much out of its ordinary course. My own method is to pass up the catheter with the utmost gentleness, holding the instrument lightly, that it may take its own turns in ascending, when you may sometimes observe it to make nearly a complete circumgyration before it enters the bladder. The catheter being in the bladder, you may generally abstract the water easily, but sometimes, on removing the stylet, not a drop will be found to pass; and being surprised and rebuked, you collect yourself a little, and begin to consider what is the nature of the impediment. Now there are different causes to which this failure of the flow may be ascribed, the following being the principal; sometimes the calibre of the catheter is obstructed by some foreign substance, and sometimes the apertures of the instrument

are shut up; in other cases, you may have introduced the catheter into the vagina or the uterus, mistaking it for the urethra; or if the introduction have been forcible, you may have made a false passage, and the instrument entering the urethra below, may have been forced through the back of it into the vagina; in other cases, the catheter may lie within the cavity of the bladder, but a failure of the flow may result from a paralytic weakness of the viscus; in other cases the failure may arise, not from the non-entrance of the bladder, but from a want of the secretion of urine; now and then, though rarely, it happens that the failure results from your not having passed your catheter sufficiently far, particularly in cases of retroversion; and now and then the difficulty arises from your having got the instrument into one of those deep mucous follicles to which I before adverted: (for I will relate to you a very useful case, with a view of illustrating this point:) a lady in the country laboured under a retention of the urine; the practitioner, a man of candour and talent, introduced the catheter, and withdrew the water, and again he tried to introduce the instrument, but failed; gave some pain to the patient, and declined proceeding further. There was a talkative nurse there, generous in the gift of her opinion; and in consequence of her weighty decision, another practitioner, a rival, was called; who took, as it appears, some advantages, not very magnanimous, of this paltry incident, and passed the catheter a first time successfully enough, but, on a second trial, failing, yet being unwilling to lose his laurels, he pushed the instrument onward with some little violence, occasioning pain and bleeding, but no discharge of the urine. In this posture of circumstances, Dr. Haighton was sent for, and he introduced the catheter, without difficulty, the first time; but, on making another attempt, he also failed; recollecting, however, this deep mucous follicle, and suspecting that it was lying near the orifice of the urethra, he examined more carefully, and found that the whole difficulty arose in consequence of the instrument sometimes entering the one canal, and sometimes the other, and then took his measures accordingly.

It may be as well I should add here, that the urethra may lie in three principal directions: first, on the back part of the symphysis pubis, being drawn upward more than ordinary, as in retroversion of the womb, for example. Secondly, in a course stretching downward and backward, towards the point of the os coccygis; this happens in the case of the proclivencia, where the uterus is pushed forth between the limbs; and, thirdly, it may lodge behind the symphysis pubis, but in a direction somewhat

dilated, for the urethra occasionally takes a tortuous course, and this you will find especially in cases of relaxation, where the urethra comes down a little way, and that such distortion exists, you know by the movements of the catheter, for it is in those cases that, during introduction, it turns variously, as before stated.

Well, when you have entered the bladder with the instrument, and find the urine is flowing, I should recommend you not to withdraw the whole quantity at once; suppose there are several pints, or two gallons, accumulated, then abstract about the half of this, and let the bladder contract upon what remains, introducing the catheter again, and abstracting the remainder some few hours afterwards; under this practice, there is, I think, less risk of inflammation. After the urine has been drawn off, you ought to be on your guard against inflammation of the bladder, or any other chronic disease. But should inflammation supervene, I would treat it on the same plan as inflammation of any other important viscus.

Remarks on Rupture of the Bladder.

The rupture of the bladder in women is happily rare, yet it occasionally occurs, and this cyst may give way posteriorly into the peritoneal sac, the urine becoming inter-fused among the viscera; or, the laceration may be seated in front, the water making its escape into the cellular web, which lies about these parts, and covers the contiguous surfaces. If the urine is extravasated in front, I fear that there is little to be done; inflammation, sloughing, death—these are successively the fate of your unhappy patient. If, however, instead of the anterior rupture, there is a laceration of the bladder behind, so that all the urine escapes into the peritoneal sac, I conceive there is yet something which might, perhaps, be attempted; and, were a relative of mine in this condition, I should recommend the making of an opening above the symphysis pubis, to withdraw the urine, and the thorough ablation of the abdominal cavity and its contents, by means of the free injection of distilled water, 98°, or more, of Fahrenheit's thermometer; the operation being continued prudently, no symptoms forbidding, till the water flow away without manifesting the urinary characteristics; for if the urine were left in the peritoneal sac, extensive and fatal inflammation must ensue; and it is quite evident, in the present state of our knowledge, that the escape of the patient is without hope. The peritoneum thoroughly washed, I would then recommend that the ruptured part should be drawn up to the abdominal opening, and the bladder being, at this time, lax and

dilatable, this might easily be done; this accomplished, the laceration might be closed with ligature, the parts of the bladder, lying forth beyond the ligature, being carefully cut away, and the bladder being then drawn up by means of the ligature to the abdominal opening internally, and of the ends of the ligature, one might be cut away, and the other might be brought to lie out at the wound, to separate, and be withdrawn afterwards, as in tying up an artery. Disruption of the bladder ought, I think, by no means to be given up as wholly desperate; facts ought to be collected—experiments ought to be made—proper cases ought to be chosen—and skilful operators ought to give their help; and, by proceeding in this manner, I am not without hope that, in some few cases, life might be preserved.

To assist in clearing the ground a little, I have already made some experiments upon the rabbit, and it may be proper to give you the results. Into the abdominal cavity of four rabbits, I threw about two ounces of human urine, and left it there for an hour; after which I withdrew the urine, and washed the viscera thoroughly with tepid water from the cistern; of these four rabbits three died with general inflammation of the peritoneum, but the fourth lived. It follows, therefore, that this animal, though prone to disease within the peritoneum, and containing many and large viscera, may, nevertheless, escape with life, though these viscera have been bathed in urine for fifty or sixty minutes, provided the cavity be then washed out. Such escapes, however, are, I suspect, both narrow and rare.

Again: in another set of experiments, I tied up the fundus of the bladder in the rabbit, afterwards cutting the fundus away, and I have found that, in a few days, the ligature separates, leaving the bladder closed, though some of the rabbits have perished some months afterwards in consequence of chronic disease, not apparently the necessary, but the accidental, effect of the experiment.

Since these experiments were published, Mr. Travers, so well known by his excellent writings, has tied up, with success, a small aperture in the stomach; so that, although I would not have you rashly engage in an undertaking so hazardous, yet it may, I think, be asserted, that what I am here proposing is not thrown out at random, without any basis on which it may rest, but confirmed, in some measure, by surgical observation and experiment. Let us then reflect on these things. If, instead of sitting carping, with their hands in their pockets, certain of our brethren, of unhappy temper, would but bridle their garrulity, and apply themselves to the discovery of some useful practice, as some of my own valued friends

have been doing. I do think that, on experiment, they would find this calm exercise of the mind more agreeable to themselves than the fretful ebullitions of small passions, and certainly it might prove more beneficial to the public. Such men often have talents for better things if they would but so use them, and, when coming in contact with them, I cannot forbear thinking of the reproach addressed to Philip of Macedon, by Damades, the Athenian:—"Why do you, O King, descend to the part of Thersites—you, who might so nobly personate the character of Agamemnon?"

I here show you several bladders, from which I took away a part with the scissors, in some of them you will see where the ligatures were applied, and you may observe that the closure is complete.

FOREIGN DEPARTMENT.

TRANSVERSE FRACTURE OF THE STERNUM, CAUSED BY MUSCULAR EFFORT DURING BIRTH.

MARIE P., *ætat.* 25, of a robust constitution, being for the first time pregnant, felt, on the 14th of April, the first symptoms of approaching parturition; the pains were very strong and continued; but the head, which presented, being rather large, a considerable time elapsed before it passed into, and through the cavity of the pelvis. In order to accelerate the expulsion of the child, the patient used the most violent muscular exertion, and, at last, a healthy male child, of eight pounds and a half weight, was born. During the last stage of labour, she suddenly felt a cracking in the chest, and subsequently, excessive pain over the middle part of the sternum, and difficulty of respiration. On the following day the pain and dyspnoea continued, and frequent cough, with copious expectoration of purulent matter, succeeded; except these symptoms, her general health appeared so little affected, that on the fourth and fifth day she was able to leave her bed, but, on the sixth day, she was seized with shivering, respiration became very laborious and painful, and the expectoration began to be mixed with blood. On accurate examination of the sternum, M. Chaussier found an unnatural mobility between its two upper portions, which, gliding over one another on every deep inspiration, produced distinct crepitation. The patient was kept very quiet, and leeches were repeatedly applied, but no alleviation in the symptoms took place; the pain increased, respiration became stertorous, and a tumour formed at the anterior part of the

sternum over the fracture, which having been opened, a considerable quantity of thick white pus was evacuated: the relief which followed this operation was, however, but transitory, and the patient died on the fifth of May, apparently with all the symptoms of suffocation. On examining the body, a transverse fracture of the sternum was found, one line and a half above the cartilage, between its two upper portions; on the anterior surface of the sternum, the periosteum was thickened, and infiltrated with pus; on the posterior surface it was extensively lacerated, the bone was broken into a great many fragments, and the whole of the anterior mediastinum, as well as the adjacent parts of the lungs, were infiltrated with purulent matter.—*Revue Médicale.*

PROLAPSUS AND RUPTURE OF THE UTERUS DURING DELIVERY.

By Dr. HENSCHEL, of Breslau.

A female, *ætat.* 30, of a very weak constitution, who had, since her last confinement, been affected with incomplete prolapsus uteri, became again pregnant; during the latter period of gestation, the uterus gradually re-ascended into the pelvis, and at last regained its natural position. The incipient stage of labour seemed perfectly natural; the contractions of the uterus were very powerful; the os uteri had dilated to about half an inch, and the head had entered into the small pelvis, when, on a sudden, during a pain, the lower portion of the uterus prolapsed. On examination, Dr. Henschel found a large fleshy mass protruding from the vagina; it was of cylindric form, six inches in length, and two and a half in diameter, very tense, and of a blueish red colour; the upper portion appeared somewhat thinner than the lower, in which the os uteri, the edges of which were much tumefied, was easily distinguished. The patient was very much exhausted, and complained of excruciating pain in the prolapsed mass. The head of the child having descended through the lower aperture of the pelvis, lay between the labia pudendi, and was forcibly pressed, by the contractions of the uterus, towards the cylinder; the upper portion of which being violently distended on each uterine contraction, threatened immediate rupture. The os uteri having meanwhile dilated to more than an inch, Dr. Henschel resolved upon terminating labour by the immediate application of the forceps; which having been readily introduced, the head was without much difficulty brought towards the aperture, when the upper portion of the cylinder all at once began to burst; and the forceps were accordingly withdrawn, and the head made to descend as

slowly as possible, to prevent further laceration, but without success; for when the head descended through the os uteri, the external surface of the cylinder, a little below the symphysis, presented a transverse rupture of about two inches in length, and of considerable depth, without, however, as it appeared, penetrating through the paries of the uterus. The child was born alive, but died within a few hours. After the removal of the placenta, the prolapsed portion of the uterus powerfully contracted; it became considerably shortened, but increased in thickness, so that when Dr. Henschel attempted to return it into the pelvis, its size occasioned great difficulty. This was, however, at last accomplished. On examining the internal surface of the vagina and lower portion of the uterus *in situ*, no trace of any wound could be discovered. During and after the laceration, the hæmorrhage was slight, but the sufferings and exhaustion of the patient were very great. Emollient injections were thrown into the uterus, and small doses of opium given internally. The ensuing night was very restless; the patient lost much blood, and complained of violent pain over the whole abdomen, which was tense and very tender on pressure; the upper portion of the uterus had completely contracted, but the lower was still very tumid and painful. The opium and emollient injections were continued, and a poultice laid over the abdomen. On the second night, the tension and pain of the belly considerably increased; the patient was very feverish, and in a desponding state. After the application of an emollient glyster, and some leeches to the hypogastric region, the inflammatory symptoms gradually subsided; the breasts filled with milk, and the lower portion of the uterus began to contract; so that on the seventh day it had nearly regained its natural size. The lochial flux was very profuse, and contained much purulent matter. Four weeks after delivery, the patient was perfectly cured. On examination of the vagina and uterus, no trace of any previous laceration could be discovered; the uterus was of the natural size, and in the lower portion only, there was a slight degree of tenderness.—*Siebold. Journ. für Geburtsh.*

UNUSUAL LENGTH OF THE UMBILICAL CHORD.

In the obstetrical observations of Dr. Schneider, of Fulda, a case is related, in which, during a very tedious labour, the contractions of the uterus having been almost instantaneously excited by a large dose of *secale cornutum*, a male child was born, apparently asphyxiated by the pressure of the umbilical chord, which was

twisted six times round its neck; but having been immediately extricated, the child was restored to life; the umbilical chord was five feet five inches in length.

In another case related by the same author, the umbilical chord went twice round the neck, and once round the trunk, from whence it passed between the thighs to the placenta. Besides this unusual length, it exhibited a *real knot*, which, as appeared from the gelatinous substance of the chord, had existed a long time before birth.—*Ibid.*

ANNUAL REPORT OF THE ROYAL LYING-IN INSTITUTION, AT DRESDEN.

By PROFESSOR CARUS.

The number of births which occurred during 1827, was 220, of which thirty-three required obstetrical aid, viz., one perforation, one cæsarian section, one induction of premature labour, and seven extractions; in four cases the child was turned, in nineteen the forceps were applied, and in six the placenta was detached. There was one case of three children at a birth, and four of twins; the number of males was 115, that of females 110; twenty-one girls and eight boys were born prematurely; the largest child was twenty, the smallest sixteen inches and a half in length; the weight varied from four pounds and a half to ten and a quarter. Of 223 women who were delivered, not more than seven died; the others left the hospital a shorter or longer period after delivery, perfectly well.

In one of the cases where the child was extracted, the operation was rendered necessary by the umbilical chord having prolapsed; the abdominal surface of the child being directed towards the symphysis, it was turned round its longitudinal axis, but was born dead: immediately after its birth, a violent hæmorrhage ensued, to arrest which the placenta was extracted; the uterus showed, however, no tendency to contract, the hæmorrhage frequently recurred, and the patient died on the seventh day after delivery, from loss of blood.

Perforation was performed in a case, where, from previous rachitis, almost all the diameters of the pelvis were found too small. The uterine contractions were not sufficient to expel the child, after the removal of the brain, and it was necessary to extract it. After ten days the mother was discharged cured.

The cæsarian operation was performed on an individual, in whom nearly the whole osseous system was deformed by rachitis. The length of the whole body was thirty-six inches; the distance between the crista iliæ was eight and a half inches; between the great trochanters nine inches and a half.

The spinal column was extensively distorted; the distance of the promontory of the sacrum to the symphysis was two and a half inches, and the cavity of the pelvis was so small, that it was hardly possible to reach the head of the child. The incision through the abdominal skin and linea alba was seven inches long; the child was extracted alive, and did well, but the mother died on the third day. The wound of the uterus was found very widely gaping.

Labour was brought on prematurely in a person, in whom, on account of deformed pelvis, the head of the child had been perforated in a previous labour. The child being eight months old, sixteen inches in length, and five pounds in weight, appeared perfectly capable of having lived, but it unfortunately presented with the feet, and owing most likely to this circumstance, was born dead. The mother left the hospital on the ninth day.

In the case where three children were born at a birth, labour was very quick, lasting not more than ten minutes. All the children exhibited signs of retarded and incomplete development, and died within a short time after birth. The quantity of liquor amni amounted to thirty-four pints; the common placenta, two pounds in weight, was eleven inches in diameter. The secretion of milk and the lochial flux were regular, and the mother was able to leave the hospital on the 20th day.—*Gemeins. Feitschr. f. Geburtsh.*

REPORT OF THE LYING-IN HOSPITAL AT HEIDELBERG, UNDER PROF. NAEGELE.

During the years 1825 and 1826, 415 children were born, of which 199 were boys, and 216 girls. In 394 the head, in 4 the face, in 15 the breech or feet, in one the arm, and in another the shoulder presented; not more than two women died; 16 children were born dead, and 19 prematurely; out of which there were three abortions. In six cases twins were born. The forceps were applied in fifteen cases; in ten of which the contractions of the uterus were insufficient to expel the child; in three cases the operation was rendered necessary by the smallness of the pelvis; and, in two, by the prolapsus of the funis, the head presenting.

The operation of turning was performed three times; in one case where the shoulder, in another where the arm, and, in a third, where the funis presented; the last child only was saved.

Perforation was performed in a rachitic female, who, when brought into the institution, had been several days in labour. The head was forcibly pressed into the brim; after a very powerful contraction,

the waters escaped, the head remaining immovable; the pains suddenly ceased, and the patient complained of a violent burning pain in the belly, and a sensation of faintness; the countenance was pale, the pulse very small, and the extremities cold; perforation was immediately performed, and the child extracted; but the uterus did not contract, the belly swelled, and was very tender; the patient became very restless, vomited, &c., and died on the same evening. On examination, the lower portion of the uterus was found ruptured to the extent of four inches; the abdominal cavity was filled with extravasated blood, and exhibited distinct signs of inflammation. The distance from the promontory of the sacrum, to the symphysis, was three inches.

In a case of very small pelvis, labour was artificially brought on in the eighth month of gestation, with complete success.

In a young female, with very large pelvis, labour was unusually quick; when the head descended through the external genitals, violent hæmorrhage ensued; the funis was twisted round the neck, and the body was born before it could be loosened. The umbilical vessels were found extensively lacerated; one of the arteries being completely torn asunder, and the vein partially ruptured. The child was very pale, and asphyxiated, but soon after the ligature of the funis, restored to life.—*Klinische Annal.*

ON SPINAL DEFORMITIES.

By DR. HARRISON.

To the Editor of THE LANCET.

SIR,—Ever since my attention has been particularly drawn to the consideration of spinal deformity, and the complaints dependent upon it, I have been more and more convinced of the frequency of both, and of their injurious effects upon the health.

So great is their prevalence, in this country at least, that I really believe not one female in twenty, above the condition of laborious servitude, remains wholly free from them. In proof of their tendency to undermine the constitution, it will be sufficient to add—1st. That where much deformity exists, the sufferer is disqualified from properly following any active employment; he is soon tired with labour, and obliged to desist from further exertion. 2dly. The great vessels, fastened internally to the spine, are unable freely to carry on the circulation through their contorted tubes; hence the vital fluid, preternaturally accumulated, encourages the formation of

aneurisms in the arteries, and varices in the veins. 3dly. The internal organs always suffer more or less in their functions, when the spine is distorted. The viscera, obliged to follow the irregular movements of the spine, are forced out of their natural situations, and, within the chest especially, are unduly squeezed and compressed against the bony covering. These several causes lay the foundation of numerous disorders, which operating at all times, generally destroy their victims prematurely.

Various and distressing as these maladies really are, they constitute only part of the heavy afflictions, which the miserable sufferers are doomed to endure. From irregularities in the vertebral pillar, the cord and nerves issuing out of it, becoming unduly stretched, and pressed against the bony tubes, are rendered unfit, properly, to convey the nervous power, to its ultimate destination. Many obstinate disorders owe their formation to the partial, or entire interruption, of the accustomed nervous supply. Their origin from this cause, and the remedies indicated, have, I conceive, been too generally mistaken, both by pathologists and practising physicians. They have been accustomed to trace its source to the brain as the fountain, whereas, in fact, it more commonly proceeds from the spine alone. So long as no efforts were made to relieve the defective arrangement of the vertebrae, the offices of the spinal nerves could not be at all understood, and were, therefore, usually overlooked. Now that we have acquired the power of restoring the misshapen column to its primitive figure, these maladies are not only brought under review, but are subjected to a strict surveillance. No longer concealed from observation, they have, as already observed, been found in many instances to commence in the vertebral structure, and to abate as its derangement receded.

The power which I have successfully exercised over the spinal column for more than ten years, and which I challenge the most incredulous and prejudiced to contradict, has established a new era in medicine—an era which will soon lead to the most unexpected and useful results in practice. The authority of great names, and the influence of high medical stations, may for a time retard, but cannot wholly arrest, its progress; it will, ultimately, surmount every obstacle, and triumph in defiance of all opposition—*magna est veritas, et prevalebit*. Nay, I venture further to assert, that this power over the spinal joints has already enabled me to cure several disorders deemed irremediable, and to cast a ray of light upon the most abstruse and difficult pathological questions. Equally misinformed are those medical practition-

ers, whatever may be their authority or merit in other respects, who declare that recumbency, as now conducted in spinal complaints, tends to encourage bad health. These assertions are in direct opposition to multiplied experience. So great is our predilection for received tenets, and our obstinate attachment to current admissions, however erroneous, that several of the most violent declaimers against my practice have actually attended patients to no good purpose, and, who remained for six or eight years, constantly lying, and yet continued in good health during the whole time. The first and eighth cases in my treatise, besides that of Miss Goulding, published in *The Gazette of Health*, may be referred to, as confirmatory of this statement. So far then is recumbency from hurting the health, as mere theorists affect to believe, that, in these particular cases, it really conduces to its improvement, and frequently enables patients to subdue a phthisical habit, and other constitutional ailments.

According to the order laid down for publishing my "Observations on Spinal Complaints," several cases, which I am anxious to make known early, would probably be deferred for several years. With a view to obviate this delay, I am desirous to print a select portion of them without further loss of time, that they may come under the immediate notice of my professional brethren. The accompanying case will be succeeded, at short intervals, by others, if it be deemed proper for insertion in your valuable periodical.

I am, Sir, yours, &c.,

EDWARD HARRISON.

Holles Street, Cavendish Square,

Jan. 20, 1829.

A CASE OF PARAPLEGIA, COMPLICATED WITH EPILEPSY, CURED BY APPLICATIONS TO THE SPINAL COLUMN.

Sarah Tribet, in the twenty-second year of her age, of the sanguine temperament, and in good bodily health, had the misfortune to lose the feeling and motion of her lower extremities, upwards of three years and a half since. Sensibility of the limbs returned partially in six weeks, but they recovered none of their activity, and the feeling was again lost after a short time. She says that her back and left side, a little below the false ribs, have been very tender, and incapable of motion for nearly the same period. Pulse, bowels, and appetite, are tolerably regular. The menses observe their natural periods, and flow in moderate quantities, but are very dark-coloured, and highly offensive.

She traces her sufferings to having exerted all her force to raise from the ground a

large bucket filled with water; she instantly felt as if something had given way in the small of her back, and fainted a few minutes afterwards. From that time her strength, the activity of her legs and feet, began sensibly to fail. In six weeks she had a second fainting fit, which left her in her present helpless condition, both as to the sensibility and power of moving her inferior extremities. She was admitted into a large provincial hospital three months after her accident, and remained there altogether two years. While in the hospital, she was frequently bled with leeches and scarificators. She had also several blisters applied, and large caustic issues inserted in different parts of the back. The tartarised antimonial ointment was rubbed upon her loins, and electricity used to the paraplegic limbs.

Finding no relief from the means pursued, she returned home, in a more deplorable state than she left it. The assistance of medical men in her own neighbourhood being equally unavailing, she was at length brought to London, and placed under my care. She was seized with epileptic fits, for the first time in her life, during her residence in the hospital, and they continued to afflict her some time after her return home. These fits generally left her insensible for a day or two. After one attack, she remained in this deplorable condition upwards of a whole week. On recovering her faculties, she found herself in a copious salivation. In answer to her inquiries on this point, the medical gentleman replied, that she was wholly indebted to the salivation for her recovery. As the fits always produced a temporary loss of understanding and memory, she cannot venture to say how many of them she has had in all, but she is certain they exceed ten.

On examining the course of the spinal column carefully, I found it every where extremely tender, and painful to the touch. It was more particularly sensitive in the small of the back, where she first received the strain. On looking at the back, I could perceive no deformity. The only imperfection that I saw in it was, that the lumbar hollow had almost disappeared. On drawing my fingers along the spine, in that part, I found the vertebrae placed in regard to each other a little zigzag, or chequer-wise, and at equal distances. The pains were almost wholly confined to the lower part of the spinal region. She has no power to move any part of her back, and the inferior extremities are entirely helpless. She can stir neither of them, nor any of their joints. Though she felt nothing in the part touched, I was surprised to find that, on pressing the soles of her feet with my hand, she was immediately seized with the most tormenting anguish

in her loins, which obliged her to cry out, and desire me to desist. She was this afternoon placed flat upon a firm crib, and after being well rubbed with an emollient ointment, the usual shield* was fixed to her back, so constructed as to make firm pressure upon the dorsal and lumbar vertebrae. It was kept in its proper situation by means of a tight bandage applied all over her back and chest.

Nov. 5, 1823. The means recommended have been carefully pursued. The back is considerably easier, and less sensible to the touch. She can already move the toes of both feet.

15. The only pain of which the patient now complains, is confined to the small of her back. Moderate pressure on the soles of her feet is no longer perceived in the loins, but she can feel it in the part touched. She is able, with considerable difficulty, to draw, in a slight degree, her legs upwards, and also to bend her knees. The lumbar hollow is entirely regained, and the vertebrae have recovered their proper places.

30. She has suffered no inconvenience or uneasiness in her back since the last report. She can raise herself from the crib, and move every part of the spine with great ease. She can also cross her legs backwards and forwards, several times in quick succession, without much effort. She thinks her back and limbs have acquired strength enough to bear her weight upon them. The natural feeling of her back and limbs, is wholly restored. The menses return at their usual periods, they are of a brighter colour, and no longer emit a disagreeable smell. Continue.

Dec. 15. She moves her legs and back with the greatest freedom. The recumbent posture has been strictly observed from the first. She thinks herself strong enough to walk alone, if she might be permitted to make the experiment.

31. The patient was suffered this afternoon to get up, at her own urgent request, and try how far she had the use of her limbs. The moment she left the couch, she was able to stand erect, and alone. Soon afterwards she walked about in the room supported between two persons, for about five minutes. Finding herself fatigued by the exertion, she desired to be replaced upon the crib. The moment she was put upon it, she declared that she had not felt the smallest pain or inconvenience, either in her back or limbs. The menses continue regular, and preserve their natural appearance. She is perfectly well in health.

Feb. 29, 1824. She has been suffered to walk about in her room, a quarter of an hour every other day, since the last report.

* See case 4th, in Dr. Harrison's Essay on Spinal Diseases.

The exercise she finds very pleasant, and it occasions no fatigue. She often petitions to have the period enlarged.

March 17. The improvement in her limbs has been regular and progressive; she has lately been suffered to walk two miles every second day. Finding neither pain nor weakness from the exertion, she solicits permission to increase the distance.

I have been induced to comply with her application to leave London for Sidmouth, under particular restrictions.

May 10. In a letter received from Sarah Tribet, dated Sidmouth, Dec. 30, 1824, she says, "I continue your advice, as far as in my power, and I still feel myself mending. Sir, when I returned to Sidmouth, the ladies and gentlemen, and even the clergyman stared at seeing me walk, and well they might, after witnessing the helpless state in which I left them."

In a second letter, dated Sidmouth, Oct. 9th, 1825, she observes, "I am sorry to say I have been very ill. I kept my bed three weeks, and I was very much afraid I should be crippled; but, with the blessing of God, I am able to walk again, without any support."

I received a third letter from Sarah, in October, 1826. She enjoyed good health, and had undertaken the management of a school for young children.

In her last letter, dated April 23, 1827, she observes, "You cannot imagine how well I am able to walk, and even to run, without feeling the least effect in my back. I never felt better in my life."

REMARKS.

The paraplegia, with this patient, followed so closely upon her accident, that I think, whatever difficulties we may find in explaining the loss of sensibility and motion, in the lower limbs, we shall have no hesitation in referring it immediately to an affection of the back. We are more favourable to this conclusion, because she never experienced any disorder of the head, through the whole course of her indisposition, except when under the influence of her epileptic fits. Moreover, the curative means, which proved efficacious, were wholly directed to the spine. Although this organ, when first examined, manifested very little irregularity to the sight, the lumbar cavity was nearly obliterated. The vertebræ, too, were found, on close examination, to have lost their relative distances, as well as their proper stations in the column. I am of opinion, that this defective arrangement in the implicated vertebræ was produced by the rupture, or undue stretching, of some of the articular ligaments, at the time when she exerted herself to raise the bucket. The

displaced, or subluxated, vertebræ, by occasioning pressure upon the spinal chord in the theca, and irritating the nervous trunks, in their passage through the foramina vertebrarum, effected both the loss of feeling and of motion in the limbs.

The suffering spot, whenever the back becomes afflicted with pain, has not, according to my own observations, in a single instance, been traceable to the theca. Great external tenderness is felt on pressure near the spine, and especially among the contiguous muscles; the uneasiness is, therefore, superficial, and confined to the soft parts; the symptoms and sufferings may, in such cases, be easily discovered, and their true nature ascertained, as far as they become objects of the touch. When the malady is stationed within the bony tube, things are widely different; it must then be very difficult to detect the deep-seated mischief. The symptoms denoting it are necessarily obscure, and indistinct, on account of their remote situation, and the interposition of a bony case.

In confirmation of the preceding remarks, we may observe, that the spinal nerves, in their way out of the back bone, to their ultimate determination, have to traverse the vertebral holes. These are formed of notches, in the upper and lower edges of the lateral bridges; they are constructed to make a round hole, between the adjacent vertebræ. The nerves proceeding from the spinal marrow, and the blood-vessels, pass through these holes; when the arrangement is perfect, the two portions of the notch fit exactly. In this happy state of things, the nervous bundles connected with them, in gliding along the holes, encounter no impediment; the muscles and organs, to which they run, receiving their full supply of nervous influence, perform their offices easily and well; but whenever the spinal column becomes distorted and misshapen, the corresponding notches, losing their proper adjustment, cease to fit correctly. This change in the conformation of the vertebral pillar, leads to numberless evils in the animal economy. The nerves, in their progress through these irregular apertures, become impeded, interrupted, and squeezed against the bony sides of the canal; hence the nervous power has to surmount many difficulties in its journey. From the contorted figure of the column, the spinal cord is forced into an unfavourable posture in the theca. The anterior and posterior nervous fasciculi are driven from their usual course, and cannot, therefore, emerge in a proper direction. As they proceed, and incline towards each other, to be enveloped in the same sheath, they enter the vertebral holes at an unfavourable angle. In consequence of this defective arrangement, the nervous

influence is either wholly or partially arrested in its course, by the impediments it has to surmount. The organs, dependent upon its regular supply, being imperfectly provided, exhibit the different phenomena which have been described in this and my other cases. In accordance with these observations we may remark, that when a nerve is wounded, or bruised, the muscle in which it terminates is thrown into spasmodic contractions; after its entire section, the muscle becomes insensible to the strongest stimuli. It is, moreover, experimentally true, that whether we irritate the muscle itself, or the nerve leading to it, the muscle will equally contract; * it follows, therefore, that the excitation of either end of a nerve will influence the muscle which it animates.

By applying this doctrine to the nervous bundles, in their passage along the displaced vertebral notches, we shall be able to understand how slight pressure upon them induces pains and cramps, while a greater degree of it produces insensibility and entire loss of motion.

I am the more inclined to favour these opinions, because we scarcely ever meet with a patient suffering from a distorted spine, who has not some paraplegic symptoms. It follows from these premises, that both feeling and motion, in the inferior extremities, are functions dependent upon the spinal nerves.

The patient endured several severe paroxysms of epilepsy, while she was afflicted with paraplegia. The sources of this distressing and obstinate complaint are often so much concealed, that it is impossible to discover them. We know enough to say, that the exciting cause is sometimes placed within the skull, and, at other times, remote from the brain; for example, the presence of intestinal worms, and of sordes in the bowels, are common causes of epilepsy. These act primarily upon the nervous filaments of the intestines, and the irritation being conveyed, by some unknown communication, to the spinal cord, the voluntary muscles are forced into violent and irregular contractions. For the same reason I venture to assert, that irritations applied, in the first instance, to the spinal cord, or nervous trunks near it, will occasionally lead to the same train of symptoms as if they had been directed to the minute nervous fibrils. I have already recorded an example of hysteria† originating in the spinal column, and I shall hereafter introduce an instance of chorea sancti viti, commenc-

ing in the same organ. These, as well as epilepsy, being accompanied with spasmodic contractions of the voluntary muscles, make it highly probable, that, in all similar cases, an impression upon the spinal cord may be the originating cause.

The patient had complained of pain, and tenderness in the spinal column, from the commencement of her malady, but its greatest severity was about the loins. Many practitioners do not hesitate to refer symptoms of this kind, in every instance, to inflammation of the spinal cord, or its investing membranes. That they sometimes indicate an inflammatory diathesis, or, as it has been called, a sub-acute inflammation, I am ready to admit, though I am enabled to say, from multiplied experience, that it is a rare occurrence. We ought, however, to recollect, that whenever the disorder is inflammatory, or accompanied with increased vascular action, the complaint will either be speedily subdued, or it will terminate in effusion, suppuration, or gangrene. Inflammatory complaints are never stationary; they are always progressive, and run their course in a few days or weeks. The aches and pains, which, as in this case, continue unabated for months and years, without leading to structural changes, are neither of an inflammatory character, nor are they seated in the vascular system; they proceed from some malady in the nervous composition, belonging to the suffering part, and are chiefly to be relieved by applications directed to it. In order to act with effect, we must endeavour to find out the nature and exact seat of the complaint before we proceed to the treatment. This discrimination is especially necessary, because the remedies best adapted to moderate inflammatory action, exert little power over a distracted state of the nerves. So many examples of chronic pains, arising from neuralgia, have lately come under my own cognizance, and been cured by the treatment so often explained, as to lead to a conviction, that they are much more common than is generally admitted.

In cases originating from nervous irritation, undeviating rest, and perfect quiet, so long as they are submitted to, will mitigate the symptoms; but the miserable sufferers no sooner return to their usual occupations, than the old pains reappear, with their former severity. In this way invalids drag on a miserable existence for the rest of life, because, until the offending cause is discovered and subdued, the disorder will remain unabated.

As I employed no remedies with this patient, to overcome increased vascular action, it is clear, from the result, that she did not suffer from that cause. She became free from pain, after assuming dorsal recumbency,

* Dr. Monro's Observations on the Nervous System.

† See the case of Mary Rafter, in my Essay on Spinal Diseases.

which is a convincing proof that her afflictions were not in the circulating system; that they were of a different complexion, and required other measures for their removal.

She had been ineffectually subjected to long and repeated courses of the usual treatment, both in hospital and private practice; that they afforded her no relief is evident from her own statement, and the helpless condition in which she applied to me. The means on which I relied were entirely confined to the spinal region. As the vertebrae approached their native beds, the spinal cord, and nerves issuing out of them, gradually recovered their healthy tone and ability. The nervous influence being at length freed from all irritations, and being more regularly distributed to the muscles, they entirely recovered their lost strength and former activity. The patient, thus invigorated, was happily restored to the full use of her limbs, and the enjoyment of a sound constitution.

It follows, as a consequence of the indications and practice, successfully employed for the cure of Sarah Tribet, that her disorder was wholly confined to the spinal cord, and its nervous trunks, at their origin. It was in accordance with this pathology, that I determined to restore the natural figure of the back, in order to relieve the spinal nerves from injurious pressure. In this I completely succeeded, and, as a consequence of it, I had the gratification to witness a full confirmation of my doctrines, in the recovery of my patient, to the blessing of vigorous health.

The conclusions deducible from the preceding and former cases are,—

1st. That paraplegia is a disorder of the spinal cord. Many examples of this distressing complaint have come under my care, at different times. Several of them have been permanently cured, by removing vertebral deformity. This success enables me to assert, that paraplegia was, in every instance which has occurred to me, an affection of the back-bone.

2ndly. The epilepsy, likewise, originated from the back. We are warranted in this opinion, because it appeared, for the first time, after the injury, and went away on her adopting quietness and rest.

3dly. The extreme tenderness, in this case, was not of an inflammatory character; Had it either originated in a phlogistic state of the parts, or been accompanied with inflammatory action in them, the disorder would not have remained stationary for so long a time. By referring it to neuralgia, or irritation of the spinal cord and its nervous trunks, we can both understand its long continuance, without producing structural change, and its final disappearance on rectifying the vertebrae.

RICHMOND SCHOOL OF ANATOMY.

To the Editor of THE LANCET.

SIR,—I am most anxious to complete my notices of the Richmond School of Anatomy, and I will not occupy many more of your pages with my critiques on its professors.

My former letters have been noticed in some late numbers, and, (since my reply to a writer styling himself "Richmond,") by a correspondent who affixes the signature of "Philaethes" to his production, and by a nameless author, who concludes his performance, by professing himself your obedient servant, Mr. Editor.

With respect to the first of these letters, to so solemn an appeal to our Irish hearts, I may observe, that my awfully indignant friend, in his admiration of anonymous productions, proceeding from the pens of "Junius," "J. K. L.," or "Erinensis;" and, in his condemnation of the remarks of a minor scribe, who has sought the same protection as these distinguished writers have found shelter under, seems to have forgotten that the principal, perhaps the only, use in anonymous correspondence, is to enable the workman who labours in the lowest story, to reach the artificer employed at the summit, with his voice, since he cannot touch him with his hand;—in plainer language, to permit the approach of truth to the mantle of authority.

"Junius," "J. K. L.," and "Erinensis," have sung noble strains, and "Philaethes" is musical enough to admire them; my lay, ballad like, has had nothing but truth and simplicity to recommend it; and hence it disgusts the ear accustomed to a higher melody. Hen! me miserum! like "Junius's" correspondent, Sir William Draper, my opponent possesses the weapon of language, and assails me, right and left, with the vituperations of fiction. I honour him for the solemnity of the details of my scandal, my inconsistency, and my falsehood, but I will dismiss him with my forgiveness, in his supply of a quotation that enables me to return his arrows, pointless and weakly, propelled as they are. "Anonymous writing has afforded a shelter to impartial statements; it has enabled the satirist to direct his shaft against a manifest abuse." If this, Sir, be the case, little does it signify what talent is displayed in the satire; so that the desired object is gained, it matters little whether the nobler quill of "Junius," or the humbler pen of "Lennox" be employed. Whatever Mr. Carmichael's or Dr. McDowel's conduct may have been, they are undefended by such writers as

"Philaethes," who cannot contradict the plain statement, that the former did neglect, and that the latter did not understand, his duty; the signature book proves the one, and the cases to which your correspondent alludes, establish the other.* With respect to your latest correspondent, that nameless scribe, who has ventured to oppose vulgarity to plain statement, falsehood to truth, and a tissue ofrodomontade, too fulsome even for the palate of his employer, and insufficient in wit or sprightliness even for amusement, to an assemblage of unvarnished facts, I will only observe, that his manner betrays what his modesty would conceal; the sycophantic *notus* to whom I have before referred, stands confessed: the ex-clinical of Dr. M'Dowel, and the nameless scribe, are one. I must apologize for thus occupying your pages on such an unworthy subject, but my last reply is given.

To resume the subject of my letter. Mr. Adams, the principal anatomical lecturer of the *Richmond School*, is a gentleman of rare acquirements; he has been introduced to the medical world in your Journal, by your admirable critic "*Erinensis*," and, in truth, in somewhat an unkind manner. His introductory lecture forming the subject of his remarks, was composed in a hurried, and delivered in a slovenly, manner, and was, indeed, little calculated to advance the reputation of the author; but if "*Erinensis*" would visit the school, and listen to an ordinary lecture delivered by this professor, he would confess, that to a highly cultivated mind, to an admirable knowledge of his subject, was added an originality of thought and expression, calculated not only to improve, but also to delight his hearers. Delivered in the most familiar manner, his lectures comprise not only the information gleaned from others, but the experience gained in a life of practice and observation, whilst the good humour of the man, added to the zeal of the teacher, warms the hearts of his pupils towards him, and ever disposes them to receive him with respect and attention. Without this professor, I do not believe the *Richmond* class would equal a title of their

present number; the excellence of the *demonstrations* of his colleague alone, would hardly assemble sufficient to pay the porters. If any fault can be laid to the charge of Mr. Adams, it is a certain want of arrangement, a species of inconsistency in choice of matter; but this is the error of genius, and we heartily forgive it.

Mr. Read, a surgical lecturer, is no stranger to your pages, in which he has been exhibited as the admirable clinical lecturer of Mercer's Hospital. This gentleman, with every advantage afforded by sound knowledge, great experience, and gentlemanly manners, does himself a great injustice, by the style in which he reads his lectures. To hear him relate a case out of book, is really a treat; the ease of his manner, and his general expression is most forcibly contrasted to the style he adopts, when he recurs to his black portfolio, and which always reminds me, in its unvaried and monotonous tone, of the secretary of the Catholic Association, whilst reading a communication from some rent-paying contributor. His communications, however, are highly interesting, and display great talent and observation; and his general character for skill in this city, render him a fit assistant in the *Richmond School*, as the instructor of youth.

Dr. McDonnell, the ex-demonstrator, and a present anatomical professor, is a perfect original. Possessed of abilities of no common order, he appears to the by-stander as a dull and heartless being, to which the actual warmth of his feelings give the lie direct; but this gentleman is misplaced; he is calculated for the retirement of study, or for the edification of a few, who could not alarm him into bashfulness. He is a young anatomist, and we would hope that he may never become an old teacher. Timid and tedious, he stands before his class the very personification of doubt; and what would be relented by a man on better terms with himself in five minutes, he occupies the hour in delivering. I mean him most kindly when I assure him, that he cannot even float in the stream through which he undertakes to guide others. As a scientific man, or as a physician, he would gain more admirers in a day, than he will obtain in the education of anatomical students during his whole life. If, however, he will continue his course, let me advise him to hasten his steps; his present march over his subject will take ten years to perform.

Dr. Flood, the present demonstrator, is a little host to the school; unwearied in the discharge of his duty, constant in the instruction of the students, affable and obliging to all. To look at this gentleman, the question irresistibly arises, what made you an anatomist? Nervous to a distressing

* The poor boy who had his tibia mangled, is now an inhabitant of the House of Industry, "an asylum for aged people and incurable patients." If this unfortunate is "perfectly cured of a most tedious disease," why is he allowed to remain in this establishment? The notice obtained by other writers on excision of veins for varicose ulcers, will, I think, justify my remarks on the impropriety of this operation, in opposition to the ridiculous approval of it by "Philaethes."

degree, even when engaged in the most common-place demonstration, our wonder is excited at the production of each sentence. I may good humouredly remark, that the observation applied to a clergyman (as nervous as himself) in the last century, "that his mother, in bearing him, was brought to bed of a palsy," would suit our demonstrator, but who, in spite of nervousness and timidity, performs his duty admirably. If this gentleman were afforded more frequent opportunities of public demonstration, these infirmities might be remedied; and, as he has the great advantage of giving much information in a short period, the very reverse of Dr. M'Donnel's qualification, a permission to take that professor's place, now and then, would meet with the general approbation of the class.

I have now concluded my communications respecting the professors of the Richmond School, and surgeons of the Richmond Hospital, communications in which "nothing has been extenuated, nor ought set down in malice," but afforded in the desire of measuring out an act of justice to teacher and student. The establishment, taken as a whole, is unrivalled in point of usefulness to the student in the whole empire; and it is grievous to reflect how mismanagement and ignorance may convert so fertile a source of good into a channel that can nourish any noxious weeds on its surface; yet, Sir, such is the general excellence of the fountain-head, and so admirable are the qualifications of some of the individuals employed in the direction of the stream of knowledge proceeding from it, that it is capable, under its present direction, of affording ample nourishment to the mind of the pupil, *malgré* the impediments he meets with in the shape of conceit and self-consequence. As to my identity, Mr. Editor, that is a subject of little consequence, although it has hitherto been as much speculated upon, as mistaken: that I have done good, may be inferred from some alterations that have succeeded to my remarks, and that a guilty conscience was awakened, is apparent, from the angry notice they occasioned, and by the spirit that prompted the use of the pen in reply from some wretched sycophants, whose praise is the worst apology that could be offered to the object of their eulogy, and whose condemnation is my highest pride.

Let the professors of the institution be encouraged, and yet beware. A friend is behind their curtain, anxious to proclaim alike their steady walk in ability and rectitude, or to detect their wanderings. Ireland, alas! must seek the press of England as a means either of praise or censure; and the medical journal that has accomplished so much for one country, will not refuse its assistance to its sister and unfortunate land.

I will watch over the Richmond, and your pages shall enable me to call the hour.

I am, Sir,
Your obedient servant,
LENNOX.

Dublin, Feb. 4, 1829.

YELLOW FEVER AT GIBRALTAR.

To the Editor of THE LANCET.

SIR.—I send you the following account of a successful method of treating the yellow fever, which has lately committed such dreadful ravages at Gibraltar: it is extracted from a letter received from a gentleman of great respectability, and a particular friend of mine, resident at the rock; the authenticity of the communication I can, therefore, perfectly rely on; I shall give the statement in his own words; if you think it worthy of insertion in your spirited Publication, I shall be obliged by its appearance in an early number.

I am, Sir,
Your admirer and reader,
HENRY RUDGE.

Leominster, Jan. 29, 1829.

My friend, Mr. Oxberry, first observes "that persons having once recovered from this fever are not liable to a second attack, which marks the distinction between the *Yellow Fever* of Gibraltar, and that of the *West Indies*. He states, the only remedy which has proved successful in this dreadful disease, is the administration of a large cupful of olive oil every half hour till copious vomiting ensues, which is to be promoted by drinking freely of warm water; the treatment is to be continued till the stomach discharges nothing but water; at the same time, frequent injections of olive oil and salt-and-water should be administered; afterwards, an ounce and a half of castor oil, with the injections to be continued till the fever subsides. The patient may drink freely of lemonade and acids to excite perspiration; and for diet, good soup, without a particle of grease, is given. Out of 85 patients treated in this manner by a Spanish doctor, (whose name is not stated,) only one died. The English practitioners commenced with calomel and bleeding, and under this treatment lost every patient; seeing the efficacy of the oil, they adopted it, and proved its value by their subsequent success; were this treatment adopted in the *West Indies*, it might save the lives of many."

THE LANCET.

London, Saturday, February 21, 1829.

WE insert, this week, Mr. BRANSBY COOPER's own Report of his celebrated operation of lithotomy; abstaining, for the present, from comment on the details of this document, but, at the same time, earnestly inviting our readers, especially our surgical readers, and, above all, such of them as have themselves performed the operation, to compare the *facts* detailed in Mr. COOPER's Report, with the *facts* detailed in the report published in this Journal. The result of such a comparison must be to convince every man, capable of forming an opinion on the subject, however previously inclined to think favourably or unfavourably of Mr. BRANSBY COOPER's professional abilities, that not a single material *fact* in our report was misrepresented, and that had the operator ventured to publish his own report of the case before the trial, it would have been impossible for him to obtain a verdict. The jury presumed misstatement in the absence of testimony; and we have already frankly admitted, that if they believed in the alleged malice of our Reporter, they were morally justified in presuming misstatement; but the subsequent publication of Mr. BRANSBY COOPER's Report has demonstrated, beyond the possibility of doubt or contradiction, that our Report was substantially true, and that the presumption, on which alone the verdict of the jury could have been founded, was not warranted by the facts of the case. To many professional men, and especially to those at a distance from the metropolis, who are not acquainted with all the workings of the machinery by which the Bats endeavour to uphold a corrupt and tottering system, it has afforded matter of surprise that Mr. BRANSBY COOPER should have apparently committed himself, by publishing a report of his opera-

tion, which proves that he was not, in point of fact, entitled to a verdict; a Report which, as far as the *facts* of the case are concerned, differs, in no material respect, from the Report transmitted to this Journal; and which is, in some respects, calculated to do far greater injury to the reputation of the operator. Why, it is asked, was Mr. BRANSBY COOPER not content with a verdict in his favour, and "*five per cent.*" on the damages at which he rated the injury to his reputation, without publishing a Report which must satisfy every professional man who reads it, that he obtained a verdict, not in consequence of any facts which he disclosed to the jury, but because he dexterously concealed the facts of the case, until he had reaped the benefit of a doubt which the supposed malice of our Reporter raised in the minds of the jury? This is a problem which we will take leave to solve. The publication of Mr. BRANSBY COOPER's own account of his operation was not, we believe, a matter of choice, but of necessity. He had obtained a verdict, it is true, but how had he redeemed his pledge to put the profession and the public in possession of the "*FULL PARTICULARS* of the case?" Why, by producing a SINGLE witness at the trial, which witness swore that he was not better able to give the jury any information than a common spectator. Mr. BRANSBY COOPER instructed his counsel to tell the jury, first, that no one can form an opinion of the difficulties of an operation, but the operator himself; and, secondly, with a pleasing consistency, that next to the operator, his assistant possessed the best means of explaining the difficulties that occurred. Now Mr. CALLAWAY, the SINGLE witness of the operation called on the part of Mr. BRANSBY COOPER, had not been in the witness-box five minutes before he distinctly admitted that he possessed no better means of explaining the difficulties than a common spectator. What follows? why, that Mr. BRANSBY COOPER's pledge to put

the jury in possession of the "FULL PARTICULARS of his case," ended in moonshine. He calls but one witness who saw the operation, and that witness honestly confesses that he can no more explain the difficulties, or account for the extraordinary delay, than a common spectator. So much for the second legitimate source of information; and, as for the first and best source of information, according to the doctrine broached at the late trial,—a most convenient doctrine, it must be confessed, for bungling and inefficient operators,—Mr. BRANSBY COOPER took especial care that, before the trial, the jury should not be furnished with his explanation of the difficulties of the case. From the moment that Mr. CALLAWAY admitted that he was in no better condition to afford information to the jury than a common spectator,—for, however extraordinary the fact may appear, not one syllable, it seems, had Mr. BRANSBY COOPER ever uttered on the subject of the operation to any of his colleagues; at any rate, not one syllable could we elicit in evidence, either from Mr. CALLAWAY or from Mr. KEY,—it is plain that there was an end to the plaintiff's case. If Mr. CALLAWAY could throw no more light upon the subject than Mr. PARTRIDGE, or any other competent spectator, still less could the testimony of the other witnesses called for the plaintiff, not one of whom had seen the operation, contribute to enlighten the minds of the jury. Mr. BRANSBY COOPER had, for the avowed purpose of increasing his chance of obtaining a verdict, kept the jury completely in the dark as to what he considered a true statement of the facts of the case, and he had literally no other chance of obtaining a verdict, than the merciful presumption on the part of the jury that, as a quarrel or misunderstanding had existed between him and our Reporter, some of the facts might not have been truly represented.

These circumstances could not escape observation and we know that, after the verdict,

had been obtained, it was pretty broadly hinted to Mr. BRANSBY COOPER by some of his friends, that, in the absence of all testimony, the profession and the public would not be satisfied with the defence which had been made for him by Sir JAMES SCARLETT, however able or disinterested, and that even the explanation of the extraordinary circumstances attending the operation, which had been volunteered by his uncle, who was not present at it, however ingenious and intrepid, might not be implicitly received by practitioners of a sceptical turn of mind, especially as the jury had been successfully mystified by the doctrine, that no one could be a judge of the difficulties but the operator himself. In short, whatever inconveniences might attend such a step, it was almost the unanimous opinion of Mr. BRANSBY COOPER's friends, that he was bound to publish his own account of the operation. It is to this circumstance alone, we believe, that we are indebted for the appearance of a report which would unquestionably have furnished us with sufficient grounds for a new trial. If we have not made a second appeal to a jury, Mr. BRANSBY COOPER is the last person in the world who has reason to be dissatisfied with our forbearance. Had we moved for a new trial, we should have done so upon public grounds, and it is upon public grounds that we have finally decided against bringing the case before a second jury. As to personal hostility towards Mr. BRANSBY COOPER, if we had ever entertained what it is absurd to impute, and nugatory to disavow, resentment must long since have given place to a very different feeling; for the warmest friend of that gentleman can scarcely deny, that, next to a verdict against him, the obtaining "five per cent." on the supposed amount of injury to his surgical reputation, was the severest humiliation which could have befallen a professional man. We have no wish to bear hardly upon Mr. BRANSBY COOPER; *parcere subjectis* is a principle of

which we have never lost sight in the conduct of this publication, and from which even the injudicious attacks of persons who call themselves Mr. BRANSBY COOPER's friends, shall not provoke us to swerve.

With respect to some of those persons, however, who have vainly imagined that by representing the report of Mr. BRANSBY COOPER's failure as a fictitious narrative, they could shake the confidence of the profession in the information communicated by this Journal, and rescue themselves from insignificance, we have not the same motives for forbearance. Of these by far the most malignant, and, in a literary and intellectual point of view, the most contemptible, base, and grovelling, is the Scotch DUB who passes under the name of JAMES JOHNSON. We admit that in noticing any of the productions of this despicable writer, we are chargeable with a waste of force, somewhat analogous to the process of exterminating a caterpillar with a sledge-hammer; but we shall not suffer the ineffable baseness, and worthlessness of this scribbler to be pleaded in bar of the chastisement which even the coarsest hide should, from time to time, be made to feel. The venom which rankles in the breast of this miserable Aberdeen DUB against THE LANCET, and all whom he supposes to be connected with THE LANCET, takes its origin in a species of injury to that part of the outward man, wherein a hungry Scotchman is most sensitive; to wit, his pocket. This is the true seat of honour in a genuine Scotch DUB, and if this be respected, there is, perhaps, no other part of his person, which he will not permit you to wound at discretion. The pocket of Dr. JAMES JOHNSON, like the heel of Achilles, was the only part wherein the DUB could feel the stroke of an enemy, but here the resemblance ceased; for, whereas the vulnerable part of the hero was never turned towards the enemy, the weak point of the Scotch DUB was also the most assailable, and the least capable of resisting opposition. In

the infancy of this Journal, Dr. JAMES JOHNSON made a most unprovoked attack upon us; in our infancy we exposed his ignorance, his imbecility, and his literary dishonesty. At length The Quarterly Journal gave place to the publication of fortnightly Fasciculi, at the commencement of the last year. These Fasciculi expired a few weeks after the period at which the Doctor began to make a voluntary affidavit, before the sitting alderman, to convince the public that his Journal was in a thriving condition; and he has since betaken himself to the manufacture of a monthly publication. By way of enabling the enemies of a Free Medical Press, to estimate the probable issue of their impotent attempts to diminish the circulation and the influence of this Journal, we shall here present them with the obituary of our contemporaries since the first establishment of THE LANCET. On the 5th of October, 1823, the date of the commencement of this publication, the following Medical Journals were published in London:—The Medical Intelligencer, The Quarterly Journal of Foreign Medicine, The Medico-Chirurgical Philosophical Review, The Medical Repository, The London Medical and Physical Journal, The Medico-Chirurgical Review, and The Gazette of Health. Of these Journals, The Medical Intelligencer died within three months after the appearance of THE LANCET; The Medico-Chirurgical Philosophical Weekly Review died within six months; the Quarterly Journal of Foreign Medicine died within two years from the same period; The Medical Repository in three years, and The Medico-Chirurgical Review in four years from the same period. The London Medical and Physical Journal exists, and, since RODERICK MACLEOD has been dismissed from the management of it, is, we believe, respectably conducted. The Gazette of Health has, for many years, been a popular publication; it possesses a very extensive circulation, and is the only medi-

cal journal that has supported the principles advocated in *THE LANCET*. Since the establishment of *THE LANCET*, the following medical journals have been started, many of them being despicable imitations of this Work, which we disdained to notice during their ephemeral existence: *The Scalpel*, *The Medical Examiner*, *The Medical Adviser*, *The Probe*, *The Dissector*, *Dr. James Johnstone's Fortnightly Fasciculus*, *The Oracle of Health*, *The Edinburgh Journal of Medical Science*,—all of which are dead; *The London Medical and Surgical Journal*, *Dr. James Johnstone's Monthly Pamphlet*, and *Roderick Macleod's Weekly Excrescence*. *The London Medical and Surgical Journal* is a new enterprise, of the merits of which we can speak in favourable terms; *Dr. JAMES JOHNSTONE'S Monthly Pamphlet* is a concern whereof the sale is attested by the voluntary affidavits of the manufacturer; and *MACLEOD'S Excrescence* is a concern supported by the voluntary subscriptions of a few hospital surgeons. So much, then, for the rubbish which has appeared and disappeared during the last five years, and for that which is fast disappearing. The rapid annihilation of so large a portion of the medical press is a phenomenon which the Bats and Corruptionists explain, by ascribing it to the depraved and vitiated taste of the great body of the profession; another, and, at least, as probable a solution, is to be found in the activity with which professional information has been communicated in the pages of this Journal, and in the independence and impartiality which have uniformly characterised the conduct of *THE LANCET*.

ANATOMY.

MR. WARBURTON has given notice of his intention "to bring in a Bill, having for its object the better supplying of our anatomical schools with subjects for dissection." We fear the time is not well chosen; and the REPEAL of the clause which consigns the murderer to dissection, should certainly be the first step.

"GUY'S HOSPITAL."

"*Case of Lithotomy, which was the subject of the "Libel in THE LANCET.*"

"[Communicated by BRANSBY B. COOPER, Esq.]"

STEPHEN POLLARD, æt. 53, of a plethoric habit, but portraying want of constitutional power, admitted into Job's Ward, Guy's Hospital, March 7, 1828. He states that he has been subject to a gravelly deposit in his urine for seven years, and a twelvemonth after its first appearance he was attacked with excruciating pain in the region of the right kidney, which was constant and severe, and confined him to his bed for three months; at the end of which time he voided a stone with his urine, about the size of a barley-corn. Subsequent to this his health became re-established, suffering but a slight inconvenience from the sediment in his urine, which remained unaltered. In three years a second attack, similar to the first, took place on the opposite, or left side; the same symptoms supervened, and, at the end of a fortnight, he voided another calculus, of nearly an equal size with the first. He soon recovered his health, and the gravelly sediment, though continuing, has latterly been much diminished in quantity. About a twelvemonth ago, unusual irritation in his bladder attracted his notice, which rapidly increased, causing a difficulty in micturition, the urine suddenly stopping, and the complete evacuation of the bladder inducing intense suffering. At length he was obliged to apply to a surgeon,† who advised his coming to Guy's Hospital. Upon his admission, he stated that his journey to town from Sussex, in a cart not hung on springs, gave him great uneasiness, producing repeated inclinations to void his urine. Walking also increases the symptoms. The pain is most considerable when the bladder is empty. The extremity of the prepuce is not much swollen, neither has he ever passed bloody urine. The sound being introduced, indicated the presence of a hard calculus. His general health not much impaired, but suffering from a slight catarrh, from exposure during his coming to London.

The operation was performed on Tuesday, the 18th of March. The sound being

* This report is taken *verbatim* from the thing belonging to the Yellow Goth. The variations in the type, are, however, our own.—ED. L.

† Mr. Hodgson, of Lewes, has authorised us to say, that he DID NOT recommend the man to go to Guy's Hospital.—ED. L.

introduced, the calculus was felt with difficulty; and then only while withdrawing the instrument. The narrowness of the perineum (!) excited attention. The straight staff being introduced, the external incision was purposely extended beyond the usual length, to compensate for the natural deformity (!!) The groove of the staff was cut into, and the knife readily passed into the bladder, as indicated by the flow of a small quantity of urine. On passing my finger into the wound, the extent of the section of the prostate could not be ascertained, in consequence of the depth of the perineum; and upon introducing the forceps, the stone could not be felt: I was, THEREFORE, induced to ENLARGE the opening by means of Sir Astley Cooper's beaked knife. I then withdrew the straight staff, passed a curved one into the bladder, and detected the stone in the concavity of the curve, and to secure the passage into the bladder, passed the CURTING GORGET, (which was necessarily furnished with a beak,) and used this as a guide to the introduction of the forceps; but still, though the forceps passed readily into the bladder, as was experienced by Mr. Callaway as well as myself, the stone eluded detection. A female staff was then passed into the wound, but could not be brought in contact with the stone. A male sound was next introduced through the incision into the bladder, and with some difficulty indicated the stone above the prostate, and consequently behind the pubes; and at length the blades of the forceps (the handles being directed downwards and backwards) were brought in contact with the calculus, which immediately on being felt, was extracted without any force; although, from the circumstances above detailed, the operation had unavoidably been tedious. When he was replaced in bed, he felt depressed and exhausted; forty drops of laudanum were given, which produced slight composure, but no sleep.

5 o'clock.—Complains of very acute pain in the lower part of the abdomen, especially in the LEFT ILIAC REGION; this increases on pressure. No tension of the abdomen is discernible. Apply thirty leeches and hot fomentations.

10 o'clock.—The pulse has increased in number to 116, and is tremulous. The pain of the abdomen unrelieved by the leeches. The breathing is hurried, and the skin bedewed with a clammy perspiration. The countenance is natural. Answers questions with great composure.

Ordered *Hyd. Sub. gr. iij.*; *Ext. Opii gr. ij.*

M. To be taken directly. A large emollient poultice to cover the whole of the abdomen.

March 19, 1 o'clock, A.M.—Has not had any sleep. The tenderness of the abdomen

undiminished; pulse 120, small, with a degree of hardness. For the last half hour has had nausea, and inefficient efforts to vomit, which greatly distress him, by increasing the pain. Repeat the Cal. and Op.

5 o'clock.—The pain in the abdomen is increased; the pulse 120, small and hard; respiration difficult; nausea unabated.

V. S. ad 3x.

This relieved the urgency of his symptoms, but was followed with depression.

Ordered *Hyd. Sub. gr. iij.*; *Opii Ext. gr. j.* stat. Continue the cataplasma.

10 o'clock.—The pain in the abdomen continues; pulse as quick as in last report; tongue covered with a white fur, but moist; nausea still present, even rather more urgent. A sinapism ordered to be applied to the pit of the stomach, and thirty leeches to the abdomen. These gave immediate relief, to such an extent as to enable him to sleep.

1 o'clock, P.M.—Pulse 156, and irregular as to power, but constant in number. The anxiety of countenance indicates a fatal depression, and has a peculiar yellow hue, the lips being pale. The nausea has returned, and the pain of the abdomen is only complained of during the spasm. The respiration is short, hurried, and attended with pain.

℞ *Ammon. Carb. gr. iv.*

Tr. Opii. gtt. xxiv.

Infus. Serpent. ʒiiss. F. Haust. to be taken directly.

After having taken this draught he slept two hours, when the respiration was 26 in a minute. He awoke in an alarming state of depression, the countenance anxious and pallid; he reluctantly answered questions, but said he was entirely free from pain. He took a small quantity of brandy and water with the julep of ammonia, but continued gradually sinking until half-past seven, when he died.

It may be worthy remark, that this patient felt convinced in his own mind that the operation would prove fatal;* and so strong was this impression, that he persuaded two patients in the same ward to show him the burial ground of the hospital.† He visited this, and expressed his conviction that it would be his resting-place.

Examination of Body 60 hours after Death.

(From the Notes of Dr. Hodgkin).—The peritoneum, at the lower part of the abdomen, as well as that portion which lines the parietes, and that covering the intestines,

* The poor fellow was evidently a man of discernment, and merited a better fate.—ED. L.

† A very rational step, all things considered.—ED. L.

was minutely injected. In the *pelvis* there was some *sero-sanguineous* effusion, very slightly puriform, and unmixed with lymph, or flocculi. Behind the *peritoneum*, in the *POSTERIOR* part of the *LEFT ILIAC REGION*, there was some *ECCHYMOsis*. The cellular membrane behind the *peritoneum* in the *pelvis*, was extremely lacerable, readily breaking down under the finger, and scarcely requiring the use of the knife for the removal, except under the pubes. There was a *free division* of the *prostate*, and a *CLEAN CUT* into the bladder, the mucous membrane of which was generally healthy. Immediately behind the *meatus urinarius* there was a *SMALL TONGUE-SHAPED* body, which, on the opening of the bladder, and when obscured by coagula, was considered to be the third lobe of the prostate; but a more careful examination proved it to be a *SMALL FLAP*, composed of a portion of bladder and prostate, and which had been formed by *ANOTHER INCISION* communicating with the first, about an inch in length, and a *third* of an inch behind the opening of the *meatus*. There were a *few spots* of the *ecchymosis*, and abrasion comprehended in a space of about the size of a shilling around the orifice of the *meatus*. The *edges* of the *incision*, from the *external opening* to the *bladder*, were *RAGGED*, and intermixed with adherent coagula of blood, a state which was *unavoidably* produced by the repeated introduction of the forceps and other instruments which were had recourse to in the attempt to remove the stone.

In the *preparation* a *PASSAGE EXISTS* at the *SIDE* of the *BLADDER*: this was not noticed by Dr. Hodgkin till after* it had been in the hands of the reporter of *THE LANCET*; and from the extremely lacerable state of the part, it might easily have been formed after its removal from the body. That it was either formed then, or in the act of removing them, is an *idea* which the absence of coagula tends strongly to confirm.

Besides the injection of the peritoneal coat of the small intestines, the internal membrane was of a diffused red. The rectum was perfectly sound and healthy, with the exception of a very slight appearance of piles. The kidneys were of moderate size, soft and flabby, and in an advanced stage of the *light mottling deposit* described by Dr. Bright.

This case resembles all those of unsuccessful lithotomy which I have myself had an opportunity of examining, both in the

peritoneal inflammation and in the extensively lacerable state of the cellular membrane behind the peritoneum: similar results have, I believe, *invariably* been found by Mr. C. A. Key in this country, and by my friend, Harvey de Chegois, in Paris.

The peculiar derangement of the kidney observed in this case, was likewise met with in a patient of Mr. C. A. Key's, who died after an operation for the stone, and has likewise been found in others who have sunk after the operation OR—*accident*."

THE MEDLEY ORATION

February 14th, 1829.

"Did you hear the Hunterian Oration at the College yesterday?" "No, it escaped my recollection." "I am very glad of it." "Why glad? what sort of an oration was it?" "Oh, a precious jumble." "Well, but what was it about?" "I can hardly tell you, it was a philosophical medley; there was a little of all the sciences; a mixture of mathematics, natural philosophy, astronomy, and all that sort of thing; in truth, a little of every thing but the right. I was very sorry for the ORATOR. I like Vincent very well, but he shows to great disadvantage in an oration." "Ha! ha! and how did he deliver it." "Worse still; it was shockingly done. He looked like a man going to be executed. He never lifted his eyes from the paper: they brought him a glass of water, but he couldn't see it. I declare his fright astonished me; I don't think they'll get him there again in a hurry. I went expecting that the oration would be no great shakes, but even with this preparation I was disappointed."

If we were to insert every syllable of the Oration, our readers would not be better informed of its contents than they will be after reading the above conversation, which passed amongst a knot of medical gentlemen the day after its delivery. We spare them, therefore, the infliction of perusing a paper which contained not a new thought either on the subject of John Hunter, his stupendous museum, or his invaluable discoveries. Mr. Vincent considered John Hunter to stand very high in the scale of scientific men, and there he left him, to discourse about Newton and Bacon, mind and intellect, senses and faculties, in a strain which would as well have commemorated Benjamin West, or Mynheer Van Dunck, as John Hunter.

From the very imperfect manner in which Mr. Vincent read his paper, we have only to express our regret, that he did not hire the writer of it to perform that duty.

* Q. Are you *certain* that opening did not exist BEFORE you showed the parts to Mr. Lambert?

A. I have stated I DID NOT SEE IT until he showed it to me.—Hodgkin's Evidence.

WESTMINSTER MEDICAL SOCIETY.

Saturday, February 14, 1829.

Mr. CESAR HAWKINS in the Chair.

DECEPTIVE DISEASE OF THE HEAD.—TREASURER'S ACCOUNTS.

THE Minutes having been read, the Chairman stated, that the promised communication of Dr. Gregory on buffy blood, was still delayed in consequence of Dr. Gregory's absence in the country. After a considerable silence,

Mr. ARNOTT called on Mr. North to favour the Society with the particulars of a case which had lately been attended by Mr. North and himself, which

Mr. NORTH stated was a peculiar example of the insidious manner in which disease sometimes made its attacks. He was, some time since, called to see a lady who laboured under symptoms of catarrh; frequent sneezing, discharge from the nose, cough, and headache. There were no dangerous symptoms in the case, and being, therefore, under no apprehension, he treated it as the disease which it appeared to be, giving purgatives, and other usual medicines. The pain in the head, however, gradually increased, and on the third or fourth day from his first visit, the patient referred her chief suffering to the situation of the root of the nose. The forehead and right eye were tumefied, and, on placing his finger over the seat of pain, he suspected there was matter forming. This afterwards turned out to be the fact. Mr. Guthrie was called in, and an incision made in the forehead; four ounces of matter were discharged, and the patient was relieved. No danger of any kind was now, or had been before, apprehended; there had not appeared the slightest cause for it; he was in doubt, however, what was the nature of the disease, and so he continued. In two or three days after, the symptoms considerably increased; the pulse became rapid, the countenance anxious, the general disturbance considerable, and, in eight or nine days more, the appearances became altogether extremely obscure. Dr. Macleod now saw the patient, but he could not determine the disease. Dr. Levison was then called in; the pain in the head increased alarmingly, but was not constant. In ten days the right side became paralyzed, and the patient lost the power of mentioning particular words; the whole body assumed a yellow cast; this was not jaundice, and there were no symptoms of coma. In fourteen days the lady died—here we lost the whole of several sentences which fell from the speaker, in consequence

of the noise occasioned by the entrance of chairs for late members; this created at least twice the disturbance it need have done. By the time it had ceased,

Mr. ARNOTT had taken up the case, from whose statements, and the discussion, we believe all the additional particulars will be elicited. The patient, Mr. ARNOTT said, was aged nineteen. The body was very little emaciated by the disease, but the yellow tinge, which he considered a peculiar feature of the case, was distinctly marked throughout the whole frame. On examining the head, no disease was discoverable, no inflammation of the integuments; there was nothing but a lancet wound, the effect of the incision. However, on taking down the scalp over the root of the nose, after death, the pericranium exhibited more decided marks; and, on sawing through the skull, a quantity of matter issued from the dura mater, and, on the opposite side, was a large portion of the dura mater in an ulcerated state. (A preparation and a drawing of the parts were here exhibited.) On prosecuting the examination, the arachnoid was found much thickened, and there was a copious deposition of matter pressing upon the brain. On examining the longitudinal sinus, that part opposite to the ulcer had its coats also much thickened, and the internal surface was lined with an effusion of lymph. The brain throughout was healthy. The case had impressed him (Mr. ARNOTT) strongly, as one of those in which the real disease was totally undiscoverable by external appearances; the most obscure point was, he thought, the cause of the yellow colour, which pervaded the whole body; it arose, perhaps, from a diseased state of the blood, or the biliary system, but he had examined the liver, and there was no apparent derangement, nor any unusual quantity of bile present. On a question as to the exact situation of the matter,

Mr. NORTH stated, that the dura mater was separated from the bone, and the matter was effused over the whole anterior surface between them. He had thought, at first, that this case was one of rare occurrence; but on referring to the elaborate work of Dr. Abercrombie, he had discovered one or two others very similar to it. The absence of coma was singular, where so much matter, (and there was a considerable quantity,) had been pressing on the brain. It satisfied him, that pressure on the brain might exist without producing coma. If the present patient had been found comatose, it would have been immediately ascribed to the pressure which arose from the effusion; it proved that we had yet to learn what was that peculiar condition of the brain which gave rise to the existence of coma.

Dr. LAY said, that much matter might

press upon the brain, without injuring the intellectual faculties, and mentioned some cases, one of puerperal fever, in support of his statement. In Mr. North's case, the pressure had been on the anterior of the brain; but if the same pressure had existed on the base of the brain, very different effects upon the intellects would have occurred. He was one of the late members, and had not heard the whole of the case, but he wished to know more particularly the part upon which the matter had pressed.

MR. NORTH said, it was distributed over the whole surface; (here was another great noise from the chairs;) there was hardly a single part of the anterior portion of the brain not covered with a layer of pus.

A MEMBER inquired, in what way the series of symptoms was produced, and where was the origin of the inflammation. He understood, that it had appeared first in the integuments of the forehead, then went to the pericranium, thence to the dura mater, and that ulceration was an ulterior effect. Great stress had been laid on the layer of matter which had been found on the longitudinal sinuses. Was that the primary or the last link in the chain of events. He (the Member) thought it was the last, and that there was no reason to believe that the inflammation began within, but that it proceeded from the external to the internal parts. There need have been no wonder, then, at the absence of stronger symptoms; none were to be expected. The disease, too, was not of a nature to produce coma. Whenever the effusion of matter on the brain was gradual, very prominent or marked symptoms were never produced.

MR. HUNT thought the effect of a sudden effusion on the brain would produce local pressure.

DR. LEY considered, that a secretion of fluid upon the brain acted on all parts of it alike, as pressure would act upon a bulb of water; not on one part, but throughout the whole mass.

RODERICK MACLEOD thought, that some of the observations of the member, who spoke before Mr. Hunt, were very unfortunate, and that Mr. Arnott and Mr. North had overlooked some of the points necessary to a full elucidation of the case. He considered the disease originated in the frontal sinuses, and for that reason the sneezing had not been cured. Those which were taken to be catarrhal symptoms, had preceded the external tumefaction. There was an absence, too, of all constitutional disturbance. The father of the lady had stated, that she had been affected with sneezing a long time previous, unaccompanied with any other catarrhal symptoms. The effusion was not sufficient to produce coma; it was merely distributed over the left hemisphere. He considered

there was not pressure, but a mere change of contents in the cranium, which change was not of a nature to produce pressure. Coma and paralysis were not necessarily connected.

DR. CORLAND thought the disease had arisen from an absorption of purulent matter from the ulcerated surface. He had often noticed the yellow tinge after ulcerations. Had not the patient been carried off by irritative fever?

MR. NORTH said the patient often laboured under irritation, but there was no continued fever.

DR. LEY. Was the discharge from the nostrils offensive? If so, he could easily understand how the disease had extended inwardly. Discharge from the ear often preceded comatose symptoms. The sneezing did not prove that the disease was in the frontal sinuses.

MR. NORTH said, the discharge from the nose was not offensive.

A MEMBER, whose name we could not learn, thought that throughout the whole detail, the treatment had been too much lost sight of; the pathological condition of the brain alone, seemed to have occupied the attention of the speakers.

MR. NORTH replied, that as the nature of the disease had not been discovered until after death, he had not thought it of consequence to say much on the subject of the treatment, which was not of a very active kind; he stated this very candidly, and thought it was no disgrace to the gentlemen attending the case. If they could have looked into the lady's head before death, more active treatment might have been resorted to.

About half past nine, the treasurer varied the debate, by handing in a statement of his yearly account, which was received as very satisfactory. He stated, that there was a balance in hand of 125*l.* of funded property, in the 4 per cents. The discussion then went on again. The chief points of the case were ably summed up by Dr. Granville, who expressed his opinion that the disease originated internally. Not the slightest blame could be attached to the medical attendants.

MR. ARNOTT, in conclusion, with reference to the yellow colour of the skin, said, that in all cases he had ever seen of inflammation of the veins, a yellow tinge had appeared, and that the result was invariably fatal.

THE SECRETARY referred to several cases which had occurred in St. George's Hospital, in proof, that whenever a yellow or lurid state of the skin had occurred, the veins and arteries themselves were always healthy.

LONDON MEDICAL SOCIETY.

Monday, February 16, 1829.

Dr. SHEARMAN in the Chair.

EFFICACY OF THE ERGOT OF RYE.—ALLEGED PARTIALITY OF THE REGISTRAR.—CASE OF MONSTROSITY.—MORBID SPECIMENS.

THE minutes of the last Meeting having been read,

Mr. BROWN related the particulars of a case showing, to his mind, the efficient quality of the ergot of rye. The lady had been delivered a few days previously of her tenth child. In the course of the nine former births, she had been subject to the most alarming hæmorrhage, and after her ninth delivery, was under the necessity of having the operation of transfusion performed by Mr. Waller, and, in consequence of which alone, it was supposed, her life had been preserved. As she proceeded in her last pregnancy, she had an impression that she should not survive the birth of the child. Recollecting the danger that had attended all her former labours, Mr. Brown had consulted Dr. Blundell, and it was agreed, that a preparation of the ergot of rye should be in readiness to exhibit, should the circumstances require it. Mr. Brown was called to her at nine in the morning; he then found that labour had begun, that the soft parts were dilatable, and that labour was likely to be terminated very speedily, should there be a sufficiency of uterine action, but which turned out to be wholly ineffective, without the assistance of the ergot of rye. The patient having remained pretty much in the same condition till about three o'clock in the afternoon, with the exception of her pains having rather flagged in energy, a table spoonful of the decoction, and twenty drops of the tincture were administered. Twelve minutes afterwards a pain came on, gradual at first, increasing in force, and of a duration and degree which surpassed any thing he had ever seen, and by which a very large child was immediately expelled. Instantly the desirable contracted state of the uterus was perceptible; and there was a state of pulse and capillary condition, which had not been experienced during any former labour. In twenty minutes afterwards the dose was repeated, by which the placenta was expelled, and the uterus remained contracted. A third portion was repeated in another twenty minutes, which secured the patient free from hæmorrhage, and the uterus in a perma-

nently contracted state. The force with which the child was expelled in this instance, after the ergot had been exhibited, impressed his mind, that no mechanical obstruction ought to exist in cases where the ergot was exhibited, and that the greatest caution ought to be exercised, to ascertain that the soft parts were in a proper condition for the delivery.

A MEMBER wished to know, why Mr. Brown had continued to exhibit the ergot after the first dose had been so effectual, and whether there was any subsequent inflammation of the abdomen or uterus?

Mr. BROWN observed, that no inflammatory consequences had resulted, and that he had continued the use of the ergot for the purpose, if possible, of perfectly securing the patient against flooding.

Mr. WALLER remembered the patient, from his having performed upon her the operation of transfusion; and, had he been present on this latter occasion, he should have agreed in the propriety of exhibiting all the ergot that Mr. Brown had stated he had given, because he should have been apprehensive of relaxation, the patient being of a flabby habit, and a constitution to warrant the apprehension.

Dr. WALSHMAN remembered having had one or two cases of a very similar description. In those cases, the hæmorrhage was of an alarming nature, and the pulse had at times entirely disappeared. In both the cases, the pulse was raised by the exhibition of opium, and recovery followed.

Mr. PEIRSE, as a member of the Society, considered that he had a right to complain of the Registrar, as to the mode in which he had been in the habit of taking minutes of the proceedings of the Society. On the night on which the Society had last met, the Registrar read two papers communicated by a member. Mr. Shearly had made some observations on those papers, and upon what Mr. Shearly had said, he (Mr. Peirse) had delivered his opinion; but, notwithstanding the Registrar had seemed to make a very full report of what had transpired in the course of the evening, not a syllable of notice had been taken of what had fallen from him. It might be, in the infinite wisdom of the Registrar, thought right, that the remark that he (Mr. Peirse) made in the Society, ought not to be regarded as well as the observations of other members; but he knew of no principle warranting such a course of proceeding.

The PRESIDENT begged to inform Mr. Peirse, that if there was any suspicion of partiality on the part of the Registrar, the complaint ought to be made to the Council.

Mr. PEIRSE bowed to the Chair, observ-

ing, that he did charge the Registrar with partiality, and that he could relate a series of cases which would bear him out in his declarations.

The Registrar denied any partiality.

The President again intimated, that the complaint could only be made, and the subject discussed, before the Council.

Mr. SHEARLY exhibited an instance of monstrosity which he obtained from St. Saviour's Workhouse. The case was that of twins; both children were born alive; the one he exhibited had lived from half past ten in the morning to seven in the evening, and, in the course of that time, had performed the act of deglutition several times. It exhibited a double harelip, no nostrils, hernia cerebri, a deficiency of the frontal bone, and the stumps of some of the fingers of the right hand, as if amputation of parts of them had been performed, and the wound neatly healed up. The other child was not well, and was likely to die soon.

Dr. RAMADGE produced to the Society specimens of a morbid larynx and an œsophagus. He took also the opportunity of expressing his surprise at having heard it stated, that in one of the cases related on the former evening, and which had already been alluded to, there was no fever present. Since then he had been assured, and the assurance came from a relation of the patient's, that the patient had had a violent affection of the brain, accompanied with fever, for at least four days after his attack of illness. This fever probably had subsided before the author of the case was called in, otherwise such a misstatement would probably not have been made.

The President suggested, that this statement ought to have been made in the presence of the author.

Dr. RAMADGE merely wished to remove the impression, that no fever had existed.

In some remarks on Mr. Brown's case, Dr. Ryan said, that the practitioner should always procure the ergot of rye in its natural state, as no dependence could be placed on the different forms kept in the shops, as they were invariably adulterated. The ergot of rye should be kept in its natural granular state, in closely stopped bottles, and would retain its extraordinary powers for many years. If exposed to the air, it would, after some time, become a brown powder, and be perfectly useless.

GLASGOW ROYAL INFIRMARY.

CATHERINE ADAM, aged 32, a woman of a weak and delicate constitution, was admitted by Dr. Brown, on the 25th of October, with rupia. The disease, in some places, was simple; but, in others, assumed a prominent character, and was spread over the arms, fore-arms, face, thighs, and legs. Some of the scabs were elevated above the surrounding skin two or three lines; still rather flat, and of a greenish colour. When these fall off, they leave behind a deep excavated sore, which the patient described as exceedingly painful. She described the disease as beginning in the form of small vesicles, followed by the formation of scabs. There was, likewise, an eruption of scabies scattered over the hands and fore-arm; her health and appetite were tolerably good, her tongue was also clean, bowels open, and pulse 100, but small.

The eruption appeared about five months previous to her admission, and was preceded by a smart attack of fever of three days' duration. She had taken bark, and also a solution of the muriate of mercury, in whiskey, which had not, however, affected her mouth. She complained of sometimes feeling feverish during the night. She was ordered half an ounce of castor oil.

26. Has had several stools, but still complained of occasional chills and flushes; and as her pulse was 106, and throbbing, eight ounces of blood were ordered to be taken from the arm. She was directed to take six ounces of the compound decoction of sarsaparilla three times daily, adding to each dose twenty minims of the solution of the muriate of mercury.

30. Complained of sleeping ill during the night, and her bowels were regular. She was ordered to continue her medicine, increasing the dose of the solution of mercury to twenty-five minims, and to take an anodyne draught at bed-time.

Nov. 2. The patient now came under the charge of Dr. Millar, who was appointed the senior physician in the place of Dr. Brown, who had resigned. The treatment adopted by his predecessor was continued.

18. There was no change in the patient for the better, but still there had been no further eruption. Several of the ulcers looked clean and healthy. The decoction of sarsaparilla ordered to be omitted. To have the following: two pounds of the decoction of elm, and a drachm of the arsenical solution, mixed; and of this she was to take two ounces three times, daily; and to the ulcers on the legs she was to apply, morning and evening, the ointment of the oxide of zinc.

Dec. 8. The ulcers on the legs were looking worse. She was ordered an embrocation of water and vinegar.

11. The appearance of the ulcers was still more unhealthy than at the last report, and more painful. A common poultice was directed to be applied to them.

13. Little change for the better in the ulcers situated on the leg. Solid pitch, one ounce; wheat flour, sufficient to make into grain pills; take three pills three times a-day; cataplasm to be continued, and the solution of arsenic to be omitted.

24. The sores on the leg were looking better, but there was a new scab on the neck. To take twelve pills daily.

27. There was a new eruption to-day, spread almost over the whole body. Her appetite was diminished, and she was every way much worse. The pills were omitted, and fifteen drops of muriatic acid to be taken three times daily, in water.

31. She had evidently, for some time past, diminished in strength. Her appetite was also bad, and she complained of sleeping ill during the night. To have an ounce of wine, to be repeated four times daily.

Jan. 8, 1829. There was still no improvement.

Soft opium, 12 grains;

Calomel, 8 grains;

Emetic tartar, 4 grains;

Syrup of ginger, sufficient to divide into 24 pills; to take one three times a-day.

She was ordered the decoction of sarsaparilla, to be taken with each pill, and to omit the muriatic acid.

This patient still remains in the hospital, little or no improvement having taken place, notwithstanding the great variety of treatment employed.

ROYAL INSTITUTION.

THERE was a very crowded attendance at the Royal Institution on Friday last, when Mr. Faraday delivered a Lecture on the Active Molecules existing in Solid Bodies, Organic and Inorganic, as discovered recently by Mr. Brown. Mr. Faraday, by drawings and specimens, showed that living and dead substances, such as muscle, stone, &c., produced minute particles capable of motion, some of which were of the 1-15,000th of an inch, and descending so low as 1-30,000th part of an inch. The Lecture was very loudly applauded.

There were several curious presents on the Library table, among which was a touque usually worn by the chiefs of Britain in past ages, found in Merionethshire; some rare Chinese paintings, by native artists, &c.

CONFESSION OF BURKE IN THE GAOL.

Edinburgh, 3d Jan., 1829.

AN old pensioner, named Donald, lived in the house about Christmas, 1827; he was in bad health, and died a short time before his quarter's pension was due; that he owed Hare 4*l.*; and a day or two after the pensioner's death, Hare proposed that his body should be sold to the doctors, and that the declarant should get a share of the price. Declarant said it was impossible to do it, because the man would be coming in with the coffin immediately; but after the body was put into the coffin, and the lid was nailed down, Hare started the lid with a chisel, and he and declarant took out the corpse and concealed it in the bed, and put tanner's bark, from behind the house, into the coffin, and covered it with a sheet, and nailed down the lid of the coffin, and the coffin was then carried away for interment. That Hare did not appear to have been concerned in any thing of the kind before, and seemed to be at a loss how to get the body disposed of, and he and Hare went in the evening to the yard of the college, and saw a person like a student there, and the declarant asked him if there were any of Dr. Monro's men about, because he did not know there was any way of disposing of a dead body, nor did Hare. The young man asked what they wanted with Dr. Monro, and the declarant told him that he had a subject to dispose of, and the young man referred him to Dr. Knox, No. 10, Surgeon's Square, and they went there, and saw young gentlemen, whom he knows to be Jones, Miller, and Ferguson, and told them that they had a subject to dispose of, but they did not ask how they obtained it; and they told the declarant and Hare to come back when it was dark, and that they themselves would find a porter to carry it. Declarant and Hare went home, and put the body into a sack, and carried it to Surgeon's Square, and not knowing how to dispose of it, laid it down at the door of the cellar, and went up to the room, where the three young men saw them, and told them to bring up the body to the room, which they did, and they took the body out of the sack, and laid it on the dissecting table; that the shirt was on the body, but the young men asked no questions as to that, and the declarant and Hare, at their desire, took off the shirt, and got 7*l.* 10*s.* Dr. Knox came in after the shirt was taken off, and looked at the body, and proposed that they should get 7*l.* 10*s.*, and authorised Jones to settle with them; and he asked no questions as to how

the body had been obtained. Hare got 4*l.* 5*s.*, and the declarant got 3*l.* 5*s.* Jones, &c., said, they would be glad to see them again when they had any other body to dispose of.

Early last spring, 1828, a woman from Gilmerton came to Hare's house as a nightly lodger, Hare keeping seven beds for lodgers: that she was a stranger, and she and Hare became merry, and drank together, and next morning she was very ill in consequence of what she had eat, and she sent for more drink, and she and Hare drank together; and she became very sick and vomited, and that time she had not risen from bed, and Hare then said that they would try and smother her, in order to dispose of her body to the doctors. That she was lying on her back in the bed, and quite insensible from drink, and Hare clapped his hand on her mouth and nose, and the declarant laid himself across her body, in order to prevent her making any disturbance, and she never stirred, and they took her out of bed and undressed her, and put her into a chest.

The next was a man named Joseph, a miller, and lying badly in the house. That he got some drink from declarant and Hare, but was not tipsy; he was very ill, lying in bed, and could not speak sometimes, and there was a report on that account that there was fever in the house, which made Hare and his wife uneasy in case it should keep away lodgers, and they (declarant and Hare) agreed that they should suffocate him for the same purpose, and the declarant got a small pillow and laid it across Joseph's mouth, and Hare lay across the body to keep down the arms and legs, and he was disposed of in the same manner.

In May, 1828, as he thinks, an old woman came to the house as a lodger, and she was the worse for drink, and she got more drink of her own accord, and she became very drunk, and declarant suffocated her; and Hare was not in the house at the time; and she was disposed of in the same manner.

Soon after an Englishman lodged there for some nights, and he was ill of the jaundice; that he was in bed very unwell, and Hare and declarant got above and held him down, and, by holding him down, suffocated him, and disposed of him in the same manner.

Shortly afterwards, an old woman named Haldane (but he knows nothing farther of her) lodged in the house, and she had got some drink at the time, and got more to intoxicate her, and he and Hare suffocated her, and disposed of her in the same manner.

Soon afterwards, a cinder-woman came to the house as a lodger, as he believes, and she got drink from Hare and the declarant, and became tipsy, and she was half asleep,

and he and Hare suffocated her, and disposed of her in the same manner.

About Midsummer, 1828, a woman, with her son or grandson, about twelve years of age, and who seemed to be weak in his mind, came to the house as lodgers; the woman got a dram, and when in bed asleep, he and Hare suffocated her; and the boy was sitting at the fire in the kitchen, and he and Hare took hold of him, and carried him into the room, and suffocated him.

That soon afterwards the declarant brought a woman to the house as a lodger, and after some days she got drunk, and was disposed of in the same manner. That declarant and Hare generally tried if lodgers would drink, and if they would drink they were disposed of in that manner.

The declarant then went for a few days to the house of Helen M'Dougal's father, and when he returned, he learned from Hare that he had disposed of a woman in the declarant's absence, in the same manner, in his own house; but the declarant does not know the woman's name, or any further particulars of the case, or whether any other person was present, or knew of it.

That about this time he went to live in Brogan's house, and a woman named Margaret Haldane, daughter of the woman Haldane before mentioned, and whose sister is married to Clark, a tinsmith in the High Street, came into the house, but the declarant does not remember for what purpose; and she got drink, and was disposed of in the same manner. That Hare was not present, and neither Brogan nor his son knew the least thing about that, or any other case of the same kind.

That in April, 1828, he fell in with the girl Paterson, and her companion, in Constantine Burke's house, and they had breakfast together, and he sent for Hare, and he and Hare disposed of her in the same manner; and Mr. Ferguson, and a tall lad, who seemed to have known the woman by sight, asked where they had got the body; and the declarant said he had purchased it from an old woman at the back of the Canongate. The body was disposed of five or six hours after the girl was killed.

One day in September or October, 1828, a washer-woman had been washing in the house for some time, and he and Hare suffocated her, and disposed of her in the same manner.

Soon afterwards a woman, named M'Dougal, who was a distant relation of Helen M'Dougal's first husband, came to Brogan's house to see M'Dougal; and after she had been coming and going to the house for a few days, she got drunk, and was served in the same way by the declarant and Hare.

That "Daft Jamie" was then disposed of in the manner mentioned in the in dict-

ment, except that Hare was concerned in it. That Hare was lying alongside of Jamie in the bed, and Hare suddenly turned on him, and put his hand on his mouth and nose; and Jamie, who had got drunk, but was not drunk, made a terrible resistance, and he and Hare fell from the bed together, Hare still keeping hold of Jamie's mouth and nose; and as they lay on the floor together declarant lay across Jamie, to prevent him from resisting, and they held him in that state till he was dead, and he was disposed of in the same manner; and Hare took a brass snuff-box and a spoon from Jamie's pocket, and kept the box to himself, and never gave it to the declarant, but he gave him the spoon.

And the last was the old woman Docherty, for whose murder he has been convicted. That she was not put to death in the manner deposed to by Hare on the trial. That during the scuffle between him and Hare, in the course of which he was nearly strangled by Hare, Docherty had crept among the straw, and after the scuffle was over, they had some drink, and after that they both went forward to where the woman was lying sleeping, and Hare went forward first, and seized her by the mouth and nose, as on former occasions; and at the same time the declarant lay across her, and she had no opportunity of making any noise; and before she was dead, one or other of them, he does not recollect which, took hold of her by the throat. That while he and Hare were struggling, which was a real scuffle, M'Dougal opened the door of the apartment, and went into the inner passage and knocked at the door, and called out police and murder, but soon came back; and at the same time Hare's wife called out, never to mind, because the declarant and Hare would not hurt one another. That whenever he and Hare rose and went towards the straw where Docherty was lying, M'Dougal and Hare's wife, who he thinks, were lying in bed at the time, or, perhaps, were at the fire, immediately rose and left the house, but did not make any noise, so far as he heard, and he was surprised at their going out at that time, because he did not see how they could have any suspicions of what they (the declarant and Hare) intended doing. That he cannot say whether he and Hare would have killed Docherty or not, if the women had remained, because they were so determined to kill the woman, the drink being in their head.

WESTMINSTER HOSPITAL.

ENTROPEON.

MARY ANN HUNTLY, *ætat.* 23, admitted Nov. 20, 1828, under Professor Guthrie, with entropion.

About ten years ago, while recovering from the measles, she became affected with ophthalmia of both eyes, which has occasionally recurred since, and sometimes to such an extent as to render her totally blind. Blisters, issues, and the various antiphlogistic items, had all been employed without much benefit.

The superior palpebræ are now completely inverted, and the eye-lashes in contact with the ball; considerable contraction of the angles of the lids, and increased secretion of the meibomian glands; conjunctiva deeply inflamed; cornea opaque. For the last two or three years her health has not been very good. She now presents a decidedly chlorotic appearance; tongue flabby and pale; bowels sluggish.

Dec. 2. The "author" enacted the operation in the presence of all his colleagues, and a great number of pupils and visitors. The struggles of the patient protracted the operation. The blade of a blunt-pointed pair of scissors was carefully introduced close to the external angle of the right eye, and a perpendicular incision made the third of an inch in length, dividing the tarsal cartilage. Another incision was made in like manner, at the inner angle, external to the punctum lachrymale, it being a point not to divide the lachrymal canal. The lid was now perfectly free, and a fold of skin was excised transversely from the superior palpebra; three ligatures were introduced, and the divided parts brought in contact; each ligature was twisted, and fastened to the forehead by a slip of adhesive plaster. A bandage was put over the whole. The operation was next performed on the left eye.

8. The formation of granulations was prevented by occasionally touching the wound with caustic; the ligatures have come away, and the eye-lashes are completely everted.

13. Made an out patient.

Jan. 1, 1829. The lid remains in its natural position; the vitiated curvature of the tarsal cartilage is removed; the cornea clearing, and vessels of the conjunctiva have nearly returned to their natural calibre. General health much improved.

This is a case which Mr. Guthrie had for some time treated at his "Eye-sore Infirmary," in Warwick-street; but not having accommodation for her in that splendid institution, he vouchsafed to admit her

within the walls of this hospital. This is remarkable, being contrary to the usual practice of the liberal "author," who, in his search after patients, smuggles every ophthalmic case that appears here, and by sending the patient to Warwick-street, contributes to swell the list of cures elaborated in that wonderful crucible of surgery.

COMPOUND FRACTURE.

Thomas Cullenham, *æt.* 50, a large sinewy man, of temperate habits, admitted 23d of January, 1829, with compound fracture of the leg. The tibia was much comminuted, and a spiculum of bone projected about an inch, through a wound three inches above the ankle; this was removed by the bone-nippers. The man was placed on his side, and a piece of dressing placed over the wound.

24. He has been restless during the night; the broken bones displaced. Mr. White saw him, and swathed the limb in an eighteen-tailed bandage, and fixed a splint on the outer side.

Evening. Leg painful; abdomen somewhat distended with flatus. A dose of house physic to be drunk in the morning.

25. Leg extremely painful; abdomen tympanitic; pulse 100, small. The splint and bandage removed from the leg, which emitted a gangrenous odour; the patient is laid upon his back, with the limb in the semiflexed position, and supported with bran bolsters.

Submuriate of mercury, *grs.* iv.;

Cathartic extract, *grs.* vj. form two pills, to be swallowed immediately.

In the evening he became restless, and incoherent in manner; attempted to get out of bed, and displaced his leg from the proper posture. Tongue dry, brown; pulse 110, thin. A grain and a half of opium were given immediately, and a dose of aperient medicine ordered to be taken every three hours, until the bowels should be acted upon.

26. The upper part of the leg, and the thigh, emphysematose; wound gangrenous; discharge discoloured, and fetid.

A beer-grounds poultice. Wine and cordials, and an occasional dose of spirit of mendererus and water.

27. Symptoms exasperated; gangrene extending. Tympanitis intestinalis swelling out the abdomen to a great size; respiration hurried; pulse 100, exceedingly weak and small. A cordial mixture to be taken frequently.

28. Expired. The next of kin would not permit the body to be examined.

[Although the following was not communicated by either of our reporters, we can vouch for its accuracy. We shall lay open this most stupid of all OYSTERS next week.]

Saturday, Feb. 14th, 1829. Sir ANTHONY OYSTER collected the pupils in the theatre, having notified that he had some interesting communications to make to them. Examiner Lynn, Professor Guthrie, and Councillor White, being present, John Murphy, whose case is noticed in No. 282 of this Journal, page 542, was brought forward. The man having unfolded his unmentionables, Sir Anthony introduced him to the notice of the company, and observed, that the physicians and surgeons had determined, in future, to hold a public consultation in the theatre every Saturday, on such cases as were considered sufficiently interesting; and had agreed to observe the rule promulged in Dr. Percival's Medical Ethics, to wit, that after the medical attendant had stated the history of the case, his colleagues should pronounce their opinions in rotation, beginning with the junior. The Knight then laid hold of the scrotum, and said, that having treated ("tickled up?" the man for ten days, with a fire-grain blue pill night and morning, he opined the malady was not venereal, but scrofulous. Mr. Guthrie considered it was slow inflammation, and might be cured by the ordinary means. Mr. White thought, with Sir Anthony, that the disease was scrofulous, and was not to be cured in the atmosphere of an hospital; change of air, exercise, and regular living, would, in his opinion, do more than all the physic in the kingdom. Mr. Lynn said he had not paid particular attention to the case, but from the patient's appearance, he should conceive the complaint to arise from disorder of the digestive function. The man (John Murphy) having pulled up his breeches, and walked away, Sir A. Carlisle observed to the students, that he had a very painful duty to perform in referring to some scandalous reports of cases treated in this Hospital, that had lately appeared in a notorious publication, which he considered a disgrace to the medical republic. He was extremely sorry to find, that any pupil of this Hospital could be found base enough to supply reports to so levelling a publication. With respect to the particular reports, he should not hesitate to say, that they were, in many instances, false, and, in every case, coloured, with a view to injure the surgeon's private feelings, and to pander to the sordid interests of a certain obnoxious person. Of the reporter he should say, that he was unworthy to associate with gentlemen; was a traitor, a spy in the camp; and would doubtless, go on from one vile deed to another, till he had sunk to the lowest abyss of in-

famy. He trusted the pupils would not harbour such a degraded character amongst them; that they would consult their own honour, by bringing him forward from his hiding place, in order that his Gorgon lineaments might be recognised in the face of day, and that he might be for ever excluded from the society of honourable men!! In conclusion, he declared, if the pupils continued to screen such a wretch, and if similar reports should continue to appear in that vile periodical, *he would never open his mouth* (query, *GAFÉ*!) again.

Mr. Guthrie said, he had no objection to the publication of his cases, provided they were fairly represented. His feelings had been much hurt by the manner in which he had been handled in the reports alluded to. In one instance, especially, (a case of hernia) he had been made to say, that he had used too much force, and had ruptured the gangrenous intestine; now he had merely said, that he was afraid the texture of the gut could not withstand the force necessary to restore it into the abdomen.

Mr. White considered that *THE LANCET* had done some good in the profession, and, if conducted in a spirit of moderation, would have done much more; but of late it had adopted such an enormous and injurious line of conduct, as to disgust the heads of the profession, and, consequently, to paralyse its utility.

Mr. Lynn gave no opinion; but during Sir Anthony's oration he said aloud, "*let the GALLED jade wince.*" Bravo, Downager!

GUY'S HOSPITAL.

OPERATION OF LITHOTOMY BY MR. KEY.

On Tuesday last, about a quarter past one o'clock, Noble Freeman (the patient), was placed on the operating table. The straight staff having been introduced, the second incision laid bare a small portion of the urethra, and the point of the knife was inserted into the groove of the staff, and carried onwards into the bladder. It was evident, however, that the knife in its introduction into the bladder had to contend against some considerable resistance, so as to turn it somewhat out of its course. This was occasioned by the bladder contracting, and forcing the stone, which was of large size, down to its neck. The knife and staff were then withdrawn, and the forceps introduced upon the finger. The stone was apparently readily laid hold of, and the operator attempted to extract it, but was foiled; and although it was repeatedly grasped by the forceps, yet, on account of its large size, it was found impossible to extract it without dilating the wound. The knife, therefore,

was a second time introduced, and the section of the neck of the bladder enlarged; Mr. Callaway at the same time holding the forceps in the bladder, with the stone in their grasp. In the effort of extraction, the stone broke, and a large fragment was removed. The operator again introduced the forceps, and endeavoured to extract the remaining portion, but the stone again broke, and another fragment only was removed. The forceps were afterwards necessarily introduced a great number of times, but the irritability of the bladder was so great, and the contraction so violent, that it was with considerable difficulty that the remaining portion could be grasped at all. Each effort, however, succeeded in removing larger or smaller fragments, till it was so crumbled that the operator called for a scoop, which was introduced, but it was found impossible to use it with advantage and facility. From the excessive suffering produced by the operation, and the necessary and repeated introduction of the forceps, the patient began to feel exhausted, and the operator thought it best to desist for a few minutes, during which time some wine, and a few drops of laudanum, were administered. He then determined to inject the bladder with warm water, convinced, as he was, that many fragments still remained. The operation of injection was repeated several times, washed away many pieces of stone, and some coagulated blood, and facilitated the grasping of the stone very considerably; five large pieces were removed after the second injection, and, after the sixth, not the smallest particle of the stone was left behind. He was immediately unbound, much exhausted, and put to bed, and a dose of the syrup of poppies administered.

18. We visited him with the surgeon this morning. He had passed a good night, was tolerably free from pain, and there was but little tenderness of the abdomen. The urine had flowed freely through the wound.

The operation was one of considerable difficulty, owing to the large size of the stone, and the extreme irritability of the bladder. It was such an one as the operator, to use his own words, "had never before experienced." Mr. Key did not, for one moment, lose his presence of mind, but conducted himself "in a manner that the public have a right to expect from a surgeon of Guy's Hospital." The operation lasted about twenty minutes.

Accidents admitted during the Week, under the care of Mr. Bransby Cooper.

Chapel Ward—Burn on neck and arm.

Dorcas Ward—Injury to the eye.

Cornelius Ward—Retention of Urine.

Accident Ward—Injury to arm.

Lacerated scalp.

ST. THOMAS'S HOSPITAL.

OPERATIONS.

ON Friday, Feb. 13, Mr. Green performed two amputations below the knee; the first on an elderly man, of emaciated appearance; in this case the circular incision was adopted. The limb was removed in three minutes; the arteries were easily secured, and the stump dressed in the usual manner. The second case was that of a young healthy-looking man, on whom the double flap operation was performed; considerable difficulty was experienced in securing the vessels, and secondary hæmorrhage occurred during the night, but it was readily suppressed by Mr. South.

BLEEDING FROM LEECH-BITES.

Mr. H. Storer in a note to the Editors of the London Medical and Surgical Journal states, that he has found lunar caustic scraped to a point, and applied to the mouth of the vessel after the blood has been dried for the moment, an effectual method of stopping the bleeding from leech-bites, when all other remedies have failed. He recommends that care should be taken to apply immediate pressure, to prevent the skin from being discoloured by its spreading. For ourselves, we have found small pieces of dry sponge, rolled hard between the fingers, and inserted in the orifices, by far the most effectual and desirable remedy in these sometimes obstinate cases of hæmorrhage.

TO CORRESPONDENTS.

COMMUNICATIONS have been received from Mr. Marryatt—Mr. Linton—C. W.—A Constant Reader—Mr. Wansbrough—Mr. Wildsmith—Mr. W. C. Worthington—Mr. J. Snell—Hibernus—Mr. John Williams—Dr. Mayer—Mr. H. Pointer—Mr. H. Day (2)—Narrator Verus—Mr. J. Russell—Veritas—Mr. C. Miller—Richmond—A Junior Student—Philalethes—Member of the Westminster Medical Society—Mr. J. C. Buckstone—M.D., Plymouth—Dr. Nugent—An Old Pupil of Guy's—A Medical Man—A Member of the College of Physicians—Mr. J. Kimbell—Mr. Waller—A Member—J. R.—O. R. O.—Mr. W. Allen—One of the Draff—A.

Lawyer—Mr. W. Dufour—Mr. Workworth—Medicus—Mr. T. H. Montague—Mr. E. Taylor.

We are of opinion, that the Directors of the St. James's Infirmary acted with great propriety, in not electing either Mr. Bacot, Mr. Brodie, Mr. Copland Hutchison, or Mr. Pettigrew; but we are not so certain, that they were correct in preferring Mr. Brain to the other candidates.

It is impossible to insert a tenth-part of the letters on the Richmond School of Anatomy. "Richmond," however, may see a part of his rejoinder in our next number.

A Licentiate of the Dublin Apothecaries' Hall cannot practise, strictly as an Apothecary, in London, or in any part of England and Wales. The second question of "F. R." is not sufficiently explicit.

Advertisements which are transmitted by post must be accompanied with a reference, and should be directed to the Office in the Strand.

The work of M. Legrand has not been translated into English.

We have not the honour of "Pimp Pettigrew's" acquaintance. Z. O. X. is in error.

Argus. It is not the first time that we have heard of the infamous conduct of a certain medical bookseller. Should he provoke us, he will repent it.

All communications are destroyed, unless accompanied with an especial request to the contrary.

"One of the Draff" is justified in stating that the *footman* used to officiate as NUN-KY's assistant. The footman has retired, and his place is filled by an able successor.

The propositions and arguments of "Chirurgicus," "Mr. W. C. Worthington," "A Friend to Science," and "Expositor," do not contain any new views on the question to which they relate.

"An Old Pupil of the Middlesex," complains that Mr. Cockney Mayo, has not had the candour to acknowledge, that he adopted the method of treating varicose veins with caustic, in consequence of information derived from the practice of his predecessor, Mr. Cartwright.

Such a paper as that on the operation by Dr. Ewing, at the Royal Infirmary, Aberdeen, and those signed X. X. X.—Constant Reader, Blackburn—Mercator—A Horned Bat—A. B. C.—A Druggist—and O. Junius—cannot be inserted, unless they are satisfactorily authenticated.

Mr. Sheldrake was educated as a surgeon, but he limits his practice to cases of deformity.

The question of Mr. R. Fearnly is an important one, and we would rather answer it orally than in this place.

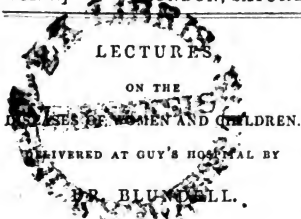
[Books in our next.]

THE LANCET.

Vol. I.]

LONDON, SATURDAY, FEBRUARY 28.

[1828-9.



LECTURE XVII.

Incapability of Retaining the Urine.

WOMEN are sometimes affected with what is called an *incontinence* of urine, an incapability of retaining the water, which, like the urinary retentions, may arise from very different causes, requiring a little attention from us, and to the consideration of these we will now proceed.

The uterus is too frequently the subject of a sort of scirrhus change, followed by malignant ulceration; and this malignant ulceration, beginning about the neck and mouth, gradually spreads itself into the vagina, the rectum, and the bladder; and when the bladder is laid open into the vagina, of course an incapability of retention is produced, this being the last stage of the malignant ulceration and admitting of no effectual cure. Dilution of the urine, by drinking freely of aqueous fluids, and the thorough ablation of the vagina, by the injection of tepid water, are principal palliatives in cases of this kind, and the more attention is paid to cleanliness the better.

It further happens, occasionally, and this constitutes an important variety of the disease, that retention of urine commonly arises from an over-distention of the bladder, in those cases where the obstruction of the urethra is partial, and not complete, a variety of the disease of which I formerly took occasion to treat. In these cases, when the bladder becomes loaded, there may be continual stilticidium, the patient being attacked, at length, with much abdominal pain and tenderness, and continual urging, with repeated gushes of the urine in small quan-

ties, and a great deal of constitutional irritation, the urging, perhaps, being scarcely less vehement and painful than that of parturition itself. Now, the impression made on the mind, particularly before this urging manifests itself, is, that there is no retention of the urine, but simply an incontinence, a mistake obviously of grave consequence, as rupture of the bladder may arise from the misapprehension. The effectual means of relieving an incontinence of this kind is, the introduction of the catheter, to empty the bladder thoroughly, after which the cause of the retention should, if possible, be ascertained and removed, on principles already explained.

There is yet a third variety of incontinence, and that is, the incontinence of urine, which results from a mere weakness of the neck of the bladder, common in those who have had very large families, ten or twelve children, for example. In these cases, more especially if the child is large, or the pelvis small, when the labour has been laborious, the bladder is apt to get so infirm about the neck, that it loses much of its retentive power, and, perhaps, from the moment of delivery, the woman is incapable of retaining the water; or if, at any time, she chance to cough, laugh, rise suddenly, or in any other manner contract smartly the abdominal muscles, the water comes gushing away. For years this disease may continue, in greater or less severity, but it frequently cures itself, in good measure; and the first few weeks after delivery, say at the end of the fortnight, the patient is better; at the end of the month the retentive powers are still more increased; and in the course of a few more weeks she becomes able to hold the water very well, though still liable to the gushes, when sudden efforts are made. Hence, where incontinence is the result of an enfeebled cervix vesicæ, time must be looked upon as one of the principal remedial means; in some cases, perhaps, advantage may be obtained from plunging the hips into cold water two or three times daily. The improvement of the general health is by no means to be neglected, for the more you improve the general health the more you will increase those healing

powers of the parts on which all cures are more immediately dependent. Commendation is bestowed by some upon the use of blisters, and they may, at least, deserve a trial, a large plaster being applied alternately to the abdomen and the loins; the vesications being repeated for five or six times, as the parts may be found to bear them. Whether any advantage would be derived in these cases from blistering the back part of the neck of the bladder, (a proposition which may surprise you,) I am not prepared to say, but I presume this would not be found impracticable, for the upper part of the vagina lying in contact with the neck of the bladder behind, something stimulating might be applied there for four or five hours together, according to the effect produced; and in cases where there was a mere weakness, without grave organic lesion, if stimulus is likely to be of use at all, I should expect more advantage from this local excitement, than from extensive but remote vesication of the abdomen or the loins. Understand, however, clearly, that I do not recommend you rashly to resort to this practice, which may be attended with its evils; but I think it proper to mention it, and the proposal may not be undeserving of further consideration.

Of incontinence of urine, one of the most obstinate varieties is that which results from an aperture formed by slough, and leading through the neck of the bladder into the vagina; this aperture may be very small in its size, so much so, that you cannot clearly distinguish it by careful examination, or, on the other hand, it may be of very considerable dimensions, inasmuch as two or three of the fingers may be passed through it into the urinary cavity. This disease may, I think, generally be traced to parturition as its origin. The labour has been laborious, perhaps instruments have been used; for the first few days after delivery the urine has been passed with difficulty, or the catheter has been required, and then, perhaps, for a few days more the water has flowed without help, and then an incontinence of urine has followed, and this has been succeeded by the escape of a membranous substance from the vagina, which, on immersion in water, has been found to consist of a portion of bladder and vagina, altered in consequence of mortification. Under these circumstances, when there is a doubt on the mind, the nature of the accident may be ascertained by a careful manual examination, when you will find that a communication has been made, by slough, between the bladder and the vagina; if the aperture is large, it may be detected easily by passing the finger through the opening, where, too, the catheter may be felt bare, provided it have been passed into the bladder, along

the urethra, in the ordinary manner; or, on the other hand, if the aperture be small, it may be very often felt by a delicate touch, in the same manner as we may, by examination, detect the os uteri. If the aperture is so small that you cannot discover it by manual examination, there remains one other mode by which the point may be ascertained, and that is by inspecting the orifice of the vagina, and ascertaining whether under forcing the urine passes from the vaginal orifice, or that of the urethra, or from both. In some cases, perhaps, a piece of sponge passed into the vagina might enable us to determine whether the urine really found its way into this canal or not. In cases where much nicety of discrimination is required, the practitioner may employ the vaginal dilator hereafter described; and this, with or without a speculum, will enable him to ascertain, with precision, whence it is that the urine is flowing, and what is the size of the aperture, and what is the situation in which it is placed.

Incontinence of urine from an opening in the neck, may be treated in two ways; by palliatives, I mean, or with a view to a fundamental cure. In the general, women will submit to the trial of the palliative means only, of which the following are the principal: in the first place the patient should drink somewhat copiously in the course of the day; not at her meals, however, for fear she should disturb the digestive organs. Pure water, toast and water, or any similar beverage, she may drink freely so as to dilute the urine, and diminish its acrimony; and by drinking one or two pints more than ordinary, in the course of the four-and-twenty hours—from the excoriation, inflammation and swelling, produced by the distillation of the urine over the surface of the vagina, much relief may be obtained. A second point of treatment, of no small importance, is that of great personal cleanliness, and, if I may be allowed the expression, *vaginal cleanliness*; in the same way that the hands and feet are daily, and repeatedly purified by ablution, so, too, this part of the body may be kept clean. I would recommend the patient to wash the vagina six or eight times in the course of the day—three or four times certainly. Now there are two ways in which the vagina may be washed with great advantage; the one by using the hip bath, the other by the employment of the syringe simply. Proceeding in the former mode, the patient takes her seat in the tepid water of the bath—and filling with tepid water a half-pint syringe, armed with a tube long enough to reach to the upper part of the vagina, and placed at a convenient angle with the barrel of the instrument, she passes this into the passage, so as to reach

its superior part; and then, by expelling the water briskly, she washes this part of her person from one extremity to the other. This should be repeated three or four times in succession, and the whole operation ought to be performed four or five times in the course of the day. There is, however, yet a simpler mode in which vaginal ablution may be accomplished, and that is, by the use of the syringe without the bath, which will often be found to answer the purpose very well. The patient may sit if she please, but the recumbent posture is preferable; and by repeated injection with the syringe, she may purify the vagina as before. In managing the practice, it ought to be a main object to perform the operation sufficiently often, and thoroughly well, and when executed in this manner will be found to remove all that is offensive and acriminous from the vagina, and will, most probably, heal the surface, if broken by superficial ulcerations. There is yet another palliative practice which may be thought of in this very distressing disease, and this consists in the use of some instrument which may close up, in the way of a plug, the opening into the bladder. The practice is more especially recommended by Mr. Barnes, who has written a paper on this subject, which has been published in one of the earlier volumes of the *Medico-Chirurgical Transactions*. We are advised, by Mr. Barnes, to take a ball pessary, and cover one hemisphere of it with a piece of fine, soft sponge, afterwards sliding the instrument into the superior part of the vagina. If the aperture is very small, this instrument is not likely to be of much service; but if it is large enough to admit a finger, for instance, then the sponge will make its way into the opening, and may be expected to close it. When the urine is to be passed, the patient may withdraw the plug, and suffer the urine to flow, afterwards replacing the instrument; or, perhaps, she may be taught to introduce a catheter; and if she can perform the operation well, it may render the removal of the pessary unnecessary. Here, then, are the three palliative measures well worth your consideration, for the disease is one of the most distressing kind; the thorough dilution of the water, the thorough ablution of the vagina, and in those cases where the aperture is large, and which would seem to admit of the least remedy, the introduction of a pessary coated with sponge, which may close the aperture in the way of a plug. I may remark here, that when no plug is applied, the urine may be retained in the bladder, when the patient is quiet, in certain positions especially, to the amount of a few ounces. In these cases, a part of the retentive power may depend on the situation of the aperture, but more, I suspect, is

to be attributed to the action of the vagina; for the neck of the bladder lying in contact with the vagina behind, the vagina, swelling out a little, may press into the aperture, and thus act much in the same manner as the sponge itself is designed to do.

But you will sometimes be asked, whether there are no means of radically curing the disease; and different propositions have been made to this purpose. If the disease be of very recent occurrence, if, for example, you have attended the labour, and have had the woman under your care, when the slough comes away, why, then, by improving the general health as much as may be, by keeping a catheter introduced in the bladder, lying there, so as continually to draw off the water by the natural passage, (the urethra,) a bottle, or bladder, being connected with the other extremity of the catheter, you may, *perhaps*, sometimes find in these cases of slough, that the part will heal and close up of itself; but certainly such closures are of very rare occurrence. Where, however, a slough once separates, so as not merely to break the continuity, as incision or rupture might do, but to remove a part of its substance, I presume it rarely happens that the disease cures itself in this way. Of a cure of this kind, I never, myself, saw a well-marked case; yet this cure should be attempted, for if the opening be small, and a good deal of adhesive matter be secreted now and then, perhaps, the aperture may become closed. Of course, the less the bladder is disturbed while this operation is proceeding, the better, for motion disarranges, more or less, the process of healing. But to proceed.—In those cases in which there is an incontinence of urine produced by an aperture, fistulous perhaps, and of small size, scarcely large enough to admit a small catheter, for example, it has been proposed that we should attempt a cure by means of the actual cautery; and this method of treatment, I understand, is adopted in France, with success. Mr. Travers, from whom I first received my information, assured me that he had seen it performed. With a good speculum, and a vaginal dilator, in women who have had a large family, it is perfectly easy to obtain access to the superior part of the vagina in front, where the opening lies. Nor would it, I conceive, be by any means difficult to apply the cauterising iron to the part: to give the necessary light, a lamp may be employed; but I should presume, that the iron itself being luminous, would emit light enough for the necessary illumination of the parts. The whole practice, however, is rough; and, as the disease admits of relief by means of those mild palliatives before recommended, the cases in which it might be proper to recommend its adoption, must be rare. For myself, I have

hitherto had no experience of it, and, therefore, I forbear entering into details. It is proper I should add, that in one case in which it was tried by an eminent surgeon in this country, it failed of success, but the patient suffered no further injury in consequence; and I need not tell you that it would be unwise to condemn the practice on account of the unsuccessful termination of one solitary case.

Where there is an aperture of this kind, it has been proposed that we should close it by ligature; and this extension of a principle before laid down, was first suggested by an esteemed pupil, Mr. Preston. Of this operation it is, I think, proper, that we should not lose sight altogether, though it would be found, I fear, of no easy performance; for the whole space of surface on which we should have occasion to operate, is so circumscribed, that the application of a ligature in any way must be difficult; and it would be still more, to apply it without distressing the urethra. These difficulties ought not to be concealed; but, after all, I cannot forbear indulging a sanguine expectation, that if the ligature could once be properly applied, a speedy closure of the aperture would ensue. Remember the experiments already laid before you, in which ligatures were applied to large apertures in the bladder of the rabbit, with the effect of closing it completely. There is one other practice which has been suggested, a rough one, it is true, but which, however, deserves a passing notice from us. In this practice it is proposed, that in those cases in which there is a fistulous opening through the neck of the bladder, we should take an instrument and divide the urethra from one end to the other, care being taken that the fistulous opening shall enter into the incision, and form a part of it; smart inflammation would result from this, but not, perhaps, more active than that produced by an operation of lithotomy; and from this inflammation a closure of the aperture might be expected; but to an operation of this kind, I think, that already suggested, the actual cautery, I mean, might be preferable.

So, then, to bring our observations here to a summary, when the patient is anxious to be cured radically of the disease, we have these different means before us—the division of the urethra—the closing of the aperture by ligatures—the use of the actual cautery—all of them uncertain—the actual cautery in small fistulous opening being, perhaps, the most promising remedy of the three.

Before I quit the subject of incontinence, there is yet one other variety which I ought to mention, and that is, the incontinence arising from rupture of the back part of the neck of the bladder, laying it

open into the vagina; the opening arising not from slough, but laceration. The way in which this rupture is produced, I explained to you in a former Lecture. During delivery, the bladder becomes over-charged with urine, and the head of the child coming down into the pelvis, presses the bladder, thus loaded, against the symphysis pubis, so as to divide it into two chambers, one of which lies below the head at the arch of the pubis, and the other above and in front. If the bladder be emptied carefully by the introduction of the catheter, no ill effects ensue; but if the accoucheur accomplish the delivery without emptying the bladder, the head still pressing down upon the lower chamber, it bursts the bladder, and the urine comes away in a large gush, giving the first indication of the occurrence of the accident, (observe the demonstration,) and on making your examination as soon as this gush issues, you find there is a large aperture, into which you may pass two or three fingers. Now, at the first sight, this would appear to be an accident, which scarcely admitted of a remedy; and certainly it is much to be deprecated, and the rather, as it may too often be attributed to the bad management of the accoucheur. Nevertheless I am satisfied, that the closure of the bladder by healing is by no means impracticable in all these cases. Improve the general health as much as may be, introduce a catheter into the bladder, and let it be continued there, so as to withdraw the water continually, and perhaps you have the satisfaction, in the course of a fortnight or three weeks, or a month afterwards, of finding the parts internally healed. Dilution of the urine may be of importance here. A bladder or a bottle should be annexed to the lower end of the catheter, to collect the water as it flows.

And here I think it right to observe, as probably you know already, that there is a wide difference between this case and that in which an opening is produced by slough; in slough there is not merely the aperture, but the removal of a part both of the womb and the vagina; in rupture, no substance is wanting, the injury being effected by a simple disruption of the texture. In slough, too, there is always a great deal of injury inflicted on the parts contiguous, but in these cases of rupture the injury may scarcely exceed that which might be produced by clean incision with a knife. Do not, however, hastily catch up the notion, that in these ruptures, the bladder is always, or even generally healed, for this I very much doubt; such closures, however, most undoubtedly occur sometimes, and I have seen one very conspicuous instance of it. A woman, in the neighbourhood of this metropolis, for it is well to relate an illus-

trative case of this kind, under smart labour, was delivered by the lever, with no small violence, according to her own report; and when the child's head was liberated from the pelvis, the perineum was torn, and a copious gush of the water issued, and from this she laboured under incontinence; the water issuing continually, and the parts becoming excoriated, inflamed, and swelled. A friend of mine, a very excellent accoucheur, being called at length to see this case, he found her with the urine still flowing, and labouring under a great deal of excoriation and irritation in the vagina and parts adjacent, and, led by these circumstances, he instituted an examination, when he perceived an aperture in the bladder, which he requested me also to investigate, when I plainly found a rupture of length sufficient to have admitted two or three fingers at once. This woman I subsequently examined with more care, for I was subpoenaed to give evidence respecting the case, as it became the subject of legal investigation; and some time after I had made the first examination I saw her again, and, on making further examination, I found the neck of the bladder was completely closed, and the woman could then retain her urine sufficiently well, though not with the same power as before the accident occurred. Now here is a case which, after considerable experience, I examined with more than ordinary attention, and where, though at first two or three fingers were introduced through the opening in the neck of the bladder, a complete closure was at last accomplished. The cure was obtained in the manner recommended, by introducing a catheter and keeping it there, a bottle being affixed to its inferior extremity, and the urine being in this manner withdrawn continually by the natural canal. Of course the general health was made the subject of attention:

FOREIGN DEPARTMENT.

ON ASPHYXIA FROM SUBMERSION.

By M. ORFILA.

THE latest experiments of M. Orfila on this subject, seem to prove that after death the liquid penetrates into the smallest ramifications of the bronchia. In a body, which thirty-six hours after death had for six hours and a half been placed in a bathing-tub, filled with water, with which eight pounds of powdered animal charcoal had been mixed, the coloured fluid was found in the extreme bronchial ramifications, and on

making an incision into any part of the lungs was observed, on the least pressure, to ooze out from their tissue. The stomach did not contain the least particle of the fluid. In two bodies, which two days after death were placed in the mixture for about forty minutes, it had entered the trachea as far as its division, and no trace of it could be found in the stomach. Two important conclusions appear to result from these experiments:

1. The presence of water in the bronchia and tissue of the lungs, is no sufficient proof of the body's having, during life, been immersed in water, as is asserted by several writers on forensic medicine.

2. The fluid does not penetrate after death into the stomach, and its presence in this organ affords considerable ground of suspicion of the body's having been during life immersed under water, provided there be no reason to believe that it was swallowed before, or injected after the immersion.—*Journ. de Chim. Médic.*

ON THE DISEASES TO WHICH THE WORKMEN IN TOBACCO MANUFACTORIES ARE SUBJECT.

By M. POINTE DE LYONS.

This little treatise may be considered as a valuable supplement to Rammazini's celebrated work on the casual relation which exists between different trades and occupations and several diseases. We presume that a brief account of it will be of interest to our readers.

The number of workmen who were the subject of M. Pointe's observations, amounted to five hundred; they were employed at one manufactory, and, although occupied in different ways, were all of them in continual contact with tobacco. The affections to which they seemed subject, were principally pulmonary consumption, inflammation of the eyes, anthrax, and furuncles, the two latter of which generally appeared on the trunk, were extremely tedious, and unless the occupation of the patient was changed, hardly ever admitted of a permanent cure; but the affection which seemed to prevail most was purpura hæmorrhagica, and a disposition to scurvy. On the other hand, it is worthy of remark, that tobacco manufacturers, in some degree, appear to be exempt from certain affections, viz. intermitents and scrofula, which are very common among the inhabitants of Lyons, the latter being remarkably prevalent in other manufactories, especially in those of silk. Itch, against which tobacco has often been asserted to possess prophylactic powers, was very frequent; but trembling and nervous affections, to which persons who are much

in contact with narcotics are said to be very liable, was in no instance observed as the effect of continued employment in the manufactory in question.

METHOD OF OBTAINING PURE CRYSTALS OF CARBON.

In the sitting of the Académie des Sciences, on the 3d of November, M. Gannal gave an account of his researches on a method of obtaining crystals of carbon, by means of the action of phosphorus on the carburet of sulphur. The latter substance being placed in a retort, and covered with a small quantity of water, a few pieces of phosphorus were introduced, and brought into contact with the carburet; the phosphorus immediately melted, and was precipitated in a liquid state, so that the contents of the retort were separated into three strata; the fluid being now shaken became of a milk colour, but when left quiet, soon separated into two strata, the uppermost of which was water, the lower phosphuret of sulphur; and these on a closer examination were found to be divided by a thin layer of white powdery substance, which, when exposed to the rays of the sun, produced the colours of the prism. Encouraged by the success of this experiment, M. Gannal repeated it on a larger scale; the quantity of water, phosphorus, and carburet of sulphur, used in the second experiment, was eight ounces of each; the three substances having separated were left at rest, and after twenty-four hours a very thin pellicle, consisting of a white powder, formed between the water and the carburet of sulphur, and presented several centres of crystallization. After some days this pellicle had considerably enlarged, at the same time the separation of the two lower strata became less marked, and at the expiration of three months they appeared to form one mass. The crystalized substance was removed from the phosphuret of sulphur with some difficulty on account of the great inflammability of the two substances. The crystals were found to produce the colours of the prism, and the largest of them, which were the size of a millet seed, when shown to M. Champigny, a jeweller of great experience, appeared to him to be real diamonds.

In the sitting of the Académie Royale on the 24th of November, M. Thenard gave the results of his chemical examinations of these supposed diamonds, which he found to consist entirely of silica, and when brought into contact with oxygen and submitted to the action of a voltaic pile, to afford no carbonic acid. M. Arago stated also, that light was polarised under a very different angle from that observed in the diamond.

LIGATURE OF THE UPPER THYROID ARTERY, AND THE COMMON CAROTID IN BRONCHOCELE.

Fred. Gerecht, ætat. 29, of a strong constitution, had been from his fourteenth year affected with bronchocele; and this having latterly attained such a size, as to render any exertion impossible, he applied to M. Laugenbeck, of Göttingen, with the hope of being freed from his deformity by a surgical operation. The whole gland was considerably enlarged, and had a strong pulsation, particularly over the right upper thyroid artery, which was very superficial, and was as large as the common carotid; the left thyroid artery was less enlarged, and more deep seated; from both vessels numerous branches ran over, and entered the enlarged gland. The tumour was very tense, and its temperature considerably augmented; the voice of the patient was hoarse, and respiration was rendered extremely difficult by the least exertion. In order to prevent the further growth of the tumour, M. Laugenbeck determined upon tying, first, the upper thyroid artery of the right side; and in case this should not have the expected effect, upon subsequently performing the same operation on the left side. A few days after the operation, which, from the superficial situation of the vessel, presented no difficulty, the patient was able to leave his bed; the pulsation and tension of the tumour had somewhat subsided, but its size was unchanged. On the eleventh day a considerable hæmorrhage took place from the wound, which, though soon arrested by means of cold water and compression, returned within two days with such violence, as to throw the patient into a state of the greatest exhaustion; so that on its recurrence a third time, M. Laugenbeck resolved upon immediately tying the common carotid above the omohyoid muscle; the hæmorrhage was instantly stopped, and the patient, who had borne the operation with great firmness, was, (apparently in a favourable state, removed to his bed,) where he, however, within a short time, fell into a state of stupor; his countenance was pale, the eyes were closed, and the pupils immovable; he seemed deaf, and it was only by frequently repeating the question, that any answer could be elicited; all motory powers, except those of the involuntary muscles, appeared extinct; respiration was natural; the pulse very small; the stools and urine were passed involuntarily. The comatose state of the patient gradually increased, and he died thirty-four hours after the operation.

On examination, the right cerebral hemisphere was covered with lymph; its vessels were of natural size; those of the left side,

where no trace of exudation could be found, were distended with blood; the right lateral ventricle contained a small quantity of serum; the right carotid was firmly attached to the surrounding cellular tissue, and to the pneumo-gastric nerve, the substance of which was somewhat more dense than usual; the internal coat of the artery, which was circularly divided by the ligature, was of a bright red colour, and its cavity, from the ligature to the origin of the upper thyroid artery, was filled with coagulum; below the ligature the coagulum extended into the innominate; the thyroid artery had also only its internal coat divided between the ligature and the thyroid gland; a coagulum was found, which adhered loosely to the parietes of the vessel; the process of adhesive inflammation had apparently been very incomplete, which, probably, arose from the following anomalous distribution of the vessels; the common carotid, instead of dividing into the external and internal, divided into the latter and the upper thyroid artery, which furnished all the branches generally arising from the external carotid; the ligature had been applied near the origin of one of these branches, in consequence of which the continual afflux of blood prevented the occlusion of the artery. The bronchocele was partly of a spongy texture, similar to the corpus cavernosum penis, and partly cellular and compact, cartilaginous, in some places even osseous; the branches of the thyroid arteries were considerably enlarged; most of those proceeding from the upper right thyroid were obliterated.—*Neue Biblioth. für Chirurg.*

LONDON MEDICAL AND SURGICAL JOURNAL.

Calculus in the Ureter.

MR. GARRETT DILLON gives an account of a post-mortem examination, from which it appeared that a stone of about the size of a chestnut, "with a small segment of it looking, as it were, into the cavity of the bladder," was found in the extremity of the ureter. The patient was known to have calculus while living, as the stone was readily felt with the sound; and the operation had been frequently proposed by many eminent surgeons, but the patient had not sufficient courage to submit to it. From the curious position of the calculus, Mr. Dillon is led to remark, that "had this patient submitted to the operation, the surgeon would have been placed in a most awkward situation." To this, we assent; but probably, in the hands of some surgeons, the situation of the patient would have been still more awkward.

ON THE CONTEMPLATED PROJECTS FOR SUPPLYING SUBJECTS FOR DISSECTION.

To the Editor of THE LANCET.

DEAR SIR,—The importance of such a question, as the proposed scheme for providing the schools with anatomical materials, which has set so many pens in motion, would have made me pause before delivering an opinion, if my dissent from the views of the majority of those writers who have treated this topic, did not at once determine my silence, through the fear of appearing singular. The receipt, however, of the evidence elicited on this subject by the Committee of the House of Commons, and the Report drawn up by that body, accompanied by a request to state how the project recommended in that Report would affect the interests of the anatomical schools of Dublin, leaves me no other alternative than obedience to your wishes, and the misfortune, of course, of being considered an "eccentric." You will not, I presume, imagine that I disrespect your flattering commission, or that I merely shun the toils of such a task, when I decline a formal digest, or examination, of the contents of this interesting volume. Besides your own masterly condensation of these documents, I have not seen an English or Scotch newspaper, or periodical, weekly, monthly, or quarterly, in which a summary of them was not given. To add, therefore, to the number of these analyses, would, I conceive, justly subject me to the proverbial sarcasm of "importing coals to Newcastle." The Irish press alone has been dumb on the question, and I do not regret this additional instance of its taciturnity on matters of utility to the country; for, as I shall confine myself principally to an examination of the contemplated projects in relation to the school of Dublin, I shall have the consolation of not being confronted by the contradictory testimony of persons, who might be supposed as well informed on Irish affairs as myself, and more competent to express their information with rhetorical effect. As usual, therefore, I shall make "Home, sweet home!" the focus of my speculations; if any of them should, by chance, apply to other places, let those places profit by them; but such of them as may not, I trust will not be deemed erroneous, merely because they do not fit circumstances for which they were never intended. The shoe, you know, which sits easy on the foot of a dwarf, may pinch the toes of a giant; so the observations which may be true of one country, become false by translation to another, without an error in logic, or a breach of veracity in the writer. I am thus particular

in pointing out the objects of this paper, to avoid, if possible, the imputation of schism from the fashionable doctrines of the day; and because I understand you have, in London, a certain set of men called "Journalists," who would be happy to mesh me in their nets, not for sake of the fish, as I have learned from an experience of their friendly intentions towards me, but purely from the pleasure of pointing out its bad qualities.

The multifarious opinions set afloat on this question by Parliament and the press, all converge, I perceive, in the single project of procuring subjects, by a repeal of that statute which subjects, as an additional mark of infamy, the bodies of executed murderers to dissection; and by the enactment of another statute, for the appropriation of all bodies unclaimed after a certain time, for the uses of the anatomist. The first of these propositions assumes, that if this statute were repealed, the prejudices against anatomical pursuits would be so far diminished, that persons would leave, and that their surviving friends would permit, their bodies to be dissected after death. If the repeal of this statute did not produce these effects, I confess I neither understand the grounds on which so much importance has been attached to the obliteration of this ordinance, nor see how it would multiply the resources of the anatomist. The advocates of the measure are all positive on this point, and assert that it will: here my dissent from the crowd commences, and from none of them with so much diffidence as from you, who expect such salutary consequences to flow from the extinction of this statute. The utility of the proposed repeal of the statute depends, I think, entirely on the fact, whether the same prejudices which exist at present against dissection, were felt before the enactment of the inculcated law?—for, if they existed previously to the passing of this statute, how then can its repeal remove what it did not create? The reasons for believing that these feelings were entertained anterior to the operation of this law, are so strong and numerous, that one or two of them will suffice. The further, for instance, we trace back the history of the human mind, the more powerful will its disgust against dissection be found; so that, if we compare any given period in the history of man with the state of his feelings on dissection since the enactment of this law, it will be found, that, contrary to the assumption of the advocates of its repeal, these feelings have really diminished instead of being increased. The principle, too, on which the law itself was enacted, is a proof of the correctness of this opinion; the Legislature passed it for the purpose of operating on an esta-

blished feeling, and not for creating a new one. That this was the intention of the Legislature is pretty certain, even allowing for the occasional oversights of that illustrious body; for, otherwise, we must suppose them guilty of the extreme absurdity of imagining, that the wretch who could deliberate on the destruction of his fellow man, would be deterred from his purpose, by the fear of a disgrace, to which he or others were insensible, while in a state of innocence. This would be rather too much, even from the "Collective Wisdom" of the empire; but to do them justice, they certainly were not guilty of this blunder; they made this law on the false hypothesis, that as honest men have a horror of dissection, the murderer might be actuated by a similar motive, and be prevented from the commission of crime, by the certainty of this posthumous punishment being inflicted. In their general opinion of the feelings of mankind, they were right; in its application to particular individuals they were wrong; for it does not follow as a necessary consequence, because one, who, by way of illustration, may be called *Virtue*, fears dissection, that another, called *Vice*, will be actuated by any such apprehensions at all. To suppose that a man who coolly entertains the design of murder, will fling from his hands the dagger or the bowl, on reflecting on the prospect of being dissected, is as absurd, as to imagine, that the same individual would swallow a camel, and be choked by a gnat. In all probability, no murderer's hand was ever stayed by such a consideration; but as we have no authentic confessions from speculative assassins, the analysis of their feelings must be mere matter of conjecture. We only know the naked fact, that a much more powerful motive in such deliberations, the fear of death itself, is so far neutralized by the hope of escaping it, that the number of murders now, are pretty much the same they ever were in similar conditions of society. It is true, perhaps, that this foolish statute may have made the prejudice against dissection darker, by a shade or two of sentimental colouring; but admitting this increase of hostility to anatomical pursuits to have taken place in consequence of this law, it is surely too much to expect that its repeal will reduce public prejudice below that level from which it caused it to ascend. The truth is, that this antipathy to anatomy lies deeper than the leaves of the statute book: its source is to be found in the dispositions of human nature itself. It requires a nicer perception of metaphysical distinctions, than usually falls to the lot of the multitude, to dissociate the present from the future, to confine the operation of feeling within those limits in which it can be

exerted with effect; and thus to restrain the influence of that strongest of all human passions, self-preservation, which, transcending the boundaries of life, instinctively stands sentinel over that system, of which it was the protector even in its ruins. Such feelings are not exclusively possessed by man; they are common even to the inferior animals. A horse will avoid, against the severe remonstrance of the whip and spur, the presence of the corse of one of his own species; and there can be little doubt, if he possessed the power of generalising his ideas, the deficiency of which, according to Locke, places him at such an immeasurable distance beneath his rider, that he would never stand tamely by, at the dissection of a dead brother of the stud. I have repeatedly asked men, by way of experiment, whom I considered the least susceptible of such impressions from their temperament and avocations, whether they would suffer the body of a deceased friend, or relative, to be lacerated by a parcel of boys in a public dissecting-room? and they invariably answered me that they would not. I am aware that in the city in which I am writing, there is a document containing the names of several self-devoted subjects to dissection, which might be opposed to the existence of those feelings for which I contend—I allude, of course, to Mr. Macartney, of our university, and his stoical disciples. The doctor, however, and his candidates for the honour of an anatomical sepulture, are not the world of which we are now speaking; but a very insignificant fraction of it, which scarcely need be taken into the account. Had the learned Professor, instead of opening a registry for the enrolment of the names of persons volunteering their bodies for the advancement of science, proposed a trip to the moon, there can be very little doubt but, like all enthusiasts, he would have his followers, and that every seat in the first balloon that he launched for that planet, would be taken by companions as eccentric as himself. The only thing which this document proves is, that there are some sixty or seventy persons who differ from the rest of mankind; for any other use that can be made of it, against the arguments which have been here advanced, it may, I think, be fairly lodged in Mr. Macartney's museum, among the "morbid preparations of the brain," from which it would seem to have emanated. The example of France has been adduced as a powerful reason for the repeal of this law. It is true, that this law does not exist in France, and that subjects are plentiful there; but these circumstances, I conceive, are not connected by the relation of cause and effect. There are various concurring causes to which such an abundant

supply of subjects, may more justly be attributed, than to the absence of any such law. The French nation, generally, feel as strong a disgust against dissection as the English, or any other people, if I am informed rightly: but they submit to it, as they do to other inconveniencies imposed by the law, not from choice, but through coercion. And with respect to the boasted supply of subjects in Paris, I have this season received several letters from students residing there, stating that subjects were much more readily procured at home, where the obnoxious statute is in full operation, and no unclaimed bodies are appropriated for the schools. Pray observe, that in analysing this proposition, I am not contending for the permanence of this law, but opposing the exaggerated effects expected from its abolition. As a preventive against crime, totally inoperative, and a possible generator of additional prejudice against dissection, it ought to be expunged from the statute book. My views extend no farther than a belief, that its repeal will not increase the present supply, by a single subject in the year; and that neither by the abolition of this, nor by the enactment of any other, law, will the inhabitants of these countries be so far familiarized with dissection, as to leave their own bodies, or their surviving friends to suffer them, to be dissected after death. The little which I have read, has certainly made my faith strong in the docility of mankind, and their susceptibility to be influenced by the most opposite circumstances. The invention alone of the Decalogue by Lycurgus, and a five hundred years obedience to his unnatural code, in which all the cardinal virtues of our system, were the vices forbidden by his, are almost sufficient to prove that men, instead of thinking it inoffensive to dissect each other after death, might, by education, be taught to consider it a very laudable act to devour each other alive. Yet, admitting this wonderful plasticity of the human intellect, the religion, education, and habits, of the people of these islands, will prevent them, I imagine, from being ever reconciled to dissection, without a total revolution in the present moral system.

The second proposition, or that by which it is intended to supply the schools by the appropriation of unclaimed bodies, is also encumbered by some doubtful contingencies, which seem to have escaped the observation of those who have so dogmatically decided on its efficiency. The conviction of all the professional men examined on this point, and the returns of unclaimed bodies laid before the Committee, are fearful odds against the suspicions of one individual. I feel the force of the opposition, and yield so far as this question has been settled, with

respect to the demand and supply in London and Edinburgh, reserving to myself the right of expecting some defects, in the working of the proposed system. With respect to the school of Dublin, the estimate is, by general consent, deemed perfectly erroneous. One fact, it is said, is worth a thousand assertions. There is in this city a very large pauper asylum, containing, generally, between two and three thousand inmates, called the House of Industry. In this vast repository of misery, every grade of human wretchedness finds its last home. In a city second to London in point of population, and in a country the worst politically circumstanced in Europe, the majority of whose inhabitants have been denominated, in a parliamentary return, as "vagrants," or beggars; it may well be supposed that, in a refuge of this kind, there must many die who come under the operation of the contemplated law. There is, partly in connexion with this establishment, a private anatomical school, and not the largest either of its kind in Dublin, which receives all the unclaimed bodies of this charity; and what is the fact?—an ample supply, of course, will be the answer of the advocates for appropriation. Now the very reverse is the fact; this large pauper asylum does not half supply this small private school, its proprietors being obliged to have recourse to the ordinary means, of procuring dead bodies by exhumation. Besides this principal source for obtaining unclaimed bodies, there are but two or three others which would furnish subjects to any amount worth notice. These are the Old Man's Hospital, and the Hospital for Foundlings; but as the governors of these institutions possess the right of disposing of those who die in them, and exercise this right at the expense of the funds of these institutions, I doubt much whether any law could compel them to give such bodies, in the establishments over which they preside. I suspect the governors would not, at least, do so voluntarily. With respect to the supply that might be expected from the medical and surgical hospitals, an attendance for years in each of them enables me to say—first, the number is very inconsiderably supplied by the largest of them; and, secondly, that such bodies, in despite of all law, would be, as they now are, monopolised and dissected by the apprentices of the surgeons to these several institutions. Take a subject, indeed, out of an hospital in Dublin, to add to a common stock! No, no, we manage affairs in Ireland in another way. The moment such a God-send would appear in an hospital here, under the new law, the most fashionable coxcomb among Mr. Cusack's apprentices would instantly put on crape, and

claim the dead beggar-man as one of "his thirteen poor relations," where, you know, the roots of the loftiest genealogical tree ultimately terminate. The number of unclaimed bodies to be derived from these combined sources in our city would, I grant, be something considerable; but when compared with the demand, or with the actual consumption, to any one acquainted with the myological statistics of Dublin, it would appear but as a drop to the ocean. There are, for example, at present, in Dublin, upwards of five hundred dissecting pupils; allowing each of them the lowest quantity stated by those examined on the question, that is three subjects each, they would, of course, require fifteen hundred, a number of unclaimed bodies which would, I think, not be supplied by all Dublin, not in one year, but even in ten. The number of dead bodies consumed alone in Dublin each season, not to include those exported, cannot be less than from fifteen hundred to two thousand; not one-tenth of this quantity could be procured by any other means than those at present in use, the evils of which have, like the other circumstances of the proposed laws, been grossly exaggerated. If you compare this vast supply of subjects, with the rarity of the instances in which public feeling is outraged by exhumation, as conducted in Ireland, I think you will agree with me, that the good greatly preponderates over the evil of the system. Exhumation, in fact, if performed with the necessary secrecy, is, perhaps, the best of all ways to avoid offending the feelings of the public. It has been said that this system has a tendency to make its agents villains; I do not think it makes villains, it merely gives them employment; and if they are not at this work, they will find employment, perhaps, of a worse kind. There is another point, of much importance, involved in this proposition; but one which I have not seen noticed by any writer on the subject. Admitting, for the purpose of illustration, that the law of appropriation was passed, and produced the expected "golden age" of anatomy, how is this rich harvest of corpses to be distributed?—by what authorities?—and to whom?—by our civic police?—or by our chartered professions?—to our corporate schools exclusively?—or to the private ones indiscriminately?—for payment in cash, or in compliments? Here opens a field for abuse, deception, and litigation, through which the genius of a Tribonian could scarcely see its way. The police are accessible to bribes, the medical corporations to the influence of monopoly; so that between the power of money on one side, and the impulse of self-aggrandizement on the other, a perpetual scene of corruption, in all probability, would

take place. I confess myself totally unable to compose, out of our present political or professional authorities, a tribunal from which justice to all parties might be expected in the division of the spoil. I have not now, however, time to run over the contingencies by which such a law might be entirely defeated; but, from the interrogatories which I have started, you may readily conjecture the course my inquiry would take. Do not, however, in this, any more than in the consideration of the former proposition, conceive that I am opposed to the enactment of a statute for the appropriation of the unclaimed bodies to the uses of the anatomist. It may assist, but will never do all; and if coupled with a clause for the effectual prevention of exhumation, the cure, I conceive, would, at least for Dublin, be far worse than the disease.

Sincerely yours,

ERINENSIS.

Dublin, Feb. 7, 1829.

P.S.—My compliments to my friends Doctors Johnstone and Macleod: I have got through the second volume of the weekly edition of the Medical and Physical Journal, and shall transmit them my view of its contents by the earliest opportunity.

QUACKERY.

To the Editor of THE LANCET.

SIR,—As you profess to expose quackery in all its forms, I do not hesitate to address you on a subject which has lately been much talked of, and which has not altogether escaped your notice; I allude to the pretended cures of consumption by a person named Long. I am at a loss to conceive the motives which could have actuated the Editor of the *Literary Gazette* to yield such implicit faith to the declarations of such a pretender; the liberal endowments and general information which a public writer ought to possess, should have induced him to place a little more reliance on self-judgment, than to have committed himself by declarations which bear the stamp of infatuation or ignorance. Of all the cases which have been mentioned as successful in that work, not one of them bears the character of true consumption; and it is rather singular, that while the pretended cures are blazoned forth, we should hear nothing of the unsuccessful cases, for I suppose the man does not profess to cure *all* that are sent to him. However, I can give you the result of one of his pretended cures.—A young gentle-

man, son of Major K——n of this place, was affected with hæmoptysis, followed by cough, emaciation, and all the symptoms of threatened phthisis; he was declared consumptive by the medical officers at Chatham; being sent on leave to his friends, he was seen by Dr. Dickson, of the Naval Hospital here, and many other medical men, who agreed in that opinion. In this state his friends were strongly recommended to send him to the consumption-curer; he was now able to ride out on horseback, and was only debilitated from the effects of the disease, and the necessary abstemiousness which it was thought best to adopt, so that there could not be a more favourable case for the attempt; he went to town by sea, and bore the voyage very well; on being seen by the charlatan, he declared him to be in a confirmed consumption, but that he would send him back well to his regiment, in three months; he was to visit the doctor once a-day for an hour, during which time he was locked up in a room, with the doctor and others, who were pledged to secrecy regarding the proceedings there adopted; during the rest of the day, he was ordered to eat and drink what he chose; not to abstain from company, walk about town, and consider himself curable. At length, in about three months, the patient was pronounced cured, and invited to remain at the doctor's house as a guest, where, no doubt, every use was made of him, as a specimen; but at length the cough, which had not subsided, was accompanied by symptoms which convinced him that he was fast verging to eternity; the usual alternations of sweating and diarrhœa came on, and he insisted on coming home to die among his friends; which after a tedious journey, was just effected in time to breathe his last in the midst of his sorrowing relatives. Although this statement may never reach those before whom this young man has been exhibited as a proof of the doctor's success, yet it may enable many practitioners to deny the validity of the cures which have been promulgated, backed by the authority of Lord this, and Sir George that. In this neighbourhood the above result has damned the doctor's credit, and I hope, through your means, it will have the same effect in many other places; but unfortunately on those occasions, the antidote comes too late, and ere the sufferers are convinced of their error, the —— has satiated himself with his ill-earned spoils.

I remain,

Your constant reader,

M. D.

Plymouth, Feb. 4, 1829.

THE OLD HAGS OF RHUBARB HALL.

To the Editor of THE LANCET.

SIR,—It is now more than twelve years since the Apothecaries' Company announced their success in obtaining a legislative enactment, empowering them to meddle with those departments of the medical profession of which they were then, as they are now, (individually and collectively) notoriously ignorant. The tameness of the College of Surgeons, and of the great body of general practitioners, on that occasion, was disgusting; the retail chemists and druggists, the *actual apothecaries*, throughout all England, presented a striking contrast; they met, subscribed, and formed a committee among themselves, to watch the progress of the Bill. What were the consequences? Why, that their interests were specially protected in all the clauses; and thus a measure, introduced into Parliament with the specious and avowed intention of correcting the abuses in the state and condition of that body, by whom medicines are chiefly compounded, prescribed *visa voce*, and dispensed *instanter*, in every village, town, and city throughout England, was perverted, most scandalously, from its object, and, to serve the cupidity of its originators, metamorphosed into an engine of interference with, and oppression of, the medical and surgical profession at large. This, Sir, is the brief history of the power of "the Hags of Rhubarb Hall." Shortly after, in 1816, the reduction of our military and naval forces was immense, and hundreds of medical officers were thrown upon half-pay, and, among the rest, the writer of this article. What did the Hags? Why, they promulgated a notice, intimating, that no persons, and of course neither army nor navy surgeons, could practise as apothecaries, until examined by them!!! Had it been ordained by law that such examinations were to be conducted by Fellows of the College of Physicians, all would have submitted with cheerfulness, and many with pride; but I will not attempt to describe my sensations upon that occasion. I was one of a number who had been intrusted, many years, with the medical charge of 600 or 800 men, &c., who had seen much disease in various parts of the world; had been painfully conversant with gun-shot wounds; and had performed of the capital and minor operations of surgery, not a few;—I, to submit to examination by the drug-pounders of Blackfriars!!! My disgust and indignation were not singular; the sensation was universal in both services; and memorials were instantly forwarded to the heads of the respective departments; of which these shopkeepers were no sooner aware than they met, con-

cocted, and advertised a by-law, exempting from the operations of their act, all medical officers who had served his Majesty!!! The concession was scorned, as it deserved to be. A legislative measure was arranged between Lord Palmerston, the Secretary at War, and the Admiralty Secretary, which rendered their by-law superfluous, and placed them and their act beneath the contempt of the medical corps of both services. If it be asked, what steps the great mass of surgeons and general practitioners took on this occasion, I grieve to say, the answer must be, "none." The consequences of their treasonable and suicidal apathy may be found in THE LANCET, No. 270; but it is not too late; the old proverb, "Give a rogue rope enough and he will hang himself," is peculiarly applicable to the Blackfriars' shopmen. The impudent and presumptuous pretensions of these people must open the eyes of the respectable and educated part of the community, and ultimately lead to the destruction of them and their act together.

In 1816, when the notice from Rhubarb Hall first appeared, the question which arose in my mind, and which was eagerly asked, was,—“Who are to be the Examiners? Who is there among the Apothecaries' Company competent to conduct an examination in every branch of the medical profession, and in all its auxiliary sciences, which their regulations require? Where is that man to be found? Name him!” The reply from all quarters, couched in the language of well-deserved contempt and derision, amounted to this,—*They will divide the various departments amongst several, and they will copy their questions, and the appropriate answers, from books!* A pretty set of Examiners, truly! Let me, Mr. Editor, now repeat the question, let me ask, “Who is the man, belonging to the impudent junto composing the Rhubarb Hall Gang, that is capable of instituting an efficient medical examination? Who is he, possessed of this proficiency? Name him! I say, name him!!!” Let the public know which of the Old Hags possesses such knowledge of chemistry, of materia medica, of botany, of anatomy and physiology, of practical anatomy (dissection and demonstration,) of the theory and practice of medicine, and, lastly, of clinical medicine, midwifery, and the diseases of women and children,—as shall enable her to conduct the examination of a pupil in those branches of science? If an individual, so gifted, were to be discovered in the purlieus of Blackfriars, how ashamed he would feel to be detected in such company!

Your very obedient servant,

A HALF-PAY NAVAL OFFICER,
Devonport, Dec. 21, 1828.

IRISH APOTHECARIES' DIPLOMAS.

To the Editor of THE LANCET.

SIR,—I avail myself of the readiness with which you give insertion, in your very useful Journal, to every communication relating, either to the advancement of medical knowledge, or to the health and comfort of the community, to solicit, through its columns, attention to the manner in which diplomas are granted from the Lying-in Hospital of this city. With the manner of conducting the internal arrangements of the institution, or the description or kind of instruction given within its walls, I have nothing to do. If defects exist in these particulars, (and it has been whispered that some do exist,) the pupils, who are the persons most interested, if they possess no other means of remedying them, have, at least, the medium of your Journal, (which has produced so much reformation in other places,) to make them known; and no one, who has witnessed the effects of your exertions, will deny, that defects may be removed and abuses corrected, by making the public acquainted with their existence. What I complain of is, that diplomas are granted to persons, who are by no means qualified to practise even midwifery. The persons to whom I allude are Irish apothecaries. Amongst this body I will admit there are many individuals who are well informed, but they are exceptions; and I will assert that the most prominent characteristics of the majority are great ignorance and consummate effrontery. In England, the apothecary is a well-instructed man, compared to a person of the same denomination in this country; because, by the laws of the Apothecaries' Hall there, he is obliged to be informed upon many branches of medicine, besides pharmacy; while, here, his education consists in using the pestle and mortar, and compounding physicians' and surgeons' prescriptions—"secundum artem," together with the reading of the London or Edinburgh Pharmacopœia, without any attention whatever to the primary and material branches of medical knowledge, viz., anatomy, physiology, surgery, and the practice of physic; without an acquaintance with which, he is as unfit to be an accoucheur, as he is to be what he professes and attempts to be, namely, a general practitioner. Is it not shameful to have the care of human life intrusted to men, who, after seven years penance amidst tinctures, syrups, balsams, boluses, ointments, and pills, and probably without ever having seen more of disease than a cut head, a black eye, or a full-grown crop of the itch; and after thirty minutes examination at the Hall upon the making

of calomel, the doses of rhubarb and magnesia, the making of ointments, with a few set questions upon acids, alkalies, and opium, receive a diploma to practise the art and mystery of an apothecary? With such qualification as this, or without any whatever, a person can pay 20*l.* at the Lying-in Hospital, and, after six months, receive a license to practise midwifery! That such an individual, from practice in that way, may attain a mechanical expertness, like an artificer, in devising and employing the most ingenious methods in forcing children, dead or alive, through the natural apertures, I will not deny; but I strongly suspect that he will not be possessed of that degree of medical information, that skill and judgment, which difference of constitution, concomitant and incidental circumstances, and diseases in the parturient person, demand in a practitioner of midwifery. If such a person should, by chance, be a handy finger-smith, and be competent to the duties of the vocation, yet a great injury to the community results from the practice of conferring a diploma, where no real qualification accompanies it; for, with this document, men palm themselves upon the people in country towns and villages, and commence the pious employment of killing and curing his majesty's liege subjects with as much professional pomposity and sanctimonious gravity, as the most learned, or seemingly learned, big-wig in London, Dublin, Edinburgh, or elsewhere.

I remain, Sir,

Your obedient servant,
HIBERNUS.

Dublin, Dec. 23, 1828.

NON-EXPANSION OF HORSES' FEET.

To the Editor of THE LANCET.

SIR,—The following experiments, &c., were originally intended as an answer to some letters which have recently appeared in *The Sporting Magazine*; but as it appears the party who have the management of that publication, are desirous of hearing only one side of the question, they have refused them admittance. Aware that most of your readers are interested in the safe going of their horses, and that any thing which can tend to elucidate the much-agitated question of *foot lameness*, or be productive of *practical results* in the shoeing or treatment of their horses' feet, cannot be uninteresting to any class of the community, I enclose the paper for THE LANCET.

The expansive quality assigned to the foot, having led to many errors in these matters, I propose, first, to endeavour to clear away the mist which has enveloped it, and,

at a future opportunity, to pursue the subject matter in its practical bearings, and to point out what I have found to be the cause, and best preventives, of foot lameness.

On reading the November number of *The Sporting Magazine*, I was much surprised that a correspondent, who styles himself "Nubia," should have asserted, the foot of the horse expands the eighth of an inch, or more, every time it comes in contact with the ground. If your readers will excuse the pun, I really thought he must have been *in nubibus*, when he hazarded such an assertion. I draw my inference from rather an extensive experience, and having been in the habit of continually dissecting feet for some years past, and most devotedly in search of facts and information on these matters, it is singularly unfortunate I never could discover this much-talked-of expansion, or opening and collapsing, or shutting, of the foot of the horse.

It has been too much the fashion to take this expansive quality, wrongly assigned to the foot, upon trust, without submitting it to the test of actual experiment, and "Nubia" has certainly not smoothed the way much for trying it, when he informs us, that it can be tried fairly only on the feet of horses that have never undergone the much dreaded operation and baneful effects of shoeing! and, as I understand him, they must be well-bred ones. That the laminae elongate, or descend, I am prepared to admit, thereby causing the vein, as the smiths call it, to descend also; and that if the frog and heels meet the ground, as they ought to do, the side cartilages have motion to a certain degree. Having occasion to be at Mr. Theobald's, of Stockwell, and aware that every facility would be offered me to try the experiment, I determined to measure the feet of some of the colts with the calipers, as "Nubia" describes he measured his mare's feet. There being plenty of scope for trying it, fully and fairly, on some of the best bred stock in England, that never had been under the influence of the "iron prison and wedges," as "Nubia" terms the shoe and nails; that it might be tried fairly, I got a friend to stand by and see me perform, who is not only a good mathematician, but who is frequently and practically in the habit of using calipers and compasses. We caught four of the young horses out of the paddocks, and applied the instruments to each of the fore feet repeatedly. The result was clearly to my friend, myself, and the head groom, (who merits our thanks for the civility and anxiety he evinced, that the experiment might be fully and fairly made,) that there is not an atom of difference in the width of the horse's foot, whether on or off the ground! Whether standing on one or both fore feet, or whether with 20 stone on his

back, or nothing! And that all this tirade about expansion, is entirely fanciful and theoretical. Three days afterwards, I repeated the same experiments on the same feet, with precisely the same results. A horse came to be shod with a remarkably good foot, I placed a man, between eleven and twelve stone, on his back, held up one foot, and then tried the experiment—same result as the others. I have often occasion to rasp the quarters to the blood, previously to turning out; and when the frog has been the chief support to the lateral parts of the foot, have tried the experiment on many of these, whilst made to stand upon one foot, and, in several instances, with a couple of men on their backs, yet no expansion whatever took place.

I am, Sir,

Your obedient servant,

C. MORGAN, Vet. Surg.

Feb. 10, 1829.

Blackfriars Road.

RECOVERY OF AN INFANT, AFTER ASPHYXIA OF TWENTY-FOUR HOURS.

To the Editor of THE LANCET.

SIR,—On perusing Dr. Blundell's Lecture, in Number 263 of your interesting Journal, (for Sept. 13,) he therein states,—“New-born infants may, now and then, be resuscitated, after they have lain in a state of asphyxia for a good part of an hour.” I have sent the following account of a case, which occurred in the practice of my father; if you think it worthy of your notice, you will please to insert it when convenient.

I am, Sir,

Your obedient servant,

HENRY POINTER.

Eton, Jan. 9, 1829.

MR. POINTER was sent for to a Mrs. Groves, of Staines, Middlesex, arrived at the full period of utero-gestation, whom he delivered of twins, a boy and a girl. The boy, which was the second child, apparently dead. Having used the means to restore the child, without success, Mr. Pointer wrapped it up in a flannel, and laid it on the hearth before the fire. This occurred about eleven o'clock, a.m. The following morning, about the same time, Mr. Pointer called to see the patient; the child was still lying in the situation he left it in, but retained a little warmth. Conceiving, as the child retained some warmth, there must be life, Mr. Pointer desired the nurse to give it some gin; two teaspoonful were given, in its pure state. In a short time after, the child began to show some symptoms of life, and in a quarter of an hour began to cry, to the astonishment of mother and nurse. This boy became afterwards by far the finest child.

CASE OF CHOREA SANCTI VITI, FROM AN EXTRAORDINARY CAUSE.

By EDWARD HARRISON, M.D.,
F.R.A.S. Ed., &c.

MISS ISABELLA PORCH, of Lime Street, aged ten years, has a fair complexion, with light eyes, and brownish hair; she was naturally well formed, is of a lively disposition, and rather tall of her age. To counteract her increasing deformity, the horizontal position has been strictly enforced by her mother, for the last seventeen months. She has remained in excellent health during the whole period, nor has the swelling increased since recumbency was adopted. Upon examination, I found the three last dorsal, and five lumbar vertebræ raised into a large, highly-elevated, posterior arch; it was free from pain, had no discoloration, and bore pressure without inconvenience. Pulse natural, bowels regular, appetite good, and she sleeps well.

The following narrative, drawn up by her anxious mother, details the history of the complaint from its commencement to the present time:—

"My daughter left London in the month of June, 1819, on a visit to some relations in the neighbourhood of Frome, Somersetshire; she was nearly four years of age, and, at the time, in an excellent state of health. She was first seized, in February, 1820, with fits, which the faculty called, St. Vitus's dance. After she had been afflicted with them three weeks she came home, and an eminent accoucheur was immediately consulted. Under the influence of the fits, each of which was of about half an hour's duration, her right arm and leg were in constant motion; they kept turning round perpetually backwards and forwards, the former at the shoulder-joint, the latter at the hip; she had no power over the affected limbs, their motions being quite involuntary; her face, on the same side, was contracted, and the corner of her mouth drawn outwards; she could not speak so long as the fits continued, her tongue appearing too large for her mouth; they returned three or four times in the day, but never attacked her in the night; when they were over, she appeared tired and fatigued, but was never sleepy; she was quite sensible in the fits, nor were her faculties in the least impaired by them; they continued to return for two months, and gradually left her. From the excessive weakness brought on by the disorder, it was deemed proper, in the following May, to send her to Brighton for the advantage of sea air and bathing. The

bathing appearing to disagree and relax the system, she returned to London in July. All her joints, and in particular those of her wrists and fingers, had become exceedingly debilitated while she was at the sea, and admitted of being much bent in all directions. She had the misfortune to be thrown out of a gig soon after her arrival at home, but did not appear to be much hurt by the accident.

On her second return, she was constantly complaining of great weakness, and pain in the small of her back. This showed itself by her frequently putting her hand to the part, by her often stumbling, and being easily thrown down, on every slight occasion. Her limbs were so feeble and numb, that she could not walk even short distances without support. Alarmed at these circumstances, her back was frequently examined by myself and others. Nothing remarkable could be perceived till some time in October, when one of the lumbar vertebræ was observed slightly to project. Her eye now became inflamed, and an experienced oculist was consulted for it. This complaint was soon removed, and she continued in delicate health for some time longer.

In the latter part of the ensuing December, she was again seized with St. Vitus's dance. I took her immediately to the same accoucheur, who prescribed aperient medicines, and directed fourteen ounces of blood to be taken from the back of the head, by means of cupping. At this visit I showed him the protuberance in her back; it consisted of a single joint, which was considerably risen; he treated the swelling with great levity, "declaring it would never be of any moment to the child." During the cold weather, she had frequent attacks of spasms in both arms and both legs, attended with excruciating pain. These continued about ten minutes at a time, and returned every two or three days, for several successive weeks. She had about twelve in all. They left her imperceptibly; and after they were gone, she always fell asleep. These fits were attributed to debility, induced by the cupping, and loss of blood from it. The pain and weakness in the back continued for some length of time. In July, 1821, the eye again became affected, which occasioned another consultation with the oculist. He examined her back, and was told what had been said. His answer was, "Let me tell you, it will be of very great moment to your daughter," and ordered her to the seaside immediately. She was taken a second time in the following August to Brighton, where she remained fifteen months under the care of a physician, who ordered her the warm bath, and to lay constantly on a plain flat board. This was done, together with

sea-bathing, which was afterwards resorted to. She was constantly taking calomel with aperients. In short, he said, she could not live without medicines of this description. This gentleman recommended a caustic issue to be inserted on each side of the loins; his application was never tried. While there her eye was frequently inflamed, and she became more and more debilitated. She was, at length, brought home in a very weak, feeble state. Her back much worse; I, and her father, became so thoroughly disheartened by her general appearance, that we laid aside all medicine in September, 1822, and determined to confide her case wholly to the operations of nature. In the same month, we took her again into Somersetshire for the benefit of fresh air, lying flat in the carriage, and by easy stages. While there, she was permitted to run about as she liked, and was placed under no control. In consequence of this unrestrained liberty, the swelling of her back increased considerably, and the inflammation in her eye returned with greater violence than before. The latter continued several months unabated, notwithstanding the application of a seton to her neck, and the employment of various internal remedies. She remained in the country till April, 1824. She returned home in very weakly health; though, during the time of her being in Somersetshire, she greatly recovered, but was subject to the same fits of chorea, which always came on *after exercise*. Since her return, the reclining posture has been strictly enforced, and the fits have entirely left her. This practice was carefully persisted in from April, 1824, till the month of September, 1825, when she was placed under Dr. Harrison's care. She had remained in excellent health during the whole period of reclining. I am quite sure, however, from various circumstances, that the fits could, at any time, have been reproduced, by leaving her couch; and resuming her former active amusements for only a few days."

September 5, 1825.

I entered upon the treatment of this interesting case in September, 1825. The lumbar swelling was dispersed, by the process so often detailed, in March, 1826. During this interval the patient enjoyed good health and excellent spirits. She experienced no feeling of chorea, nor has it subsequently returned. We have, I think, a convincing proof in the instance before us, of a close union subsisting between chorea and the vertebral column. The striking feature, indeed the only sign of bodily infirmity, appeared in the lumbar projection. In order to connect it with

chorea, we may premise that the first attack was in February, 1820.

She was sent to the sea-coast in May, for the improvement of her general health, and left it in July. "On her arrival at home," says the mother, "I was alarmed to hear her complaining of great weakness, and pain in the small of her back. She frequently stumbled on level ground, and was easily thrown down. Her limbs were so feeble and numb, that she could not walk even short distances without support." These infirmities afford unanswerable testimony that something was seriously amiss at this time. A slight projection was first discovered by her mother, in the following October. Let us not hastily conclude, because the prominence was not sooner perceived, that none had actually taken place. The symptoms had already attained a degree of intensity, which could not be the result of a few days or weeks; more time was required, if I am permitted to reason from the analogy of similar cases.

The mother, however watchful and solicitous, was not likely to find out a small enlargement in that division of the column, nor the slight deviation of a single joint. Even experienced practitioners have been frequently deceived in these respects; I have already adduced several examples where the disorder has been overlooked for several years, and shall enumerate others in the course of the work. We may, I think, infer under the circumstances, that the swelling had subsisted some time before it was noticed, and probably even before the first appearance of chorea. We are led to this conclusion, because, after the gibbosity had attained to its utmost height, the child was always well in the horizontal posture. On its interruption for a few days, the fits constantly returned, so long as the swelling remained. No sooner was it removed, than the fits entirely left her, from which we infer that the deformity and the fits bore a relation to one another. This I think must be admitted, whatever difficulties we may find in explaining the connexion.

18th July, 1826.

Miss I. Porch has enjoyed uninterrupted good health, since the last report. She is grown considerably taller and stouter. There has been no appearance of chorea, though she takes a good deal of exercise, on foot and in a carriage.

October, 1828.

THE LANCET.

London, Saturday, February 23, 1829.

It was emphatically remarked, the other day, by one of those profound persons, who are justly classed among the ornaments of the medical profession, we allude to Mr. JOE BURNS, that appeals to the understanding of men are seldom so persuasive as arguments which address themselves to their pecuniary interests. The observation was made in the course of a conversation at Callow's, on the surprising conversions which have recently taken place in the political world; and our friend JOE had no sooner delivered himself of it, than he looked round upon the company with an air of mixed satisfaction and fierceness—of satisfaction arising from the consciousness of having just given utterance to a brilliant and original sentiment; and of fierceness, inspired by the conviction that he was entitled to the general applause. In the expectation implied by the confident expression of his vivid and shining countenance, JOE was not disappointed; indeed he was secure, upon this occasion, of maintaining his intellectual ascendancy, for none but heads of the profession were present; and though there be not wanting persons malicious enough to insinuate that JOE is a fool among wits, even the enemies of that gifted individual will scarcely deny that he is a wit among fools. Be that as it may, we concur entirely in the sentiment expressed by Mr. BURNS, without stopping to inquire whether it was reserved for our facetious friend to make the discovery. The *argumentum ad crumenam* is, no doubt, a species of reasoning which finds its way to every man's understanding, and effects more rapid conversions than ever followed the exhortations of saints—more solid transmutations than ever blessed the waking dreams

of alchemists. But we have no design to intrude upon territory which is too sacred for the footsteps of medical journalists—it is above our province *referre sermones Deorum*—to advert to the speeches of Reverend Fathers in God, or investigate the proximate causes of the sudden flood of light and liberality which has been shed upon the bench of bishops. We shall content ourselves with a more humble illustration of the principle with which our facetious friend has supplied us, by reminding our readers of a few circumstances connected with the publication of hospital reports.

Five years ago, when reports of cases occurring, and operations performed in public hospitals, were first published in this Journal, there was no term of obloquy and reproach with which we were not assailed, for communicating this species of information to the profession and the public. At the present day, the very persons who once denounced the publication of hospital reports have become humble imitators of our plan, and no attempt is made to question the right or expediency of publishing such reports, except by a few individuals who have an interest in concealing their own inefficiency, and who, therefore, yield reluctantly to the general stream of professional and public opinion. Is it to the influence of reason, to the love of truth, and to a desire of promoting the public good, that we are to ascribe the conversion of some of our contemporaries, who formerly assailed us with all the tropes which malignity and vulgar scurrility could supply, for having opened a new path to professional information? Clearly not; for the reasons which now render it expedient to give publicity to the cases occurring in our public hospitals, existed to the same extent, and with precisely the same force, five years ago. It was the pecuniary interests of these gentlemen which enabled them to discover the expediency of endeavouring to follow in the path which we had traced for them, and

which they originally described as the high road to all that was base and dishonourable. They found that the supply of solid information had produced a corresponding demand on the part of the profession, and when interest pointed out the necessity of a change of opinion, they became eager, if not cheerful converts to the principles and practice which they had condemned. Now it may not be politic, upon all occasions, to scrutinize too rigorously the grounds and reasons of sudden changes of opinion, because, if we discourage repentance, we perpetuate sin; if we do not allow a graceful *locus penitentiae*, we cannot hope to reclaim a heretic, whether in religion, politics, morality, or medicine. But a convert may have so far committed himself by his zeal or intemperance in behalf of one creed, as to cut himself off from all chance of making a decent justification of his adoption of another. No man can hope to gain credit for sincerity in embracing a new set of opinions, if he has been totally regardless of all decency or moderation in defending the opinions which he deems it expedient to abandon. "So deal with your friends," says an ancient precept, "as if they were one day to become your enemies; so deal with your enemies, as if they were one day to become your friends." The first part of this rule of conduct, however salutary on the score of prudence, would, if strictly followed, encroach, perhaps, a little too much on the amenities of social life; the second part of the precept is worthy of all approbation, and he who has wholly disregarded it, is in no condition to become a convert to a new set of opinions, without incurring the contempt or derision of his contemporaries. Let us try by this part of the rule, the conduct of that respectable individual who, by dint of fifteen pounds sterling paid for an Aberdeen diploma, passes under the name of DOCTOR JAMES JOHNSON. At the period when hospital reports were first published in THE LANCET, that individual held up the gentlemen who furnished

them, to the execration of the profession as "spies and vampires," and strongly recommended the hospital functionaries to expel any student who should be detected in communicating cases for publication to this Journal. Subsequently, when the Quarterly Journal was in a declining condition, the Aberdeen DUS seems to have become sensible of the expediency of offering to his readers something more substantial than "the chaff and bran" upon which he had hitherto regaled them; but, as he had always relied, like a spider, upon manufacturing his Journal out of flimsy materials, which cost him nothing, he was unwilling to incur expense, and, therefore, hit upon the expedient of inviting students to furnish him with hospital reports, promising, by way of remuneration, sets of his own journal, which were worth their weight in paper, and for which he had long been unable to find purchasers! He who had denounced students as "spies and vampires," for having transmitted reports to this Journal, had the unparalleled effrontery to invite these gentlemen to supply him with reports in his hour of need, and the unparalleled meanness and impudence to offer as a reward for such contributions, the very journal in which he had vilified and traduced them!

With regard to the remuneration received by gentlemen who have contributed hospital reports to this Journal, of which so much was said at the late trial, we suppose it is hardly necessary to offer any apology to our readers, for adopting the only course by which a regular supply of valuable professional information can be obtained. The profession has had abundant experience of what can be effected in a journal supported by voluntary contributions, or in a journal manufactured by the hand of a single laborious blockhead, too penurious to expend a bawbee for literary assistance, but prodigal of the *niaseries* by which he disgusted, and at length exhausted the patience of his readers. It has been said, that "every

unpaid contributor to a periodical publication is an ass;" now, although this proposition requires considerable qualification, especially as applied to journals devoted to professional topics, in the handling of which the fame acquired by a contributor may often be more than equivalent to a direct compensation in money, yet it cannot be denied, that any reliance upon casual or voluntary contributions for the regular supply of a periodical work, would soon prove fatal to its reputation. The contempt which Sir JAMES SCARLETT was indiscreet enough to express for gentlemen who had furnished medical reports to this Journal, on the score of their being *hirelings*, was too absurd to deserve serious notice. It is rather a rare occurrence to hear sentiments of this kind from well-educated and intelligent gentlemen; for the depreciation of literary labour is now, for the most part, confined to purse-proud artizans, or underbred upstarts, who seek to indemnify themselves for the slights to which their vulgarity and ignorance expose them in cultivated society, by rejoicing in the penury which must needs, in their estimation, oppress men of education, who derive pecuniary profit from their intellectual attainments. The term *hireling* is applicable to any man who receives money in exchange for his labour, and can only be consistently used as a term of reproach by one who lives absolutely on the labour of others, and who considers the abstinence from all labour, bodily or mental, that deserves compensation, an honourable distinction. Sir JAMES SCARLETT, indeed, took an ingenious distinction at the late trial, between the delicate sense of honour which distinguishes the intercourse between professional men and their employers, and the vulgar, commonplace notions of honesty, which regulate commercial transactions; and we are, moreover, aware that there exists a legal fiction, by virtue of which a barrister's or physician's fee is held to be *honorarium quiddam*—not an

honest guinea, but an honorary metaphysical entity—not a substantial remuneration for which an action may be maintained, but a mere creature of the imagination, which, as it goes for nothing at law, so it maintains its visionary character in all the phases of its moonshine existence; for as nothing is given, it follows that nothing can be returned, and if nothing be done by the counsel or the physician, nothing is at least as much as the client or the patient has a right to expect, and often much more* than he has the wisdom to be thankful for. Notwithstanding the fine-spun subtleties, however, by which lawyers have endeavoured to prove that they labour for nothing, litigants know to their cost, that a barrister's honour is supported by means in no respect differing from those which uphold a tradesman's honesty, and that the term *hireling* is fully as applicable to Sir JAMES SCARLETT, as to the humblest mechanic, who exchanges the produce of his manual labour for the necessaries of life. If there were any thing really dishonourable or degrading in the act of labouring for hire—which we deny, for in our view of the matter a *hireling* is honourably distinguished from a drone—if labouring for hire really involved a sacrifice of dignity or independence, instead of affording, as we are prepared to contend, the best and surest means of maintaining dignity and independence, the profession to which Sir JAMES SCARLETT belongs is of all others, perhaps, that which would give him the least title to stand on a loftier eminence than his neighbours; for let it be remembered that, by a timely application, we might have hired all the *eloquence* and ingenuity which Sir JAMES SCARLETT was able to bring into play against us. We demonstrated, in a former Number, the

* No action lies against a barrister for unskilfulness or negligence, though it amount to *crassa negligentia*.—Vide Peake's Nisi Prius Cases, p. 95.

falsehood of some of the assertions which Sir JAMES SCARLETT made, in the course of his address to the jury. We did this in justice to ourselves; and we shall now add, in justice to the learned gentleman, what may be deemed, in some sort, an apology for his conduct, in the words of Archdeacon Paley. "There are falsehoods which are not lies; that is, which are not criminal; as where no one is deceived, as in a servant's denying his master, an advocate asserting the justice, or his belief of the justice of his client's cause. In such instances no confidence is destroyed, because none was reposed; no promise to speak the truth is violated, because none was given or understood to be given." Such is the doctrine laid down by the author of "The Principles of Moral Philosophy," in his chapter on lies; and this doctrine may serve to account for the absurd, or, as Mr. COBBETT would call it, the *bestly* attempt of Sir JAMES SCARLETT to make the fact of receiving reward for literary labour, a ground for contumely and reproach. Of the surgeons who have, from time to time, supplied this Journal with hospital reports for a pecuniary consideration, we are bound in justice to say, that we believe most of them to be men of as high honour, and as unblemished a reputation as Sir JAMES SCARLETT, and that some of them are now rapidly advancing to the highest eminence in their profession.

We had intended to make a few remarks on the "publication of hospital reports by hospital surgeons themselves," and on the twaddle of Sir ANTHONY CARLISLE, but the lawyer has engaged so much of our attention, that the Oyster has escaped from us, and we must postpone the opening of the crustaceous Knight to another opportunity. We may observe, however, in passing, that as Sir ANTHONY visits the Westminster Hospital only twice a week, he can be but very imperfectly informed as to what takes place there, and that the arrangements

which we have made for our reporting department at the Westminster and at the other metropolitan hospitals, are such as to render any material inaccuracy in the highest degree improbable. No error has been specified, and we challenge Sir Anthony to point out one. We may also here notice another judicious attempt, on the part of Mr. BRANSBY COOPER's friends, to keep alive the memory of his celebrated case of lithotomy. It has been said, that if in a late case, where considerable time was necessarily occupied, in consequence of Mr. KEY being compelled to extract the stone piecemeal, if it had been Mr. BRANSBY COOPER's turn to operate, the difficulty would of course have been imputed to his want of skill. What must be the real opinion as to the merits of Mr. BRANSBY COOPER's case, entertained by those who resort to such miserable subterfuges in order to bolster it up? The ground upon which Mr. BRANSBY COOPER's skill was impugned was, that there was no assignable difficulty in Stephen Pollard's case, to account for the extraordinary circumstances attending the operation; and now that Mr. BRANSBY COOPER has published his own report, he is evidently as incapable of assigning a cause of difficulty, as he was at the time of the operation. The explanation which Sir ASTLEY COOPER volunteered at the trial, with as much confidence as if he had seen the case, was a mere tub to the whale, and having served the purpose of mystifying the jury, has not been repeated by the Nephew in his report. Well might poor Mr. BRANSBY COOPER exclaim in the words of the Spanish proverb, "God defend me from my friends!"

EPIGRAM,

By a Pupil of the Westminster Hospital.

SAID the crusty, crafty, foul-tongu'd Knight,
 "If THE LANCET 'report,' no more will I GAFK!"
 Huza, then! we'll try with all our might
 To close firmly the mouth of this whining APE.

Vide Sir A. Carlisle's Speech, ante, p. 670.

LONDON MEDICAL AND PHYSICAL JOURNAL.

February, 1829.

POOR CHARITY RODERICK, when he brought his celebrated action against us, in which he obtained "FIVE POUNDS AND A GENERAL LAUGH," stated, in his "declaration," that by our criticisms we had held him up to ridicule, and rendered his "discharge" from the editorship of the above Journal, more than probable. The following is a portion of his whine; and seeing that he was a hungry Scotchman, having an eye to the siller, and a DUB withal, who can wonder that the miserable wight dreaded the frown of his master, Mr. SOUTER, of St. Paul's Churchyard:—

"Declaration.—RODERICK MACLEOD, the plaintiff in this suit, complains of THOMAS WAKLEY, that he wrongfully and maliciously intended to injure and aggrieve him, by causing him to be DISMISSED and DISCHARGED from the editorship of the London Medical and Physical Journal, * * * and thereby has sustained damages to the amount of TWO THOUSAND POUNDS."

The jury, however, being men of sound judgment and much liberality, awarded the DUB five pounds; just five shillings per cent. on the sum so modestly laid in the declaration. So here is a PHYSICIAN, complaining that he is likely to be discharged from the servitude of a bookseller; and afterwards has the impudence to pretend, that he is not a HACK.

RODERICK, it seems, had sound reasons for dreading that he should be discharged, as Mr. SOUTER has had the discretion to expunge his name from the cover of the YELLOW JOURNAL. This glandered, foundered, spavined old hack, is now, we hear, in the stables of Mr. ORME, who deeply laments his purchase, as it has been attended with a very heavy loss, and it is not likely that he will obtain even a sixpence for the animal's punctured hide. It is expected that the wretched creature will not survive long, as he is in an exceedingly weak and tottering condition; and from castigations received in consequence of his former bad habits, there remain several *old sores*, from which issues a horridly fetid periodical discharge, of a dirty green colour. Although scanty, this discharge is so offensive, that the house of LONGMAN and Co. has become notorious for its ill odour, and the only animals which now cheer the old hack by their presence, are a few of the most ghastly and filthy of the HOSPITAL BATS. "Where the carrion is, there will the crows be also."

Mr. Souter's journal is now edited by Mr. NORTH and Dr. WHATLEY.

The Number for the present month does not contain many original communications, and the majority of those are by no means remarkable for their excellence. The first is entitled, "On Diseases of the Nails and the surrounding soft parts." Mr. BURNETT, the author, thus speaks of the first of the cases:—

"The right side of the toe was chiefly affected, and from the sulcus between the nail and fillet, which bounds the onychthalmus, there was a semi-purulent discharge: unhealthy granulations had sprung up in the ulcerated cleft; and these, with the ichorous discharge, &c., gave the disease, at first sight, the aspect of onychia maligna."

Liut having for some time been introduced in the cleft between the nail and the flesh, and the side of the nail having been afterwards pared away without affording any relief, Mr. BURNETT "placed the point of a catlin in the cleft, and removed at once the side of the nail bed, into which the nail entered. The sore soon healed, no cause of irritation being left; and the like operation was subsequently performed on the other side of the toe with the like result." Mr. BURNETT, however, wishes it to be understood, that he is far from thinking this treatment would be beneficial in cases of true onychia maligna.

The second paper is a communication by M. MONTANCEIX, on the "Treatment of Colica Pictorum by Alum, under the direction of M. Capelar, of the Hôpital St. Antoine." Alum has for a long time been used successfully in this disease, and there is nothing remarkable in any of the cases related by M. Montanceix. The remedy was given in doses of from one to four drachms. It is alleged, that neither inflammation of the stomach nor bowels, has followed its use; and that, in most cases, three or four drachms of the alum were sufficient to render the patient convalescent, and that in no instance did a relapse occur. The medicine was administered in some mucilaginous mixture, at intervals of from four to six hours, according to the urgency of the symptoms, and, in several instances, the operation of the medicine appeared to be beneficially promoted by the use, at the same time, of oily injections.

The above uninteresting paper is succeeded by an article on diseases in Hindostan, by Mr. WALSH, who gives an appalling account of the terrible ravages of cholera, and of the inefficacy and uncertainty of every mode of treatment that is usually adopted. The following extracts are worthy of notice:—

"The unfortunate soldier would make his will, as he called it, and then lay himself down, sometimes with an appearance of resig-

nation, indeed, but without a ray of hope; at other times, with the fixed eye and convulsive shudder of despair. Of cholera, as it appeared in Burmah, little else might be said beyond the sad record of its attack and fatal result, if the symptoms of this period did not offer a powerful contrast to those occurring when the regiment lay at Madras for ten or twelve days previous to its embarkation for Rangoon. In those days of health and plethoric fulness, cholera pervaded the corps with epidemic violence and great mortality. The man in his barrack-room was as often seized with cholera, as his comrade exposed to fatigue and insolation. * * * Throughout the middle and latter periods of attack, or growing state of excessive collapse, strong and warm punch, with warm aromatic draughts, to as great an extent as the stomach would admit, were given alternately with calomel and opium. These two powerful articles of the *Materia Medica* were, in this disease, seldom, I might also say never, as far as my observation went, attended with their usual specific results. Neither stimulus, excitement, nor pyalism followed, although given to a startling extent, not in grains or drops, but by scruples, drachms, and spoonfuls!"

Mr. WALLER has communicated the half-yearly report of cases from the London and Southwark Midwifery Institution, of which he is Consulting Accoucheur. It appears, that out of 160 women delivered, there were five breech presentations, one footling, and one face, the remainder being natural. There were three or four cases of severe hæmorrhage, and it would appear that the patients were saved by the prompt removal of the placenta. One patient died from inflammation, following severe labour. On the post-mortem examination of this patient, it appeared that "the peritoneal surfaces were highly inflamed, and extensively, nay, almost generally, adherent to each other. A considerable clot of blood was resting on the omentum, which was tightly adherent to the intestines, among which was a large quantity of bloody serum." "In several cases, (says Mr. Waller,) I have administered the *secale cornutum*, and its effects continue to justify the favourable opinion I have before given of its powers. I find that the powder, in doses of half a drachm, repeated (if necessary) in a quarter of an hour, is usually sufficient to answer the purpose. The author concludes his paper with the following paragraph, but we are at a loss to understand how the blood could have escaped from the extremity of the funis, if the ligatures had been properly applied:—

"In one instance there was repeated hæmorrhage from the umbilical chord, which so weakened the infant that it died in a

few days. This, I apprehended, must have arisen from disease of the arteries, as there were no less than six ligatures applied, and by three different persons, myself among the rest: notwithstanding which, however, the bleeding recurred at intervals, and the blood was observed to issue, not from the part at which the ligature was applied, but from the extremity of the funis."

The tear of the original communications is brought up by one from PARFITT LANDRAU, entitled, "Remarkable case of Corpuscles, freely moving, both in the vitreous humour AND in the posterior chamber of the eye," which title is quite sufficient to enable our readers to form an opinion of the nature and contents of this document.

Among the "selections" which make up the remainder of the present Number, we perceive a report of a difficult case of lithotomy, from the pen of a Country BAR, that wriggles in the neighbourhood of the Winchester Hospital, where, in the vernacular, he is styled Mr. J. W. WICKHAM. He is not only a BAR, it seems, but a critic also; and when we can find space to insert the whole of his report (as the thing is so good, that no part of it should be omitted,) we shall probably teach this jackal to ORME'S "old hack," that he has entered upon a most dangerous occupation, and one, the duties of which he is probably, of all BARS, whether metropolitan or provincial, the least capable of executing.

MIDLAND MEDICAL AND SURGICAL REPORTER.

THE third number of this Journal appeared on the first of the present month; but the next number is not to appear until the 1st of May, as our country contemporary appears to think that a quarterly publication will be better suited to the extent of his resources than a monthly one. The journal before us contains several interesting papers; the first of which is written by Dr. Walker of Huddersfield, and is entitled "Observations on English Hospitals." We shall extract only that part of the paper which relates to Country Institutions, as we have already, on many occasions, presented our readers with, probably, more accurate accounts of the metropolitan hospitals, than that of Dr. Walker.

"Among the earlier Provincial Hospitals established in this country, the Bristol, Winchester, York, Exeter, and Cambridge, stand conspicuous; and the other large towns soon after followed the example. In

most of the earlier structures, various alterations have been made at different times, in the number or size of the wards; in the warming and ventilation, or other improvements, which it is not possible to enumerate within the limits of the present paper. In stating, too, the number of patients and expenditure, it should be remembered that no two years are alike in this respect, and that the facts here detailed apply only to one year, and that, not always the last. With respect to the number and size of the wards, it has been the practice of most of the more modern Infirmeries to prefer small wards to large ones, which were less adapted to the classification of the cases. Examples of each will occur in the course of the following details.

"The Bristol Infirmary,* one of the earliest Provincial Institutions, was established in 1735, and is a noble monument of the munificence of the inhabitants, by the voluntary subscriptions of whom it is chiefly supported. There are fifteen wards, seven for medical and eight for surgical cases, and each of the former receives 15 patients, so that, although occupied by more than 90 individuals, no inconvenience can arise from any crowding, or improper accumulation of any kind. The total number of beds, in both medical and surgical wards, exceeds 200. The number of in-patients, in one year, is nearly 1800; and out-patients, nearly 4000; and the annual expense, per bed, about 26*l*.

"A County Hospital was established in Hampshire, at Winchester, as early as 1736. The building consists of a centre, and two wings; and, in 1824, contained nearly 80 beds. The number of in and out-patients, in one year, exceeded 1300. The annual expense, per bed, about 28*l*.

"The Hospital for the relief of the diseased poor in the county of York, was instituted in the year 1740; and the present public edifice was erected for that purpose, as soon as the charitable fund would allow of that expense. It was, for many years, the only Institution of that nature north of the Trent. The great utility of this Hospital procured it such liberal benefactions, that though at first the lower wards only could be opened, in a few years the upper wards also were fitted up for use; so that, in the whole, the number of beds for men was increased to 29, and the same number for women. Every person who is a benefactor of 20*l*., or a subscriber of two guineas annually, is a Governor, and is entitled to recommend one out-patient, or one in-patient, at a time. The total number of in and out-patients, in one year, amounts to nearly

900. Two fever wards have been erected in the garden of the Hospital, by a separate fund raised for the purpose. There are also more than 2000 patients annually relieved at the York Dispensary.

"The Exeter Infirmary was erected in 1741, at an expense of about 6000*l*., and is supported by annual subscriptions. The annual number of in and out-patients, amounts to nearly 1700. The annual expense, per bed, about 23*l*.

"The Salop Infirmary was formed in 1745. It is situated on the verge of an eminence, and commands every advantage of salubrious air and delightful prospect.* There are nearly 90 beds, and the annual number of in and out-patients exceeds 2600.

"The Hospital, at Cambridge, was founded by John Addenbrooke, (from whom it derives its name,) in the year 1740, and who left about 4000*l*. to erect and maintain a small Physical Hospital; but the money being insufficient for the support of it, an act of Parliament was obtained to make it a General Hospital. It was opened at Michaelmas, 1766, and the number of patients annually cured and relieved, is, upon an average, 1000. The expenses, of late years, have been about 1700*l*. per annum, of which sum about 600*l*. arises from the permanent funds, and the remainder from the voluntary contributions of the public. Two wings have lately been erected and furnished, at an expense of nearly 4000*l*., which are now open for the reception of patients. Benefactors of twenty guineas, or upwards, are Governors for life; annual subscribers of two guineas, or upwards, are Governors during payment."

THE COMMON BUCK-BEAN, OR MARSH TREFOIL, AS A SUBSTITUTE FOR HOPS.

Mr. Yosy communicated to the Medico-Botanical Society, that the above-named plant is used in Germany as a substitute for hops, and contains the bitter principle in greater abundance than the common hop. The leaves should be gathered in the spring, and dried in the shade. It is also employed in brewing porter in Sweden, and it is said to have been introduced there by an English sailor, in 1789. For this communication, the Society presented to Mr. Yosy their silver medal.—*Transactions of the Medico-Botanical Society*, No. 1.

* "This Infirmary has, of late, been found so inconvenient, that a new Building is being erected on the original site; to accomplish which, a munificent Subscription has been entered into by the Gentlemen of the County and City."—EDITORS.

* Vide Dr. Chisholm's Statistical Account of Bristol.—*Edin. Med. Jour.* vol. xiii.

RICHMOND SCHOOL OF ANATOMY.

In our last Number, we stated that it would be impossible to insert a tenth part of the letters which we have received on the advantages and disadvantages of this Institution, and on the professional conduct of its medical officers. We are at all times anxious that all parties should be heard fully, both in accusation and defence; but the controversy under the above title, has grown to such a length, that we scarcely know what to select from the mass of communications now lying before us. We are of opinion, however, that the following extracts from two of the communications will be deemed by the friends of Dr. M'Dowell and Mr. Carmichael, a satisfactory reply to the alleged misrepresentations of our correspondent Lennox, relative to those gentlemen. Should any further communications be transmitted to us on the affairs of this Institution, we entreat that they may be made as brief as possible.

DR. M'DOWELL.

As your readers have been treated with a caricature of this gentleman, and as his character has gone before the English public in an unfavourable point of view, it may not be unacceptable, before I conclude, to give something in the shape of a likeness. Dr. M'Dowell is somewhat above the middle size, with a pale, thoughtful cast of countenance, plain in his dress, mild and unaffected in his manners. As an hospital surgeon, he possesses in a high degree the faculty of combining despatch of business with an accurate attention to the examination of every case of interest. He does not hurry from bed to bed, with a look of solemn importance, leaving his pupils staring in blank ignorance, nor does he occupy their time in minute and trifling disquisition. He makes it a general rule to have the symptoms and treatment of every case deserving attention, accurately noted by the clinical clerk on the ticket appended to each bed. By this means he gives to the pupil the opportunity of studying at a glance, at any time, and in the most favourable situation, the origin, history, and treatment of disease. There is one point in which this gentleman has obtained a distinguished pre-eminence, a point which, more than any other, marks the patient and acute observer. I mean diagnosis. In this important branch of medical study Dr. M'Dowell ranks with the first surgeons in this metropolis. As an operator, he has many advantages; steadiness, coolness, and an extensive knowledge of relative anatomy. The success of the different operations performed by him at the

Richmond Hospital, is the best proof of his capability. In his deportment towards the students he is frank, communicative, and gentlemanlike. During my attendance at the Richmond I have studied him closely, and my conviction is, that no man is so anxious, and very few so capable, of furnishing the student with sound and practical information. Mr. M'Dowell is still a young man; let him boldly and steadily pursue his present course; every day will make new additions to his valuable acquirements, and with the abilities and industry he possesses, he has before him the prospect of a long and splendid career of utility.

Dublin. A STUDENT.

MR. CARMICHAEL.

My answer to Lennox's charge of irregular attendance, on the part of Mr. Carmichael, will be found in the following certificate.

Richmond Surgical Hospital,
Jan. 2, 1829.

Having carefully examined the surgeon's signature book of this hospital, from the 1st day of November, 1827, to the 1st day of November, 1828, I certify that I have ascertained from it, that Mr. Carmichael personally visited the hospital, on Mondays and Fridays, seventy-six times at eight o'clock, and fifteen times at twelve o'clock, the hours appointed to meet the pupils. I have further to state, that during a part of the summer, the hour of attendance was changed from eight to twelve o'clock, at the request of a majority of the class, to give them an opportunity of attending a course of lectures on botany, given at the former hour, by Dr. Liston. The accuracy of this statement, for which I hold myself answerable, may be relied on, and may easily be ascertained by reference to the signature book.

PAKENHAM BEATTY,
Apothecary to the House of Industry,
and Hospitals attached.

I have frequently seen Mr. Belton employed in prescribing for the externs, in the Richmond Hospital, since the publication of Lennox's first letter, just as before it. Mr. Carmichael has, unhappily, been prevented attending the hospital at eight o'clock for some weeks past, by illness; and it is true Dr. M'Dowell has visited his wards in his absence; but, on the only similar occasion within my memory, when Mr. Carmichael went to England for the recovery of his health, two years ago, Mr. Hutton, not Mr. Belton, was appointed to do the same duty; though Mr. Belton was then, as now, in the habit of prescribing for the extern patients.

"What," exclaims Lennox, in amazement, "does Richmond mean, by the advantages afforded the pupils by the House of Industry, and which induce several of them to flock to the Richmond snare?" My reply is, the House of Industry is not simply an immense poor house. This great establishment, supported by government, includes, besides the Lunatic Asylum and Poor House, which, in a great measure, supplies the hospitals with patients, four large hospitals: the Richmond Surgical, the Hardwicke Fever, the Whitworth Chronic Medical, and the Wellesley, (the most distant not a five minutes' walk from the school) and, lastly, the Talbot Dispensary, where a very great number of out-patients are daily prescribed for.

I now take a final leave of this discussion; and appeal, with confidence, to the judgment of our fellow-students, to whom I have addressed myself through you, respecting the matters in dispute between Lennox and myself.

I have the honour to be, Sir,

Your most obedient servant,

RICHMOND.

Dublin, Jan. 1829.

WESTMINSTER MEDICAL SOCIETY.

Saturday, February 21, 1829.

Mr. ARNOTT in the Chair.

THE SACKVILLE-STREET CIVIL STAFF.—USE OF COLCHICUM IN ACUTE RHEUMATISM.

THE Minutes of the last Meeting were read, in the course of which the items of the Treasurer's accounts were detailed; one of these created considerable merriment throughout the Society, namely,—“Police officers, 1*l.* 10*s.*”!!!

Dr. WEBSTER, in the absence of Dr. Gregory, brought forward the treatment of Acute Rheumatism, by *colchicum*, with a view of ascertaining, whether the Society had found this medicine as efficient recently as it was estimated to have been three or four years ago. In inflammatory, or acute rheumatism, he had found it peculiarly useful. Where the patient felt relieved by perspiration, and where the pain was increased when the patient felt warm without perspiring, he considered *colchicum* an invaluable remedy. Where the symptoms were aggravated by perspiration, and relieved by warmth without perspiration, in his opinion it ought not to be administered; wine, bark, &c., being more useful in that case. In cases of rheumatism, not attended

with inflammatory diathesis, such as was usually met with in old people, *colchicum* was hurtful. In cases, such as he had described, and which he considered favourable for its exhibition, he had given it with the best effects: he objected to large doses. His mode of administering it was from 25 to 30 drops of the wine, combined with sulphate of magnesia and peppermint-water, preceded by aperient medicine. Bleeding was an excellent remedy in some species of rheumatism; *colchicum* acted on the system very similarly to bleeding, and frequently superseded its necessity.

Dr. MILLIGAN had used this medicine in acute rheumatism, and from his experience of it, he would not trust a case, well marked, to *colchicum* solely; bleeding was called for. Dr. Fordyce had stated, that since he had left off bleedings, he had met with fewer cases of metastasis than he had done before; his (Dr. Milligan's) experience was just the contrary. He was not an advocate for large or repeated bleeding, but *colchicum* ought to be preceded by depletion. It ought also to be given in combination with Diaphoretics, probably with the infusion of senna and the liquor ammon. acet. Would Dr. Webster prohibit bleeding altogether, or would he recommend it in some cases; and were the colour and condition of the blood to be any guide as to the continuance or non-repetition of depleting? A butcher, a patient of his, who had been afflicted with rheumatic gout, had objected to bleeding; he had been treated with *colchicum*, and other remedies, when labouring under a second attack, and under this treatment got worse and sunk. On examination, it turned out that he laboured under pericarditis, rheumatism of the heart, and ascites. This was a case showing that it was not safe to rely on the use of *colchicum*.

Dr. WEBSTER did not object to bleeding in some cases of acute rheumatism, but administering the *colchicum*, agreeably to his formula, would very frequently cure the disease without the abstraction of blood at all; large doses of *colchicum* he condemned. In two cases, where drachm doses had been given every three or four hours, dysentery succeeded, and carried off the patients within three days. *Colchicum* he considered to act on the system as a contra-stimulant; it depressed, exceedingly, the vital powers; its administration, in combination with camphor and ammonia, was objectionable, inasmuch as the latter were direct stimulants.

Dr. MACLEOD differed from Dr. Webster. The utility of the *colchicum* depended upon the part affected. In the most acute form of rheumatism, it was found diffused over the limbs, generally affecting the substance of the muscles, and between them and the

joints. There were cases, of equally acute rheumatism, where the joints only were affected, or the sheaths of the tendons in the neighbourhood of the joints, and which gave rise to a swelling limited to the joints and tendons. This was met with both in the small and large joints, and bore the nearest resemblance to gout; the closer the resemblance the rheumatism bore to gout the more efficacious would colchicum be found. The result of his experience led him to say, that whenever the synovial membrane, and sheaths of tendons, were affected, colchicum was very beneficial; in other cases, unless it was combined with other powerful remedies, it would do no good; and if accompanied with other remedies, and good resulted, the benefit could hardly be attributed to the colchicum. He regarded its best effects to arise from its action on the bowels; as a direct diuretic it was not certain.

Dr. JOHNSTONE had found people to die without the use of colchicum at all, (laughter,) and; therefore, he did not think that Dr. Webster's opinion was well founded, in attributing the death of the two patients to whom he alluded, solely to the use of the colchicum. It was true that drachm doses were large; even twenty-five drops, when repeated three or four times in the course of twenty-four hours, were to be looked upon as large doses. He seldom gave more than from fifteen to twenty drops. Dr. Webster had shown nothing to prevent its being fairly concluded, that the rheumatism had been removed by metastasis to the mucous membrane of the bowels, and that this had carried the patient off. He deprecated the warm or tepid bath in cases of acute rheumatism. Fomentations or evaporating lotions might be used.

Mr. THOMSON wished to know whether Dr. Macleod had found, in the case he had alluded to, the effusion absorbed under the use of the colchicum; or whether, if absorption had taken place, he ascribed it to the use of other medicines?

Dr. MACLEOD had never employed the colchicum alone. He was a great advocate for the application of leeches. The absorption of the effusion had taken place, but where it had, it was very likely to return.

Dr. COPELAND thought that rheumatism affected the fibro-serous structure, and that it was not to be found in the middle of the limb, and in the muscular substance; therefore, he did not put much stress on Dr. Macleod's distinction. Great attention was necessary to be paid to all the secretions. After purging, moderate depletion, and the use of diaphoretics, he might give colchicum with the best effects. He had not administered more than half a drachm at a time. He believed camphor, the liquor ammon. acet., spiritus ætheris nit., and medicines

of this description, to form the most useful combination with the colchicum. In the mere chronic form of the disease, decided purgation ought to be resorted to, followed by diaphoretics; and then the colchicum combined with ammonia or camphor, or it might be tonic infusions. In all cases where the vascular or nervous systems were inordinately excited, and in all diseases of the chest, of the bronchial linings, and so on, colchicum was to be regarded as a sedative or counter irritant. He wished to know whether the exhibition of colchicum actually increased or diminished the liability to metastasis. Camphor was not to be regarded as a direct stimulant; and as Dr. Webster had not used colchicum in combination with it, his opinion upon it was to be but little relied upon.

Mr. BENNETT looked upon rheumatism more as a disease of the blood than of the solids. The ground of this opinion was, that where no inflammatory symptoms existed rheumatism was found, and the blood decidedly altered, presenting a 'buffy coat.' The frequency of metastasis was likewise to be regarded as a circumstance authorizing that opinion, as well as the great number of cases of hypertrophy of the heart, which were daily to be met with from rheumatism.

Dr. GRANVILLE was happy to find that doctors differed in opinion. Though the colchicum had not been productive of beneficial effects in his own person, yet he had prescribed it with great success. It might, therefore, be useful in some instances, and be of no benefit in others. He had found small doses of calomel combined with antimony extremely useful. A gentleman who had been regularly educated to the profession in France, and who had brought with him to this country every proof of good education, had a fluid, consisting of a sort of oily substance, by the external use of which he pledged himself to remove all rheumatic affections that came under his notice. He invited gentlemen in the profession to give this remedy a trial; he asked for no reward—he merely wished to have its beneficial effects attested by the best authorities; and he (Dr. Granville) hoped the gentlemen would not hesitate to give this newly-invented medicine a fair trial. The gentleman had left his address with Dr. Granville, and it should be communicated to any who wished to give the thing a trial.

Dr. JOHNSTONE could not suppose this gentleman to possess an atom of good feeling to the public, or to have any thing like the principle of medical liberality; or the dignity of the profession at heart, otherwise he would come forward openly at once and disclose the composition of the medicine; that the medical practitioners of the country might have an opportunity of judging of its

qualities, and trying its efficacy. He regarded it as downright quackery.

Mr. Thomson had witnessed the use of colchicum combined with the carbonate of magnesia, in arthritic rheumatism, productive of the most beneficial effects.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF SEVERE LACERATION OF THE UPPER AND LOWER LEFT EYE-LIDS, FOLLOWED BY TOTAL LOSS OF SIGHT.

ESTHER LEACH, æt. 14, was admitted at half-past six o'clock on Tuesday evening, Dec. 16, under the care of Mr. Lawrence. On running hastily out of a butcher's shop, a hook on which meat had hung, caught the lower eyelid, passed over the globe, entered underneath the upper eyelid, and came out at about three-quarters of an inch above the palpebra, making a complete section of the parts, and tearing the upper eyelid from its attachments at each angle of the orbit. The globe was not in the least affected, nor any part of the substance of the eye penetrated. There was considerable swelling of the parts around the eye. He removed two very small specula from the frontal bone, near to the external angle, and thought he felt an additional fracture. The poor girl suffered much from the effect of the light upon the eye, and a great portion of the palpebra, and integuments covering, and around, the eye, were hanging down upon her cheek; she was in great agony. Mr. Burnett prescribed no medicine, simply requesting the nurse to keep a wet cloth over the parts. In this condition the girl remained till nearly two o'clock on the following day, when Mr. Lawrence reached her bed in his rounds through the ward. Mr. Burnett did not think it necessary, from the condition of the edges of the wound, to bring them together, on admission. The inflammatory process that was subsequently to be expected, he conceived, would have been aggravated by such an attempt. Mr. Lawrence considered that injuries of this nature ought to have the most prompt attention paid to them. The edges of the wound, after properly cleaning the parts, ought to have been instantly brought together by sutures, because in his view the inflammation, contraction of the parts, and disposition to slough at the edges, after even a few hours delay, were greatly calculated to lessen the chance of a good cure, or of saving the eye. At this period a sloughing process had affected, if not the whole, the greater part of the edges of the lacerated integuments, still Mr. Lawrence conceived it

so important that union, if practicable, should be effected, that he deemed it right to give the parts a chance. Accordingly he brought them together with eight or nine sutures, after much difficulty, and ordered three grains of calomel and twelve of jalap to be taken immediately, the house medicine in two hours afterwards, and a wet cloth to be kept constantly applied.

18. The left side of the face is much swollen. The eyelids are very black, and the inflammation rapidly extending. Great pain in the parts and head, and exquisite intolerance of light. Tongue white; pulse frequent. The bowels have been freely opened. Mr. Lawrence felt under the necessity of dividing the sutures, and consequently allowing the parts to fall back into nearly the situation in which they were when he first saw them. Ordered an ounce and a half of the saline mixture, three times a day.

19. Suppuration has taken place, and the sloughs of the upper eyelid are separating. The whole face is much swollen and inflamed, particularly the left side. Slept during the night. Twelve leeches to be applied round the eye, and continue the mixture.

21. Suppuration going on to a considerable extent. A small abscess is formed in the left temple, and the patient is very feverish. Apply twelve more leeches, and continue the medicine.

22. Mr. Lawrence opened the abscess, and bloody pus escaped. The cornea has become opaque and shrivelled, the eyelids much the same. Ordered a bread and water poultice.

23. Granulations appear on the edges of the wound. The cornea has sloughed, and a portion of the contents of the globe escaped. Passed a good night, and feels better.

30. Still considerable discharge; the granulations are increasing, and the wound looks healthy. The conjunctiva has suppurated. The surface of the cornea is removed by ulceration, presenting a yellow foul excavation, from which there is a slight discharge.

31. Mr. Lawrence enlarged the opening into the abscess. A very considerable portion of healthy pus, mixed with blood, escaped. Considerable inflammation about the parts.

Jan. 2. The palpebræ, which hung down over the cheek, to be supported by dressings, and a bandage across the socket, in the hope that the granulating surfaces may unite in such a way, as that the defect may be less apparent.

5. The wound is rapidly healing. No pain in it. The entire substance of the cornea seems gone. There is a black ring formed by the iris, in the middle of which

appears a little pupillary opening, and a part of the membrane of the aqueous humour.

From this period the healing process went on, occasionally, however, interrupted by one or two slight accumulations of pus, until about the end of the month, when the patient left the hospital. There was, then, a large granulating surface over the situation of the eye, upon the lacerated integuments, the edges of which have been brought together, so as nearly to conceal the remaining parts of the orbit.

ST. THOMAS'S HOSPITAL.

STRANGULATED FEMORAL HERNIA.

M. B., *ætat.* 65, was brought into Anne's Ward, about four o'clock in the afternoon of Wednesday, February 11th, under the care of Mr. Tyrrell, with a strangulated femoral hernia in the right groin, which had descended, during a fit of vomiting, the preceding night. The tumour was of considerable size. The patient, who had incessant vomiting, and complained of great tenderness of the abdomen, stated, that she had been subject to hernia for a long time, but always before had been enabled to return it herself. On the arrival of Mr. Tyrrell, with whom was Mr. Green, the taxis and freezing mixture having been unsuccessfully applied, an operation was proposed, to which the patient readily assented. The sac was found to contain a considerable quantity of omentum, and a portion of small intestine. The omentum, one or two ounces of which were removed, was adherent, but not discoloured; the intestine dark and thickened. A great many pupils were present, who had assembled for the purpose of attending Mr. Green's Surgical Lecture. The operation, which was well performed, occupied 23 minutes. The patient was put to bed, and ordered warm fomentations to the abdomen,

15 minims of *laudanum* immediately; afterwards,

Calomel, 2 grains;

Opium, one-third of a grain every four hours;

House enema, with 4 drachms of castor oil.

12. Has been restless during the night, but slept a little towards the morning; vomited occasionally, which was slightly stercoraceous. Pulse small and feeble. Continue the *calomel* and *opium*; no evacuation from the bowels; *enema* repeated; a little brandy in the evening.

13. Passed a tolerable night; pulse feeble;

vomiting ceased; *calomel* and *opium* ever six hours; *enema* of compound mixture of *senna*, which again returned; red wine, four ounces; a pint of porter daily.

14. Brandy, 3 ounces daily; pulse 100, soft and feeble; bowels opened three times since yesterday morning; *sago* and *syrup*; no vomiting. The wound presents an unhealthy appearance; complains of great debility, which continued to increase till half-past eleven o'clock this morning, (Sunday,) when she expired.

The body was removed by the friends before any post-mortem examination had taken place.*

ACUTE TETANUS.

David Goodhall, *ætat.* 15, was admitted into this Hospital about 12 o'clock on Tuesday, the 17th of February, 1829, labouring under acute tetanus; the symptoms then present were trismus and opisthotonos, with great rigidity of the abdominal muscles. It appeared, from his own account, that the symptoms had made their appearance four days previous to admission, and the only cause that could be assigned was, a chilblain which had ulcerated immediately over the right tendo achillis, in size rather larger than a shilling. He was ordered by Dr. Elliotson to take half an ounce of the subcarbonate of iron every two hours; *enema*, with three ounces of oil of turpentine, and a pint of decoction of barley, which produced three or four evacuations. Pulse strong, and rather full, varying from 100 to 140.

18. Common *enema*; continue the subcarbonate of iron. Experiences no relief from any thing that has been done; evidently much worse. Expired about half-past eight, p.m.

An examination of the body took place 18 hours after death, when the brain, spinal chord, thoracic, and abdominal viscera, were carefully inspected by Mr. M'Murdo, in the presence of Dr. Williams; nothing, however, was discovered in any of these parts, different to what is usually observed in health.

OPERATIONS, 20TH FEBRUARY.

John Kate, *ætat.* 66, came into the Hospital, under the care of Mr. Green, about five weeks since, with symptoms of stone, which he stated had existed for three years. When placed on the table and sounded, it could be distinctly heard at a considerable distance from the patient. After the skin

* Mr. Tyrrell, however, examined the body after it had been taken from the hospital, and was unable to discover any thing to account for the woman's death.

and cellular substance had been divided, the gorget was applied, but apparently an opening had not been made into the urethra; the knife was therefore again used, and on a second application of the gorget, it was passed with facility into the groove of the staff, and carried onwards into the bladder; the forceps were then introduced, and a stone of large size extracted; but it was ascertained that a second remained in the bladder, this broke into numerous fragments which were removed with difficulty, the scoop having been employed for extracting the smaller portions, and the bladder several times injected with warm water. Mr. Green was perfectly cool and collected throughout the operation, which was necessarily a very tedious one, occupying 59 minutes in its performance. The patient bore it with fortitude, but at the conclusion, was removed from the table evidently much exhausted.

Mr. Tyrrell afterwards operated upon a boy fourteen years of age, from whom a stone of considerable size was extracted. The operation lasted about six minutes.

HOPITAL DE LA CHARITE.

PERFORATION OF THE ILEUM.

In two post-mortem examinations which were lately made under the superintendence of M. Chomel, the intestinal canal was found perforated under very different previous circumstances.

The first case was that of an elderly man, who had been admitted on account of pulmonary disease, with profuse chronic diarrhoea, to which, all on a sudden, violent inflammatory symptoms acceded, and, within a very short time, proved fatal. On examination, the upper portion of the lungs was found filled with tuberculous matter; the mesenteric glands were diseased in a similar manner; the mucous membrane of the small intestines was extensively ulcerated, and, in some places, covered with gangrenous eschars, two of which being detached, the fecal matter had escaped into the peritoneal cavity through the apertures.

The second case was of a young man, *ætat.* 20, of a very robust constitution, who was admitted on the 11th of November. He complained of wandering pains in the limbs, violent headach, loss of appetite, thirst, and great debility; the fever was very high, the skin dry, and hot; tongue foul; breath very fetid; the abdomen free from pain. Emollient injections, soda-water, and spare diet, were ordered. On the following day, the patient having passed a restless night, with occasional delirium,

was bled, and began to take saline mixture. Two fluid stools ensued, but without any alleviation; the tongue became dry, the prostration of strength increased, although the pulse was full and the abdomen free from pain, even on pressure; venesection was repeated, and the internal remedies continued, without any change. On the ninth day of the disease, the patient, who, for some days previously, had profuse mucous diarrhoea, became very agitated; the pulse was very weak and frequent; the countenance expressive of violent pain; the abdomen was tense, tympanitic, very tender, especially in the right iliac region. Emollient fomentations were applied to the abdomen, and mucilaginous potions given internally, but the patient died on the eleventh day.

On opening the peritoneum, a great quantity of fetid gas escaped, the intestinal convolutions were adherent to one another, and a considerable quantity of serum mixed with purulent matter, was effused over the lower part of the intestinal canal. The ileum, about ten inches from the ilio-sacral valve, presented an ulceration of an inch in diameter, in the centre of which its coats were perforated. The mucous membrane of the small intestines was covered with minute ulcerations, which were most numerous towards the sacrum, and, in many places, evidently passing into gangrene. The ilio-sacral valve was injected, and coated with purulent matter; the sacrum exhibited a few isolated ulcerations; the colon and rectum were violently injected.—*La Clinique.*

GLASGOW ROYAL INFIRMARY.

SCIRRHUS—EXTIRPATION OF THE EYE.

JAMES BENNIE, aged 50, entered the Hospital, February 9th, under the care of Dr. Couper. At the outer canthus of the right eye a small tumour was situated, which, on pressure, felt as hard as cartilage. The patient said it was the seat of severe lancinating pain, which sometimes also extended over the forehead. In its centre there was an ulcerated opening, from which curdy pus was discharged. The surrounding integuments were of a dull red colour, and the palpebræ could be separated with difficulty, only to a very small extent, exposing within, a white, opaque, and irregularly rough surface.

The disease had commenced five years before, in the form of a pustule, which afterwards broke, and left behind an irritable sore. This extended by degrees, so as to encroach upon the ball of the eye, which gradually decayed. Vision had left the eye

twelve months before, and, at the commencement of this period, he first observed the tumour, which had become much larger and more painful since an attack of fever three months before his admission into the hospital. His health was pretty good, and none of the glands of the face or neck seemed affected. For some slight acidity in his stomach, he was ordered a scruple of rhubarb and magnesia, with three grains of ginger.

10. Dr. Couper examined the patient to-day, and having done so, he turned to the students and said, "that the removal of a disease of such long standing, and obvious character, by internal treatment, was altogether hopeless. Nothing but the entire removal of the diseased mass could afford any chance of recovery." A consultation was therefore called.

13. The patient was informed, that the medical officers were of opinion, his only hope of recovery rested on his allowing the diseased substance to be removed with the knife, and that it would not only be necessary to take away the tumour, but also the remains of the eye. To this, after some slight objections, he consented.

15. Dr. Couper began the operation by removing the tumour, along with the portion of the palpebra, by which it was covered, and to which it was firmly adherent. A small vessel sprung at the outer canthus, which, however, did not require a ligature. The remaining portion of the upper eyelid was now detached from its connexions with the eyeball, as well as the lower. The eye was then taken hold of by the forceps, and the muscles cut through by the curved scissors usually employed on such occasions. The eye was in this way extirpated without much difficulty. Immediately afterwards, whatever diseased substance could be felt, was removed. The portion of the frontal bone situated at the outer canthus, seemed a little softened. The outer portion of the wound was secured by a suture, and a pledget of lint inserted into the now vacant space caused by the removal of the eye. The tumour, when examined, was evidently of a scirrhous structure. The eye was also affected with the same disease. As the patient complained of severe pain after the operation, he was ordered 60 drops of laudanum.

On the same day Dr. Couper removed a large warty tumour from a man's back, Mr. Cowan likewise operated for harelip, on a child.

GONORRHOEAL OPHTHALMIA.

John Watt, a stout young man, aged 26, was admitted on the 10th December, by Dr. Couper, with gonorrhoeal ophthalmia. The palpebrae were much swollen, and of a

purple colour. The conjunctivæ were darker than natural, considerably distended, and poured out a large quantity of tenacious yellow matter. The corneæ appeared to be lucid, but this, from the uneasiness which examination gave the patient, and the parts being obscured with the discharge, could not be ascertained with any certainty. He complained of severe burning pain in the balls of both eyes, occasionally extending round the orbit. Its severity was much increased during the night, or when exposed to the light. His pulse was 108.

A month before his admission, he contracted a gonorrhoea, for which he used various remedies, with relief. In a fortnight the discharge from the urethra was lessened, but twelve days since he felt a slight itching in his eyes, which gradually became more severe, accompanied with heat, and an acrid discharge. Two days after this occurrence, his eyelids became swollen, and the discharge more of a purulent character. He had used washes without any benefit. There was still some slight discharge from the urethra, which, however, was unattended either with heat or pain. The eyes were ordered to be frequently washed with tepid water, the conjunctivæ scarified, and eight leeches to each temple. He was also desired to take two ounces of the sulphate of magnesia immediately, and the next morning to drop into the eyes a solution of the nitrate of silver.

11. The state of the eyes was nearly the same, and similar treatment continued. The leeches and scarifications were to be repeated.

12. The pain was somewhat diminished, but the purulent discharge still remained profuse. His pulse was 110. A blister was ordered to the neck, and the solution of the nitrate of silver continued.

13. The blister caused him considerable uneasiness, to which he attributed his want of sleep. He complained most severely of the left eye; neither corneæ were visible. Pulse 90; ten leeches were ordered to the left temple, and every night an anodyne draught.

15. The pain and tumefaction were considerably diminished; the discharge was also less. There was much ecchymosis of the conjunctivæ, but no ulceration of the corneæ could be detected. The discharge from the urethra, though slight, still continued. He was desired to discontinue the solution of the nitrate of silver, and to use a collyrium of one grain of the muriate of mercury, dissolved in six ounces of rose water, three times daily. He was also ordered the vinum opii, and his other medicines to be continued.

Jan. 1, 1829. The pain and inflammation, since the last report, had been gra-

dually diminishing, but the sight of the left eye was completely gone, and with the right he could only distinguish between light and darkness. The blister that had been applied to the neck was kept open, and the muriate of mercury was increased from one to two grains, dissolved in the same quantity of water. A blister had also been applied to the right temple, which was kept discharging by means of the savine ointment. To-day, the sensibility being considerably diminished, the eyes were examined; the left cornea appeared shrunk, and altogether unfit for the purposes of vision. The right, excepting one small space in its centre, was covered with pale granulations. He was ordered to omit the lotion, as well as the vinum opii, and to drop a little of the following, three times daily, into his eyes:—

R. *Lap. infern. gr. xxx.*;
Aqua, ℥vi.;
Vin. opii, ℥ss. Solve.

He was also desired to smear his eyelids at bed-time with the unguentum hydrargyri nitratis.

17. The discharge had ceased. With the right eye he could distinguish large objects, placed between him and the light, and with the left, light from darkness. He complained of weakness. The vinum opii was again ordered to the eyes, and a pill, containing one grain of sulphate of quinine, with three of the extract of cinchona, twice daily. He was also allowed half a bottle of porter.

Feb. 14. Vision remained nearly the same, and as he was making little or no progress towards recovery, he intimated his intention to-day of leaving the hospital. Dr. Couper desired him to be particularly careful of his health, and to continue the use of the vinum opii. He gave him some hopes, that when the inflammation had entirely subsided, the right eye might afterwards, by stimulating applications, be somewhat improved.

POPULAR FEELING FROM THE LATE DISCLOSURES AT EDINBURGH.

A SHORT time since, a woman called on Dr. RAMADGE of Ely Place, to consult him on some complaint, for which the doctor ordered her to be cupped, and desired her to apply to Mr. Knox, in the Adelphi. Two days after the woman called again on Dr. Ramadge, but had not been cupped; she was again desired to go to Mr. Knox, who, she was told, would operate gratuitously, as he was cupper to the Infirmary of which Dr. Ramadge is physician. The woman shortly after made a third appearance, still

without having been cupped. She was now closely questioned as to her reason for not following the physician's advice. "Sir," said she falteringly, "I am afraid to call on Mr. Knox."—"But why, my good woman; Mr. Knox will cup you extremely well."—"Yes, Sir, I have no doubt of that; but I am afraid he is some relation of Doctor Knox, the Scotch gentleman, and that he will make a subject of me; and, if you please, I'd rather not go."

POPULAR FEELING FROM THE LATE TRIAL.

A MAN went to Bartholomew's a few days ago, complaining of hydrocele, and was placed under the care of Mr. EARLE. He was told he would soon be cured; and on Saturday last, was desired to go into the operating theatre, where it was intended to tap him. When he arrived, the theatre was crowded to excess, and the first object that attracted his attention was Mr. Earle standing by the table, with a trocar in his hand ready to operate. "Oh!" said the patient, "is this it? No, my lads; I have heard of that Barnaby Cooper's operation for the stone, in the Borough, and you don't take any stone from me, depend on't; besides, my friends don't know where I am." And having thus expressed his determination, he bolted, amidst the loud laughter of the pupils. A chimney-sweeper was waiting just by, to have a cancer of the scrotum removed; but on seeing the other man make so hasty an exit, he took to his heels in the same manner, and was no more seen or heard of. The retreat of the sweep excited renewed laughter, and Mr. Earle exclaimed, "That trial has played the devil with our operations!"

BOOKS RECEIVED FOR REVIEW.

Aneurism, and its Cure by a New Operation, dedicated, by permission, to the King. By James Wardrop, Surgeon to his Majesty, with engravings; pp. 117. London, Longman.

A General, Medical, and Statistical History of the present Condition of Public Charity in France; comprising a Detailed Account of all Establishments destined for the Sick, the Aged, and the Infirm, for Children and for Lunatics, with a view of Pauperism, its Suppression, &c. By David Johnston, M.D., F.R.C.S.E. pp. 605. Edinburgh, Oliver and Boyd.

A New System of Treating the Human Teeth; explaining the Causes which lead to their Decay, and the most approved Methods of preserving them, &c., with an Account of

a Discovery made by the Author for the Cure of Toothach, and Tic Dououreux. By J. Paterson Clark, M.A., Dentist. pp. 163. London, Longman.

The Influence of Physical Education in producing and confirming, in Females, Deformity of the Spine. By E. W. Duffin, Surgeon. pp. 132. London, George Swire.

A Treatise on Diseases of the Chest, and on Mediate Auscultation. By R.T.H. Laennec, M.D. Translated from the latest French Edition, with Notes, and a Sketch of the Author's Life; with Plates. By John Forbes, M.D., &c. Third edition, revised, with additional Notes. pp. 136. London, Underwoods.

A General Exposition of the Present State of the Medical Profession, in the Metropolis especially; with a Plan for its Amelioration, and Remarks on the Obstructions to the Study of Human Anatomy. By Alexipharmicus. pp. 17. London, William New.

The London Pharmacopœia, with a literal interlinear Translation, for the Use of Medical Students, more especially those preparing for Examination. By Timothy Pollock. M.R.C.S. and Lic.A.C. pp. 216. London, J. H. Burn.

Illustrations of the Atmospherical Origin of Epidemic Disorders of Health, and of its Predisponent Constitutional Causes, with Remarks on their Prevention, Mitigation, and Cure, by Change of Air, Diet, &c., with popular Rules for observing Fasting and Abstinence, with Benefit, instead of Injury, to the Constitution. By T. Forster, M.D., F.L.S., M.A.S. pp. 216. Chelmsford, Meggy and Chalk.

Analytic Physiology, treating of the Cure of Nervous Diseases, by External Applications to the Spine. By Samuel Hood, M.D., A.B. Second edition; pp. 207. London, Whittaker.

Cases of Mental Disease, with Practical Observations on the Medical Treatment; for the use of Students. By Alexander Morrison, M.D. pp. 164. London, Longman.

An Exposure of the Present System of obtaining Bodies for Dissection, and a more consistent Plan suggested. Addressed to the Legislature, and to the Medical Profession. By Medicus. pp. 15. London, Limbird.

The Principles and Practice of Education, as introduced at Dr. Duncan's School. A Lecture, delivered by J. De Prati. pp. 26. London, Taylor.

Dissection (as it is generally practised) contrary to Nature, Revelation, and the

Interests of Science: being the Substance of Three Letters to a Friend, occasioned by the late Disclosures made in the High Court of Justiciary, at Edinburgh. London, Geo. Foster.

A Manual for the Use of Students preparing for Examination at Apothecaries' Hall. By John Steggall, M.D. M.R.C.S. Lic.A.C. pp. 200. London, Anderson.

The Manual for Invalids. By a Physician. pp. 368. London, Ball.

Dedicated to the Duke of Wellington.—A Treatise on the Varieties of Deafness, and Diseases of the Ear, with methods of relieving them. By William Wright, Esq. Surgeon-Dentist to her late Majesty Queen Charlotte, and to his Grace the Duke of Wellington.

A Synopsis of Modern Medical Jurisprudence, Anatomically, Physiologically, and Forensically illustrated for the Faculty of Medicine, Magistrates, Lawyers, Coroners, and Jurymen. By J. S. Forsyth, Surgeon, &c. pp. 600. London, Benning.

Lexicon Pharmaceuticon, or a Pharmaceutical Dictionary, comprehending the Pharmacopœias of London, Edinburgh, and Dublin, with a variety of other useful information relative to Medicine and Pharmacy; designed expressly for the use of Students. By Thomas Castle. The Second Edition, with an additional Appendix of the New Remedies. pp. 354. London, Cox.

Letters on the Study and Practice of Medicine and Surgery, and on topics connected with the Medical Profession; addressed to Students and Young Practitioners, Parents, Guardians, and the Public in general. By James Wallace, Assistant-Surgeon R. N. pp. 210. Glasgow, Griffin.

Preparing for publication, The Study of Medicine. Third Edition. By John Mason Good, M.D. F.R.S. F.L.S., containing all the Author's final Corrections and Improvements; together with much additional modern Information on Physiology, Practice, Pathology, and the Nature of Diseases in general. By Samuel Cooper, Surgeon to the King's-Bench and Fleet Prisons; Surgeon to the Forces; Author of the Dictionary of Practical Surgery, &c.

TO CORRESPONDENTS.

The letter of "Veritas" arrived too late for insertion in this Number, but shall appear next week.—Mr. Grainger and Mr. Pilcher are unremitting in their endeavours to promote the welfare of their pupils. Every Borough Student who is desirous of acquiring a knowledge of anatomy, should attend the Webb-Street School.—Other correspondents as soon as possible.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, MARCH 7.

[1828-9.

LECTURES
ON THE
DISEASES OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

LECTURE XVIII.

Of the indolent Scirrhus of the Uterus.

IN the same manner as there is much variety in the features of the face, so also there is much variety in the make of the os uteri in different individuals. In some women the os uteri is very small, firm, and flat; in others, again, very large in its size, and soft and projecting: sometimes, in those who have borne children especially, the aperture which leads into the uterus is so capacious, that one or two fingers may pass it; and sometimes it is so small, that you can scarcely ascertain its existence, except by carrying up some instrument, such as a blunted probe, for example, and which may generally be slipped into the uterine cavity: in the general, the surface of the os uteri is tolerably smooth, but not always, for a sort of inequality may be felt, sometimes arising from rugosity of the inner membrane investing these parts, and sometimes, perhaps, from lacerations of the uterine substance, which have occurred during parturition.

Of the os uteri, there are three forms which are most frequently observed in practice, the one the flat os uteri, the other the os uteri formed into a rounded tubercle, and penetrated by a circular aperture; the third the os uteri projecting like a tubercle into the vagina, and divided by a transverse fissure, (for the fissure never stretches from before backward,) so as to become separated into an anterior and posterior lip.

To illustrate these points, I may now circulate the preparations before me; and you have here a specimen of the tubercular os

uteri, in form opposed to that flattened os uteri to which I before referred.

In the preparation which follows, the flat os uteri is well demonstrated, the mouth, in both cases, being perforated by circular apertures.

Here is a third preparation, exhibiting the transverse fissure with the labella, the one anteriorly, the other behind.

Next follows a specimen of the os uteri in a state of rugosity, free, however, from the changes of serious disease.

In the preparations which follow, may be seen specimens of the large os uteri and the small, with the capacious and with the contracted aperture, the last being more especially deserving of attention, because, the aperture being overlooked altogether, the oversight may give rise to strange mistakes respecting the nature of disease.

Scirrhus.

Among the various diseases to which the womb is obnoxious, not the least important is the indolent scirrhus; and of those cases of scirrhus there are three varieties, the knowledge of which is of practical importance to the accoucheur. In scirrhus of the womb, we sometimes find that the whole substance of the uterus, together with the parts of the vagina which lie contiguous, are involved in a scirrhus disorganisation of the *diffused* kind, spreading itself equally in all directions through the uterine substance, and under this diffused scirrhus disorganisation the uterus may enlarge gradually and greatly in its size. At first, perhaps, it becomes as large as the pullet's egg; then big as the closed hand; afterwards bulky as the child's head; and, ultimately, as large as the womb, at the end of a nine months' pregnancy, or even larger than this, as you may see in the preparation before you. In other cases, again, in place of this diffused scirrhus, the parts are assailed with a scirrhus of the *tubercular* kind; and here, perhaps, in the first formation of the disease, the general structure of the uterus is perfectly healthy to all appearance, but embedded in its substance are the tubercles, sometimes fewer, sometimes more nu-

merous, ten or twenty in number, or perhaps not more than one or two. At first these tubercular scirrhi are not larger than peas, but within limits they may enlarge very considerably, so that when the tubercles are numerous, the womb, in this variety of the disease, may become as large as in cases of diffused scirrhus, as indeed the preparations before you demonstrate. There is yet a third variety of this affection, and which, in practice, it is necessary to distinguish from the two former, and it is that in which you have a *single tubercle* only, or only one or two tubercles of large size, the rest, if any, being of diminutive bulk, so as to have but little influence over the symptoms of the disease. When the large tubercles are few, or single, they may be variously seated in different cases, on the fundus, the mouth, the front, the back, the sides, the womb sometimes enlarging exceedingly under this form of the disorder, indeed no less so than in the two preceding varieties.

In these cases of single tubercle, very much depends upon the seat of the disease. If the indurated mass be growing from the fundus of the uterus, or laterally, it may occasion but little inconvenience, but it may distress the patient much when seated in front or posteriorly, as in these situations, more especially if it lie low in the pelvis, it must urge and distress either the bladder or intestine, so that the patient and the practitioner are led to suspect a variety of diseases, as, for example, hæmorrhoids, cancer of the rectum, ascarides, calculus, strictures of the urethra, irritable bladder, and many other affections, of which the enumeration would be tedious.

Here, then, are three varieties of the disease, all, perhaps, essentially the same, but, in a view to practice, all properly distinguished from each other—the diffused scirrhus, the scirrhus with many tubercles, and the scirrhus in which the tubercles are few. And to this let me add, that in all the three varieties of the disease, but in the diffused scirrhus more especially, it is not to the womb only, or to the womb and the vagina, that the disease is confined, for it not unfrequently happens, that, together with these parts, the ovaries, the tubes, the bladder, the rectum, nay, in rarer cases, the liver and lungs themselves, are involved in the disorganisation; understand further, that the disease is more likely to prove topical when it takes the form of tubercle, and more frequently spreads over the parts contiguous, when it appears in the diffused variety. Let us now observe the illustrative preparations.

Here is a specimen of the os uteri beginning to enlarge, under the diffused scirrhus.

Here is another specimen of the disease, in which the scirrhus change is of the diffused kind; the surface of the uterus, you may observe, is rounded, and very smooth and equable, very different from what we observe in cases of tubercular scirrhus in the advanced stage, for in them the uterine surface becomes irregular and tuberosed, bumpy, if I may be allowed a coarse but intelligible and significant expression—a state of tumour which is the rather deserving of your notice, because it is very strikingly characteristic of the disease.

The specimen which I next exhibit, is of single tubercle growing from the posterior surface of the uterus, and which would have ultimately troubled the patient much, by bearing on the rectum and the parts adjacent.

The preparation which follows, is a specimen of many tubercles; the disease is here in the incipient stage, but the womb must, at length, have enlarged to a great bulk, if the patient had lived sufficiently long.

Here is a specimen of a solitary tubercle of great bulk, formed on the womb anteriorly, and close by it stands a beautiful specimen of the diffused scirrhus disorganisation of a rounded and equable form, the whole mass being about as large as the womb at the end of a pregnancy of four months.

Here is a specimen of the diffused scirrhus action, presented by my friend Mr. Workman, of Reading; it has acquired the size of a nine month ovum. In this case there was a sort of fungous growth pushing forth into the vagina, and giving rise to very frequent and copious bleedings, under which the patient eventually sunk. The next specimen is an interesting example of polypus concurring with the scirrhus disorganisation; and this leads me to make another remark respecting the morbid anatomy of the parts, which is, that in scirrhus the disease may consist of scirrhus merely, or of scirrhus in conjunction, with polypus, fungus, or other affections, in themselves more or less formidable, though these combinations are by no means very frequent. In the preparation circulated, you may also observe that the state of the os uteri varies much in this disease; it may be large or small, or with contracted, or with capacious opening, or with induration, or with softening; so that, although a scirrhus of the os uteri, and of the vagina, is a strong corroboration of the real existence of reputed scirrhus in the parts above; the contrary is not certain; and we must not hastily infer, because the mouth of the womb is healthy, that, therefore, there is the same soundness in the parts of the womb which lie above.

Of the Characters of Indolent Scirrhus of the Uterus.—The characters of scirrhus uterus are conveniently enough divided into those which manifest themselves when the disease has been of long standing, and the womb has acquired a large size, and those characters which are observed in the earlier stages of the scirrhus disorganisation. Now you will sometimes find patients coming to you with abdomens as large as if they were in the end of pregnancy; but, on a little investigation, they tell you that they have been labouring under the disease for years—a clear proof that the enlargement is not from gestation, for with extra-uterine pregnancy it is scarcely worth while to embarrass ourselves here. On further inquiry, you discover that it is not in the upper but the lower part of the abdomen that the disease was originally seated; and, therefore, that the intumescence does not arise from an enlargement of the spleen, liver, or omentum, but of some part below; probably, therefore, the womb or ovaries, for an overgrowth of the kidney is exceeding rare. You will find, too, if you examine with great care, that the tumour is lying in the place of the gravid uterus in the general, not obviously inclining more to the one side than the other side. If the disease be of the tubercular kind, and of many masses, the uterus will have the tuberoso form and feel; and if it be a diffused scirrhus disorganisation, as in Mr. Workman's preparation, then the feel of the uterus will be precisely the same as it is at the end of pregnancy, except that it is harder. Well, then, if you find in the abdomen a tumour hard, circumscribed, of years' standing, and which, therefore, cannot be referred to pregnancy, you may be pretty well satisfied that it is from gestation; and this opinion will acquire additional strength, provided you learn that the tumour formed originally in the region of the pelvis, and that it still lies centrally in the region of the gravid womb. Tuberosity of the swelling is a useful corroborative diagnostic, but a smooth and equable surface is no disproof of the disease. An indurated os uteri is a valuable sign of scirrhus, but the womb may be scirrhus, although its mouth be sound.

Patients labouring under scirrhus of the uterus, will sometimes call upon you much earlier; when the tumour is not bigger than the foetal head, for example, in which condition it may produce many distressing symptoms, although the tumour may not be very obvious to the touch. Now, in these cases, perhaps the patient tells you that there is a great deal of bearing, as if the interior would push forth; and she adds, perhaps, that she has no small irritation in the bladder, and pains of the hæmorrhoidal kind; and there may be rip-

ping or lancing pains along the limbs, though these are not common; and there may be a want of muscular power in the legs, with numbness, and other marks of pressure upon the nerves. As the inquiry proceeds, perhaps you are told that there is some swelling seated above and behind the symphysis pubis, perceived as the patient lies in bed, compared, perhaps, to the foetal head, or to a melon. Now when you meet with one of these rounded tumours in the region of the bladder, combined with irritation of the rectum, and bearing, and the other symptoms enumerated, you may always entertain a strong suspicion, that the patient labours under the disease we are now considering; but it is by examination, and by examination only, that the affection may be made out with certainty; and where the importance of the inquiry is deemed sufficient to counterbalance the inconvenience, you ought to proceed exactly in the same manner as in investigating a reputed pregnancy of four months, but directions on this point I shall presently communicate. If you feel the uterus hard and round, and large as the foetal head, there can be little doubt respecting the nature of the affection; if this mass be tuberoso, the proof is still more decisive; and if the os uteri is hardened, or if the vagina be thickened and indurated, as you may observe in the preparations sent round, there can be little doubt as to the real nature of the disease. Remember, however, that you must not decide too hastily, and you must not infer that you have a scirrhus of the uterus, merely because the uterus is enlarged, for this enlargement may arise from a pregnancy of four months, not always disclosed to the practitioner; it may arise, again, from a pregnancy of seven or eight months; and then the abdominal muscles, and the uterus, being very thin, you may feel the head with considerable distinctness, and may mistake this for a scirrhus womb.

Let me add, too, that in some of these cases the womb prolapses a little, and no os uteri can be felt as such, the aperture being more contracted than ordinary; and, in such circumstances, if the uterine enlargement be inconsiderable, the case may be mistaken for a chronic inversion, an error of which I have seen two instances. Errors like these, however, imply a want of due skill, or due attention in the practitioner. A blunted probe may, in these cases, be passed into the uterine cavity. If, however, you bear these errors in mind, and if you examine with due care, repeating the investigation, if necessary, at the end of one or two months, provided you possess the requisite dexterity, your diagnosis may, I think, generally be established, and with certainty enough.

In all varieties of the disease, whether of

single tubercle, of numerous tubercles, or of scirrhus of the diffused kind, there may be mucous discharges or flooding, or occasionally a regular flow of the catamenia. Frequently there are inflammations of the scirrhus mass; sometimes there are ulcerations, but I add with satisfaction, that those ulcerations, always formidable, *are by no means frequent*. Occasionally, the urine is retained, and this, in cases of the tubercular scirrhus, especially where the growth is in front; occasionally violent spasmodic pains are felt in the uterine region.

Treatment.—The treatment of this disease, so far as it admits of that which is useful, may be dismissed in very few words, for, in truth, there is little to be done; yet some remarks may be made with advantage. And, first, I should dissuade you from having recourse to any very active remedies, in order to occasion an absorption of the scirrhus deposit. Iodine may be thought of, but much purging, copious doses of mercury, conium, and other remedies of the active kind, should not be employed in this view; for there is no reasonable hope whatever of removing the tumour in this manner, and if you injure the constitution by this rough practice, you leave the patient worse than you found her. Although, however, you may lay it down as a rule, that you have it not in your power *medically* to produce an absorption of the scirrhus matter; yet there seems to be little doubt, that such absorptions may occur spontaneously. By a very excellent writer and practitioner, Dr. Clarke I mean, a case of double tubercles is recorded, in which the masses wasted away, and the patient died under another disease, when, upon examining the uterus, there were the traces of the tubercles still to be seen, so as to prove clearly their previous existence in larger bulk. This shows, that now and then the natural power is capable of accomplishing an absorption of the deposited matter; an encouraging fact, though certainly of very rare occurrence. Let me add further, that with scirrhus of the uterus in its less extensive forms, impregnation is not impossible; and as the whole absorbent system is developed in the uterus by gestation, and afterwards excited powerfully on delivery, perhaps, now and then, a removal of the scirrhus material may be effected in this manner; and I once met with a case which, to me, appeared to be of this kind, but as it occurred in my earlier practice, and was not investigated with sufficient nicety, I would have you receive it as apocryphal; for I should be sorry to add to the huge and cumbersome mass of pseudo-phenomena with which the whole healing art is overwhelmed. What you are to do, therefore, in cases of this sort, will turn principally on palliation, and

leeches, fomentations, and the antiphlogistic plan of the milder kind, may be proper when inflammatory symptoms occur; but where there is this extensive disease in the abdomen, I would not advise you to bleed largely from the arm. If there is, as sometimes will be, much spasmodic pain in the uterus, leeches and fomentations, and abdominal poultices, may be looked upon as useful palliatives; and after these have been premised, you may have recourse to anodynes, either taken into the stomach, or used in the form of a suppository. Above all, when there is much irritation of the bladder and rectum, I would recommend you to ascertain whether the enlarged uterus is retroverted or prolapsed, for this is sometimes the case. The uterus prolapsing, may descend a great way towards the orifice of the vagina, and may in that manner obstruct the bladder. Where this occurs, perhaps a pessary should be introduced, at all events the uterus should be passed above the brim of the pelvis, and after this operation has been performed, the urinary passages may become pervious, so as to render the use of the catheter easy, or perhaps unnecessary. When the womb is retroverted, you may empty the bladder and replace the uterus in the same manner as in the retroversion of pregnancy, an operation which has already been explained at large. In the general, remember that the less we interfere with indolent scirrhus of the uterus, the better it is for the patient, and, above all, beware of salivations.

Prognosis.—The prognosis of this disease you may look upon as favourable upon the whole; for though it rarely happens that women are cured of this disease, yet it is not, I think, often, that it speedily destroys life; so far, therefore, the prognosis may be deemed very favourable, compared with that of many other diseases of disorganisation. But although this disease does not commonly destroy life, at least in a short space of time, it greatly inconveniences patients by its bulk, its weight, and the displacement of the womb by prolapsus, retroversion, and pressure of the enlarged uterus upon the nerves and other parts. In some cases, too, the patient becomes obnoxious to floodings, particularly if there is a fungous growth, and these floodings may shorten her life. Occasionally too, inflammations occur, indeed they are by no means uncommon. Sometimes, *though rarely*, I believe, malignant ulcerations manifest themselves, and by them she may be destroyed. Add to this, that the disease may spread into the bladder, rectum, or parts adjacent; and I have known it lay open the rectum into the peritoneal sac, the faeces entering there, and suddenly destroying the patient with collapse, as from internal hæmorrhage. The body was inspected after

death. Remember, too, that the disease may be accompanied with other affections, as polypus, or spongy or fungous growths, well supplied with blood, not to mention the concurrence of hepatic tubercles; so that, on the whole, though the prognosis is favourable, and though the patient is not generally destroyed, or, at least, not speedily by this disease, which may be long protracted; yet it is not without great evils, and now and then the patient perishes unexpectedly by floodings, by ulcerations, by openings into the rectum, and occasionally, perhaps, by the extenuation of inflammations.

In scirrhus of the uterus, so long as the symptoms are not urgent, so long it is scarcely fitting to expose the patient to the inconvenience of examination; but should it be deemed necessary in doubtful cases to investigate thoroughly the state of the disease, a manual inquiry must then be made. It is true, indeed, that such surgical operations may be by no means agreeable to the feelings, but circumstances may be urgent, and it may be necessary to submit. And we will, therefore, in closing the Lecture, give a little further attention to this subject, commencing with the consideration of those cases in which the disease has made considerable progress.

When a patient is labouring under a reputed uterine scirrhus of long standing and large bulk, one of the first points to be determined is, whether the abdominal bulk arise from air, water, adeps, or a diseased growth of the viscera, or from two or more of these causes combined. Gaseous enlargements are elastic, and yield exceedingly under well-directed pressure, and may be readily urged from one part of the abdominal cavity to another. The enlargements of dropsy may, in general, be recognised by fluctuation, more obvious when the fluid is in the peritoneum, more obscure when it is encysted, whether in the bladder, ovary, or the womb, distinguishable, however, in most cases, unless the sac be unusually thick. Adipose enlargements are not confined to the abdomen generally, but affect equally all parts of the body, and may, therefore, be easily recognised; so that if on examination we find a large abdomen, firm, hard, and unyielding, and not to be attributed to accumulations of water, air, or adeps, there is good reason for believing that the intumescence is arising from some solid growth; the abdominal mass consisting of solid material only, or of some large solid substance, in which a fluid may lurk.

Again. When satisfied from examination that the abdominal intumescence arises from solid growth, we ought next to ascertain whether this growth be seated in the upper part of the abdomen or inferiorly. In women, solid enlargements of the liver,

spleen, or omentum (unless adipose) are not common; yet, when they exist, lying in the superior and middle regions of the peritoneal cavity, they are very readily distinguished by their firm, hard, and unyielding character, and by our being unable to make a deep depression when the hand, applied in the region of the hypochondria, below the margin of the ribs, is pressed perseveringly towards the spine. Should the swelling be uterine and scirrhus, of course it will occupy the lower and middle parts of the abdominal cavity, not reaching the pit of the stomach till the disease is advanced to its last stages; and hence, on pressing the parts which lie in the scrobiculus cordis, we shall find that they yield readily under the action of the hand, dexterously applied, while the central parts, and those below, possess an unyielding solidity, even firmer than that which is produced by gestation. It being ascertained, then, that there is a solid enlargement in the lower and central regions of the abdomen, it still remains to be known whether this growth be uterine or ovarian, or a combination of the two affections, a point which, in some cases, it is not very easy to decide. In general, however, when the enlargement is uterine, the mass will be found to lie equidistant between the wings of the ossa innominata; but should the intumescence chance to be ovarian in its nature, then, on careful and dexterous investigation, it will, I believe, in most instances, be found lodging more upon the right side than the left. Thus, then, by examining manually, we may, in most instances of scirrhus uterus, ascertain that there is a large solid growth in the uterine region, of many years' standing, as we learn from the patient; and where this is the case, there can be but little doubt that this enlargement is of the nature of an indolent scirrhus. It must be admitted, however, that the proof is not decisive, as, not to mention pregnancy, the womb may, perhaps, enlarge from other causes; but these are of rare occurrence, and I think I may add, that, in the present state of knowledge, these would not prove of much practical importance. If large tubercles can be felt through the abdominal covering, this will greatly help the diagnosis; if the mouth of the womb and the vagina feel scirrhus, there can be little further doubt. Scirrhus of the womb and of the ovary may be combined. By emptying the bladder and lubricating the abdomen, and placing the patient recumbent, and relaxing the abdominal muscles, the investigation may be much facilitated. The whole inquiry, however, requires tact.

But what is to be done in those cases in which we are called upon to decide respect-

ing the existence of uterine scirrhus, in the first stages of its supposed formation, when, for example, the mass is no larger than the head of the fœtus? Why, in cases of this kind, the bladder previously suffered to become distended, may immediately, before the examination, be emptied of its contents, in order that the abdominal muscles may become more completely relaxed; and then the patient may be placed on the left side, in the ordinary obstetric position here demonstrated, and one or two fingers of the left hand may be laid upon the mouth of the womb, while those of the right are applied immediately above the symphysis pubis, in the region of the bladder, where the upper hemisphere of the enlarged uterus may be felt; so that the womb being interposed between the two hands, its bulk and firmness may be ascertained with nicety. In rarer and anomalous cases, the index of the left hand may be placed in the rectum against the back of the scirrhus uterus, while the thumb is resting on the uterine mouth; and the right hand being applied, as before, above the symphysis, the state of the womb may be investigated even with greater exactness than before. By these means, a competent and dexterous examiner may almost always ascertain whether the womb is enlarged or not, and the more easily if the patient have borne children; and if, as often happens, in cases of scirrhus, there has been more or less wasting of the flesh. In making these examinations, if tubercles are felt through the abdominal coverings—or if the os uteri be large and hard—or if the vagina be scirrhus, of course in this, as in the former case, these diagnostics are of no small importance in marking the character of the disease. In doubtful instances, the bulk of the uterus may be registered after a first examination; and a second inquiry may be instituted some two or three months after the first, so as to ascertain what is of no small importance in the diagnosis—I mean, whether the enlargement be tardy or rapid in its growth. In cases of this kind, it is not to be forgotten that the uterus may enlarge, not from scirrhus merely, but from a pregnancy of four months—from hydatids—from mole—from polypus—and further, that an incompetent investigator may feel the head of a fœtus, mistaking this, perhaps, for a large and scirrhus uterus, for of this error, as observed before, I have seen two examples. Remember, however, that if the enlargement is from a pregnancy of four months, or from hydatids, it will increase rapidly—if from the head of a six or seven month fœtus, the case will be speedily developed by delivery; or if, lastly, it depend upon mole or polypus, sooner or later

these substances will most probably be expelled; and, in the mean time, if we follow the treatment before advised, our error will lead to little practical inconvenience. Recollect that affections may be combined, and uterine scirrhus may be associated with polypus, pregnancy, and various affections of the ovary, to be considered hereafter; and let your opinions be given, not indeed with the mean and paltry reserve of ignorance, aping knowledge, but with that philosophic caution which the essential obscurity of the case may require. Gross errors are sometimes committed in these matters, but these are frequently rather to be attributed to the artist than the art. We ought not, however, to undervalue our brethren, merely because they fail in this part of obstetric knowledge; a man may be a well-informed, judicious, and, of course, a very valuable practitioner, and yet he may not have been in the way of acquiring that nicety of tact, which alone can give worth to his opinions in inquiries of this kind. (Dr. Blundell here gave the demonstrations.)

LECTURES

ON

MUSCULAR ACTION, AND ON THE CURE OF DEFORMITIES.

By MR. SHELDRAKE.

On Artificial Muscular Action, and its Uses.

HAVING endeavoured to show what muscular action, involuntary and voluntary, is, I shall now proceed to treat of artificial muscular action; by that term I understand muscular action that is effected by some external agent, without any participation, or effort, being made to assist it by the person whose muscles are acted upon; but, to render it really useful, it is indispensably necessary, that the person whose muscles are acted upon should make no resistance, or effort of any kind, nor in any way counteract those exertions which are made by the operator who undertakes to direct the use of this exercise.

The discovery, if it deserves that name, of this practice, and the beneficial effects that I have been, for many years, able to produce by it, I made by reflecting on one of the observations of John Hunter,* and, acting upon that observation, till I acquired the power of curing distortions of the feet; of these, several remarkable cases have been

* See THE LANCET, No. 268.

inserted in the last volume of *THE LANCET*. As I have practised this treatment with very great success, and very extensively, for more than forty years, and many of my early patients are still living, in good health and in the full possession of their natural forms, no doubt can now be entertained of the efficacy and the value of that discovery. In this practice I have made important improvements during the last twelve years, and shall communicate them through this channel, at some future opportunity.

I have applied the same principles of muscular action, both voluntary and artificial, to the cure of spinal curvature, and the numerous peculiarities in the human form that are connected with it, and with success quite equal to that with which I have been so long enabled to cure distortions of the feet; indeed, the cure of both these classes of defects depends upon similar applications of the same principles; but, as spinal curvature is connected with some peculiarities which require separate investigation, I shall postpone the consideration of that subject, and those that are connected with it, till I can bring the whole together under one point of view. I shall, at present, confine myself to showing, that the artificial muscular action, which I have employed in curing distortions, may be employed with much advantage to assist the efforts of medicine and surgery in the cure of some diseases, for which additional powers are wanted to effect all the benefits that such cases require.

Every professional man has, at some time, occasion to tell his patient, who is either invalid or convalescent, to take some gentle exercise, but to be careful that he does not over fatigue himself, as that will produce debility, and, therefore, will be injurious. No one can doubt the propriety of this advice, yet it is often unsuccessful, because a patient is, sometimes, in such a condition that he cannot take even the smallest exercise, without feeling effects that, instead of being beneficial, diminish the small portion of strength he has, and which exercise is, therefore, highly injurious.

If an invalid has a very small portion of health, a great quantity of prudence, and acts with great perseverance, he recovers his health, though but very slowly, because the exercise itself produces fatigue; this is well known to all who, being ill, are unable to move about, except they are forced to do so. If the first principles of muscular action, which I have endeavoured to develop, are referred to, it will be seen that every time a leg, or other limb, is moved, all the muscles that are employed to raise and carry it forward are made to exert themselves, which, in those who are weak, soon produces fatigue.

The great benefit which is produced by exercise is, that it increases the vigour with which the blood circulates through the whole frame; that increased circulation promotes all the natural secretions, promotes the absorption and deposition of the material that is obtained from food, which is thus converted into animal matter; this process increases the size and strength of the person by whom such exercises are practised.

One of the plans that I have adopted, is to increase the quantity of beneficial exercise, which any person may take, *without any exertion of their own*, and of course without fatigue, and is effected in this manner:—I have invented a chair, in which my patient is seated; if it is intended to act upon the arms of the patient, two cranks are connected with the chair, in such a manner, that when the patient places one hand upon each crank; so as to keep the handle in her hand, but without any exertion, the machinery that is connected with these cranks is so arranged, that, when put in motion by an assistant, the arms, together or separately, as it may be desired, are made to describe circles of any diameter, or to move in any direction that the circumstances of the case may require.

One advantage of this invention is, that the assistant, who turns the handle, does all the work, and the patient, who sits still in the seat, receives all the benefit, because, by keeping her hand, or hands, upon the handles, the whole of the arms, shoulders, scapulæ, and pectoral muscles, may be kept in action for any time, or to any extent, that can be required, without any exertion of the patient, or any fatigue whatever.

Another advantage of this invention is, that the movement may be either extremely slow, so as to adapt it to persons whose very delicate health will allow only of the most gentle exercise, or it may be increased gradually, as circumstances require; or it may be given at once to any extent that may be desired, and, in all cases to which it is applied, the full effect of any quantity of exercise may be given without producing any fatigue whatever. It must, necessarily, be deduced from this fact, that in any case in which muscular exercise can be beneficial, the full physical effect of such exercise may be produced upon any person, and not be attended with any inconvenience whatever.

As this is the first time that this application of my discovery has been publicly offered to general notice, I trust that I shall be excused for retracing its progress from its origin down to the present time, before I show, more particularly, its application to the subject that is now under consideration, as well as some others to which I am

aware that it may be applied with much advantage.

More than forty years have elapsed since I began my experiments upon this subject, those experiments that were founded upon a fact that had been discovered by Mr. Hunter. That greatest of surgeons saw and approved of those experiments, and likewise recommended many of his own patients, to whom my treatment was useful. Mr. Hunter watched the progress of his own patients, and was satisfied with what he saw. Many other surgeons, of equal rank in society, honoured me with their notice and approbation, and this practice was adopted to a great extent, privately, under their observation, and my practice went on with success. After the intercourse that I had with Lord Byron, the particulars of which are detailed in *THE LANCET*,* I made very great improvements in my treatment.

At last, I determined to make the general principles of my discovery public for the general use of society at large, as well as of those members of the medical profession who might choose to adopt the practice; in consequence of that determination, I wrote to the editor of *THE LANCET*, with whom I had no acquaintance whatever, that letter which was first published in his Journal, and those which followed it in the last volume. Much interest was excited in the minds of professional men, as well as others, on the perusal of the cases; but some doubted their correctness, and even denied the possibility of performing those cures, and many expressed a wish to see them when they occurred. In consequence of this, when the case of Robinson came into my hands, I inserted a brief statement of it in *THE LANCET* for November 29, with a request that all, or any gentlemen who might be desirous to see this case, might do so at any time they would themselves fix, during the whole progress of the cure. As I have the satisfaction to know that this offer was very favourably thought of, and the case has given much pleasure to many gentlemen who have examined it, I take this opportunity to repeat that the offer remains permanently open during the whole time of the cure, whatever that time may be. Having done this, I shall not again allude to the cases that were published in *THE LANCET*, before that offer was made; but, in any thing that I may have occasion to illustrate, I shall refer to the case of Robinson, and some others; because, whatever I may have occasion to say upon the subject on which I am now writing, I can demonstrate to be true, by reference to the cases which

are daily in my hands. In the case of Robinson, three distinct processes are now going on, but are all being produced by the effect of one operation. First, the positions of the bones of the leg and foot which are deranged and placed in unnatural positions, are being restored to their natural situations; secondly, the ligaments are arranged in their natural proportions relative to each other, and are regularly and gradually resuming their natural powers and functions; and, thirdly, the muscles which were rigidly fixed, without having power to act in any manner, are now resuming their natural proportions relative to each other, and to the bones and ligaments with which they are connected, as well as resuming their natural functions.

When the cure of this case is completed, I shall give full details of the treatment by which it will have been effected; but, at present, I shall confine myself to showing so much of the alterations that have taken, or are taking place in the muscles, as will enable me to illustrate that particular kind of muscular action which it is now intended to explain.

It is known to all, that exercise is one of the best means that can be used to restore the health of invalids or convalescents; but it has been very imperfectly known, or at least noticed, that exercise, in other words, muscular action, which is produced by the will of a living being acting upon its own body, is necessarily accompanied by exertions that produce fatigue, and, as a necessary consequence, when it is carried to excess, injures the health of that body it was intended to serve, and to improve. But, I believe it has not been known to any but John Hunter, and those who may have derived their knowledge of this fact directly from him, which I cheerfully confess that I did, that when some parts of a living body have lost their power of acting in obedience to the will, if those parts are forced to repeat their natural actions by extraneous means, over which the person who is operated upon has no control, the natural power of acting, in obedience to the will, will be resumed by those parts.

This very extraordinary fact has, I repeat it, been unknown to all, except those that have been mentioned; yet it has been proved to be true by the whole of my practice in all these cases, and may be seen going on, at the present moment, in that case which I have offered for examination. As this effect is produced by means which require no exertion to be used by the patient, and which are in no way under his control, they do not produce any fatigue in his person, for whatever time this exercise is continued, and to whatever degree it is

* See *THE LANCET* for 1828, vol. ii., p. 779.

given; by this means health, strength, and increased size, are produced in those muscles which are subjected to this exercise, as may be seen in the case of Robinson. When my treatment of his case first began, his foot and leg were quite rigid, and wasted so as to be of the greatest paleness: in a few days some colour began to appear about the toes and heel, extended gradually upon the foot and leg, so that now, at the end of two months, the foot is not only improved in form, but is increased in size, substance, and in colour; it has all the appearance of high health; this healthy appearance extends upwards about a third part of the leg, above which the original paleness remains; but the healthy colour is gradually encroaching upon it.

These facts can only be accounted for thus. The action into which my operation forces the foot, increases the circulation of the blood, and gradually enlarges those vessels which had been so contracted, that the red particles of blood could not pass, till a free passage is obtained for them, and by this means the bulk, as well as strength, of the leg is in the course of being restored: this is certainly the case, for the circumference of his leg has been measured within a few days, and found to be, at the largest part, one inch larger than the cast that was taken from the same leg two months ago.

This patient has told me, without being asked for the information, that, before he came to me, his leg and foot were always very cold, but now they are constantly in a pleasing glow, similar, and quite equal to that of his other foot; of this peculiar effect, I will give another striking example.

After I had published in *THE LANCET* for November 29th, my invitation to gentlemen of the medical profession to examine the case of Robinson, a gentleman, who has a daughter with a foot distorted in a form that is very like that of Robinson, sent his medical adviser to examine that patient, although he lived at the distance of one hundred miles from London. This gentleman, accompanied by two medical friends, came to my house, examined Robinson's case with great care, and concluded that I should certainly cure him; by their recommendation the young lady, upon whose account they came to London, has been placed under my care. She is six years old; her foot is very like Robinson's; many unsuccessful attempts had been made to cure it; in consequence of what she had suffered from these attempts, she was very timorous when my treatment began; but, on the third day, without being asked questions, she said she saw colour coming into her toes, and felt that her leg was warm instead of being cold as it had been, and this effect has continued

to increase, so that now her leg has the same genial warmth as her other leg, besides being greatly improved in form.

This child's foot was as much distorted as that of Robinson, yet I have produced as much alteration in its form in one week, as was produced in Robinson's by a constant attention of two months; this fact will show the great advantage of attending to these defects at the earliest periods of life, while that of Robinson, and others that have been detailed, must afford consolation to those who are farther advanced in life, as that circumstance alone does not render them incurable.

The inference to be drawn from these facts, as applicable to the subject now under consideration, is, that muscular motion, when artificially produced by the application of means over which the patient has no control, and which do not require any exertion on the part of the patient to produce, does, according to the declaration of Mr. Hunter, restore the natural connexion between that mysterious power, volition, and the muscles upon which it is natural for it to act; it likewise increases the size, health, and strength of muscles, to which it is carefully applied, after they had been reduced by illness, as well as other causes, to a state of great debility. This fact has been proved by the success of my practice upon this subject, particularly in that case which is now in progress, and is laid open to general observation.

But, it may be asked, in what does this treatment differ, either in principle or in practice, from those modes that have been previously used to produce similar effects? The short answer is, that it is superior in efficacy to those practices, when they have been in any way serviceable, and has been completely successful in other cases, when the former practices were quite useless. It will, however, require some time to demonstrate these facts; yet, as the subject is important, I will do what my experience enables me, to establish the superior efficacy of this practice.

The means that have been employed, independent of medicine administered by the stomach, to restore such limbs as I have described, to their natural powers, are electricity, frictions, embrocations, with oils and other mixtures, champooing, and, finally, blisters; all these remedies may be useful in cases to the nature of which they are duly proportioned; but, in such as are now under consideration, they are perfectly useless. I have invariably found that they are so; but, as a strong prejudice exists in favour of their efficacy, in such cases, both in the minds of some professional men, and of other persons of a different description, it will be, in some respects, beneficial to produce authentic

facts, which will show that these practices are entirely useless.

Before Robinson became my patient, he was for many months an out-patient at the Middlesex Hospital; he was generally, if not entirely, under the care of the late Mr. Shaw. In consequence of that gentleman's directions, the patient kept his leg and foot for a long time together over the steam that exhaled from a vessel of boiling water, and was directed to keep it so as to make the foot and leg as hot as he could bear them to be; this, it was said, was intended to soften the skin, the muscular fibres, the tendons, and capsular ligaments, and qualify them to receive the oils which were afterwards to be applied in order to render them still softer.

He was furnished with a quantity of oils; he was not told what they were, but he was directed to have them rubbed all over his leg and foot with great force for several hours together, that they might very effectually soften his leg; the smell of these oils, he said, was very offensive, and their effects were irritating; that his mother, who operated as rubber, had her hands so completely excoriated, that she was often obliged to desist; and, as no advantage was gained by the application, after a painful perseverance of more than six months, she threw them aside.

It is well known to the profession and to others, that ointments and embrocations of various kinds may be advantageously employed, when they are properly proportioned to the complaints for which they are used; as mercurial ointment in syphilis, and many others upon different occasions, which it is not necessary to mention here. Mr. Shaw, likewise adopted a practice with this patient, which, I believe, is quite original, and so extraordinary, that I should hesitate in ascribing it to him, if the youth was not at hand to establish the fact. As this was a secret worth keeping, as well as worth knowing, and too valuable to be exposed to the profane eyes of the pupils who had paid their money to learn the practice at the hospital, to which the youth had applied as a patient, Mr. Shaw directed him, instead of going to the hospital, to go to his private residence in the Albany, while he lived there, and afterwards in Berner's Street, to which he removed. In these two hallowed temples of Esculapius, from which the profane uninitiated, either in or out of the profession, were carefully excluded, Mr. Shaw and his confidential assistant laid the patient at full length flat on his face; and while he was in that situation, Mr. Shaw rubbed the back of his leg, in its whole length, with a brass roller, that was fixed in a long handle, which enabled the operator to hold it with both hands, and bear on it with

much force, while he rubbed it backwards and forwards with great velocity; this was repeated many times, for a long time at each operation, which always gave him great pain. These frictions with the brass roller always were very painful, never produced any advantage, although they were very sedulously repeated during a month, and at the end of that time he ceased to go to the hospital.

It is to be observed, that during the six months that this patient was under the care of Mr. Shaw, he was successively subjected to the action of steam, to dry frictions, to embrocations, which, I presume, are but frictions with another name, and intended to promote the absorption of stimulating oils, which the operator supposed would produce some beneficial effect upon the patient's leg and foot, though it is not easy to discover by what connexion between cause and effect any benefit could be produced by such frictions upon the leg and foot of this patient; at all events they showed that no benefit was to be expected from these frictions; this being the case, it cannot be understood why brass was adopted as the material to make this roller of, unless it was thought that metal had some specific virtue for curing a distorted leg, which the other modes of, and materials for friction, did not possess. Of the nature of that specific virtue we are quite ignorant, and cannot now be informed, because the operator is no longer in a condition to give the information.

I always believed, that Mr. Shaw was the sole inventor or discoverer of this specific virtue of curing distortions, but have lately discovered a competitor whose claim must not be lightly passed over.

At page 226 of a work published by Dr. Harrison, I have found the following passage:—"The prominent vertebræ and ribs were then pressed, and driven in the direction of their natural situations with an instrument held in the right hand. It has a wooden handle, into which is fixed at right angles, a brass rod, four inches in length, and of strength enough to bear every degree of strength that the operator may deem it proper to apply. To the lower end, another round piece of brass metal, about two inches long, is rivetted at right angles. This, well covered with soft leather to prevent its bruising the skin, constitutes, with the other parts, the instruments that I employ in all my manipulations."

Thus we see that Mr. Shaw and Dr. Harrison, who disagreed upon so many subjects, are agreed upon this, which seems to have no foundation in truth, viz., that brass metal has some specific virtue in curing distortions, as the first used it in the shape of a roller upon his patient, without produc-

ing any benefit; and the latter uses it in all his manipulations, to rub, pummel, or thump the ribs or vertebræ of young females, who are entrusted to his care; but what success he may have in that whimsical practice, is not generally known; at least no authentic and visible proofs of his success have yet come to my knowledge.

For authentic proofs of other unsuccessful practices that have been used to cure these distortions I must refer to another patient, who is at present under my care. About six years ago, a lady of mature age had an illness, of which I did not get a very satisfactory account. After her recovery she felt a little lameness in one of her feet; this went on increasing, till her foot turned inwards, so that she stood upon the outer edge of her little toe, the ankle-joint became quite rigid, as well as all the joints of her foot. When I first saw this lady, her foot bore a great resemblance to that of Robinson, but was not so much deformed.

During the progress of this distortion from bad to worse, the usual ineffectual remedies were resorted to; pumping upon the foot with cold water, steeping it in hot water, strengthening plasters, embrocations, dry frictions with the band and the flesh-brush, &c.; as all these remedies failed, a severe course of blisters was adopted as a *dernier ressort*; after bearing these for a month, without feeling any advantage, she discontinued them, with a determination to continue lame, rather than bear so much pain. The last summer she passed in Brighton, and used the champooing bath during her stay at that place, with no more advantage than she had derived from the other remedies, and, in October, placed herself under my care. At that time, her foot so exactly resembled the foot of Robinson, which is represented in No. 274, that I did not think it necessary to take a cast of it, but reference to that of Robinson will explain all the appearances of the lady's foot; the distortion was equal in degree and in rigidity in both cases; the principal difference between them is in the age of the patients, Robinson being not yet fifteen, and, as the lady has a son who is more than twenty, we may, without formally asking the question, venture to put her down as being forty years of age.

I have, on the present occasion, endeavoured to explain the general principles upon which the muscular action that I have used to perform these cures, operates to produce these effects; and, in my next, shall endeavour to show, that the same principles of muscular action may be advantageously employed to improve the health of invalids and convalescents, in the forms of whose persons there does not exist any defect, as well as in some other complaints, in which it may be used with advantage.

LONDON MEDICAL SOCIETY.

Monday, February 23, 1829.

SUBSERVIENCY OF THE SOCIETY TO THE COUNCIL.—POINT OF ORDER.—THE ALLEGED FEVER BRAIN CASE.—UNUSUAL FATALITY OF SCARLATINA.

THE Council not having made their appearance at twenty minutes past eight o'clock, although several members and visitors were waiting in the Society's room,—

Mr. SHEARLY rose and stated, that by the laws of the Society, the Council were directed to meet between the hours of seven and eight o'clock, and that the proceedings of the Society were regularly to begin at eight o'clock. A considerable portion of time had this evening been frittered away, and he conceived the Council were not justifiable in thus acting; and, as the law stated that when seven members were present they were competent to commence the business of the Society, he should move, that some member, then present, should take the chair, there being neither President nor Vice-President in the room. He moved, that Dr. Johnstone should take the chair.

Dr. JOHNSTONE would not take the chair; he could not think of such a thing; it would be indecorous in him to do so.

Mr. SHEARLY. I do not know how it could be considered indecorous for you to do so; it certainly is indecorous in the Council to keep us waiting here, wasting our time.

Dr. JOHNSTONE. We do not know how they are engaged; let every man be judged of by his acts.

Mr. SHEARLY. But the Society is to meet and proceed to business at eight o'clock.

Dr. JOHNSTONE. Well, but every one who is acquainted with these Institutions knows that such a circumstance as this will occasionally take place; it is as great a disappointment to me as to any body, that the business has not begun precisely at eight o'clock; but I think it is right we should first know what the cause is.

Mr. SHEARLY. There is a rule stating, that when seven members are present, we shall go to business, and I do not know why we should not proceed.

Dr. RYAN. No doubt the law is such; it is undoubtedly so.

Mr. SHEARLY. I do not think the Council have the power to keep us waiting; it would be perfectly inconsistent if they had.

Dr. JOHNSTONE. I do hope and trust, and believe, it is not upon private concerns they are detaining us, but upon the concerns of the Society.

Mr. SHEARLY. But the Council have from seven to eight o'clock to deliberate, and surely the Society is not to be kept waiting for them. After they arrive, the Minutes of the last Meeting will have to be read, which will occupy from this time till nearly a quarter to nine, and then the Society will break up at half-past nine; now, what use is there in gentlemen leaving their business and coming a great distance to attend a Society of this kind?

In a few minutes afterwards the Council entered the room.

Dr. WILLIAMS took the Chair.

Mr. SHEARLY then said, Sir, I beg to rise to a point of order. The Society has now been kept waiting for twenty-five minutes. The business of the Society is to commence at eight o'clock. It has not been this evening only that the proceedings have been thus delayed, the practice has now become, generally speaking, the same every night; and I, for one, think it excessively indecorous that our time, so exceedingly short as it is, an hour and an half, should be thus frittered away before the business can begin.

Dr. WILLIAMS. Really, I must confess, this evening, the Society has been kept waiting beyond its usual hour, but a question of very material interest to the Society was referred to the Council, about a fortnight ago, and it has been under discussion this evening. That is the reason why the Society has been kept waiting.

Mr. SHEARLY. The Council are to meet from seven to eight, and I do not think it competent for them to keep the other members waiting here for twenty minutes, or half an hour, under any pretext.

Mr. PROCTOR. Perhaps Mr. Shearly will be satisfied when he is informed, that this question, of very great importance to the Society, is to be referred to him and the general body of the Members.

Mr. SHEARLY. No, I am not at all satisfied with that.

The Minutes of the last Meeting were read.

Mr. SHEARLY stated, that Dr. Blundell had considered that the specimen of monstrosity he (Mr. Shearly) exhibited to the Society on the last night, would be more useful to the public preserved as a specimen, than if it were dissected, and he had, therefore, presented it to that gentleman. This rendered it impossible for him to detail any morbid appearances. The twin was alive and likely to do well.

Dr. JOHNSTONE. I believe this is the proper time to take notice of the Minutes, and though it does not appear by them that any notice was taken of a subject that was mentioned on the last evening, yet to that

subject such publicity has been given, by a report, that I think it right to call on Dr. Ramadge to state, what is the "misstatement" I made respecting the case I then communicated to the Society; and who is the relative of the deceased on whose authority he has accused me of a misstatement.

Dr. RAMADGE. Sir, I beg leave to say, that I have seen THE LANCET, and that the statement I made in the Society has been correctly reported in that work. I never said that I had had an opportunity of seeing the relative of the deceased. I merely mentioned that I had seen several persons at the West End of the Town, and that it was reported there that the patient had fever; There is a gentleman in the room who heard Mr. Jewell state, that the patient had fever for at least five days before his death; that he had been in the country; had taken cold, and was seized with delirium. The gentleman who told me that he had fever was Mr. Howell, and I am sure he will bear me out in the statement. I did not state any thing intentionally offensive to Dr. Johnstone. My object was further inquiry into the case. I should be glad to know, whether this person had any discharge from the nostrils or not?

The REGISTRAR. I did not insert Dr. Ramadge's observation in the Minutes, because, after the meeting separated, I thought Dr. Ramadge would have another opportunity of disposing of it, which I considered to be the better way. If any thing particular turns on what passed I can now make a note of it.

Dr. RAMADGE. I took the only opportunity I had of making my observations. If I had suffered the Minutes to pass over then as they stood, I do not think I should have done right.

Dr. JOHNSTONE. There are two things to be considered—the statement and the deduction. I have no objection to any gentleman differing from me in deductions; but I think, if a man differs from me in facts, he is bound to produce the evidence that warrants that opinion. I stated the symptoms, and I said there was no fever; I stated the condition of the skin, of the secretions, of the respiration, and so on, and I said, those did not exhibit symptoms of fever. Now Dr. Ramadge told the Society, for I came in late that night, and did not hear it, that he had it from a relative of the deceased's.

Dr. RAMADGE. The statement never was made by me.

Dr. JOHNSTONE. Then the only relative of the deceased was Mr. Jewell himself, who called on me on Saturday morning, saying, that he had read the statement in THE LANCET, and he expressed his utmost surprise that it should have been made. He

not only authorised me to repeat, that what I had stated was true, but offered to come forward to prove every thing I have said. This gentleman had an opportunity of seeing the patient every day, indeed I may say every hour, and every week during the period he lived. The young gentleman was ailing for three or four weeks; for seven days before his death, he was out in the carriage, and from that time he was confined to bed, and then, I say, he had no symptoms of fever. I think it was really very unhandsome, to say the least of it, that Dr. Ramadge should have brought forward this subject behind my back; it was not only irregular, as I was not here, but I think, really, that knowing well that every thing against me is so exaggerated in *THE LANCET*, (cries of hear, hear, order, and chair,) he ought not, then, to have addressed the Society on the subject.

Mr. GOSSET was surprised at the time, that Dr. Ramadge should make the statement, and was more surprised at his not being called to order by the Chair. He recommended that the subject should be dropped, as he did not believe Dr. Ramadge made this statement with any intention to annoy, or to offend Dr. Johnstone, but from his not exactly understanding the regulations of the Society, he proceeded with it.

Dr. JOHNSTONE. I am perfectly satisfied, and content that it should now drop.

Dr. RAMADGE rose, but

Dr. WILLIAMS observed, I think it would be better that this matter should drop; however, I beg to bear testimony to the repeated expressions of respect on the part of Dr. Ramadge towards Dr. Johnstone, and though it may appear, that at that period he may have been irregular, I am sure that Dr. Ramadge did not intend any personal offence.

Dr. RAMADGE. I appeal to the gentlemen who are here, and who were here at the time, whether I said that I myself had had it from a relative of the deceased? I mentioned that I had heard from a gentleman who heard from a relative of the deceased, that fever was not present; and what is stated in *THE LANCET* is perfectly correct.

Mr. WRAY brought forward the subject of scarlatina, to ascertain, if possible, the opinion of the Society on what produced death in some of the recent cases of scarlatina, where patients had sunk so speedily. He enumerated particularly two cases, where both the patients, two of the finest children he had ever seen in one family, died within about five days. In the post-mortem examination that he made, he had been able to detect nothing whatever in

any of the viscera, to account for death; he therefore concluded, the nervous structure only was affected; and that death must have arisen from that. He lamented to find, that scarlatina was very prevalent at present, and extremely fatal, in spite of the most judicious treatment.

Dr. RAMADGE had found scarlatina also extremely destructive of life. He was inclined to apply leeches to the throat in the first instance, followed by large poultices, to keep the bowels open, to sponge the body with vinegar and water, to make use of mercurial medicine and stimulants. He did not think gargles, in the inflamed state of the throat, of use; warm water was the simplest and best gargle. He likewise recommended a tea-spoonful of the infusion of roses, with a little syrup, frequently.

Mr. PROCTOR had generally carried his patients through; and he thought scarlatina ought to be treated according to the strength of the patient, and very much upon the principle that would be adopted by a judicious practitioner in any other case of fever, where the nervous system was considerably affected. In some cases blood might, and in some it might not, be abstracted. The last season produced more fatality than usual in the neighbourhood where he resided. One very strong man, who had a sudden attack of jaundice, was bled, and soon afterwards became partly delirious; in less than 36 hours from the appearance of the disease, he expired. Dr. Chomelly had informed him, that five cases of the same kind had fallen to his lot, three of which he had carried through with stimuli.

Dr. RYAN had had considerable opportunity of witnessing scarlatina. In one house, two children died suddenly, the one five, and the other seven years old. Leeches to the throat, and treatment very similar to that recommended by Dr. Ramadge had been had recourse to. A third child in the same house became affected, which the parents refused to be allowed to be treated in the same manner, but gave wine, and applied sinapisms to the feet: he got well. There were cases in which it was impossible to save the patients. Stimulating treatment seemed to have been the favourite in ancient times; and he was inclined to resort to the decoction of bark, wine, and sinapisms to the feet.

Mr. GOSSET had found great benefit from using the subcarbonate of ammonia.

Mr. SALMON regarded the chloride of lime in the shape of a gargle as a very excellent remedy; half a drachm of the chloride of lime to a pint of water, injected into the stomach. In some of the severe cases, the ulceration went down throughout the mucous membrane, not only of the stomach, but of the intestines; and he had

found injections of the chloride into the rectum exceedingly serviceable.

Mr. ASHWELL had witnessed surprising benefit from using the subcarbonate of ammonia. He first attended to the state of the bowels, put the child into the warm bath, with some mustard, and immediately gave the subcarbonate, not confining himself to any particular form of it. He had frequently given 10 or 15 minims of the *spiritus ammoniac aromatici*, in a little peppermint or sirup. He recommended light poultices, consisting of three parts of linseed meal and one of mustard, to be applied to the neck, by which he had seen children relieved from a state of almost certain suffocation. In more severe attacks, more active remedies were necessary; but he had not, for the last three or four years, employed leeches.

Mr. BROWN had never employed the lancet to infants; he might have availed himself of the use of leeches. He objected to blisters remaining on infants, so long as to occasion much stimulating irritation, by which sloughing might be induced. He considered an ounce of the sirup of rhodod, with 12 drops of muriatic acid, an excellent linctus for children. He had never given ammonia. He preferred the tepid to the warm bath. If he wished to give stimulants, he should prefer wine to ammonia.

Mr. WRAY regretted that the object for which he had introduced the discussion, had not been attended to. He wished to have had the morbid symptoms, if any had been explained, by which death had been caused, and these had entirely been passed over. For his own part, he esteemed bleeding a very valuable remedy.

A MEMBER, whose name we did not ascertain, expressed his opinion, that there must be something peculiar in the season, which alone could account for the great mortality that had prevailed of late in cases of scarlatina and other fevers. He had lost cases without being able to account for death in any other way. On dissection, he had discovered nothing.

CASE OF ST. VITUS' DANCE FROM AN
EXTRAORDINARY CAUSE.

By EDWARD HARRISON, M.D.

Mrs. BRABINS, ætat. about 90, of a thin spare habit, was the mother of several children. She had through life enjoyed excellent health, the consequence of her temperate and methodical habits. April 20, 1812, she was seized with irregular motions of the superior extremities; they kept increasing for several days, when the inferior became similarly affected. Her attempt to

perform any kind of work, and especially to convey meat or drink to the mouth, was attended with constant mistakes, which seldom failed to excite the laughter of bystanders, and in which she generally took her part. She could not direct her steps in going from one place to another, so as to proceed directly to the spot. One of the feet dragged, and made a sort of semicircular turn in walking. She continued in this state, with scarcely any alteration, till the following June, when she expired rather suddenly.

The next morning, my friend Dr. Veitch, of Horncastle, and I, were suffered to examine the head. On removing the skull, we found the dura mater looking flabby and very pale, as did the tunica arachnoidea and pia mater. There was an unusual quantity of moisture lying between these several membranes. The brain, when cut into, appeared extremely pale, but was of the usual consistence. On laying open the ventricles, we found them distended with a fluid, which was nearly pellucid. A large quantity of the same kind of liquid flowed freely, and, in great abundance, out of the theca-spinalis. The chord and its membranes, as far as we could trace them through the foramen magnum, presented a similar hue to that of the cerebrum, and its involucra. No other morbid appearances were discovered, though we carefully examined the different parts of the brain and its membranes. As we were not prepared to meet with any preternatural quantity of fluid in the skull, or spinal tube, we incautiously suffered some of it to escape upon the floor. We could not, therefore, measure the quantity lodged in the brain and theca, but we were of opinion that it did not amount to less than six ounces, and probably considerably more. She retained her faculties almost to the very last; indeed, the day previous to her death, she was thought better; and it was, upon some sudden motion, either in rising from her bed, or from the night-chair, that she expired. She had always been considered (what is called) a nervous person; but from regular habits, of every description, she was unusually healthy, and remained free from complaint at her advanced years, till the period above alluded to; and she had not been in the habit of taking any medicine, excepting, occasionally, a little aperient electuary.

REMARKS.

The accession of idiopathic chorea after puberty is, as far as I know, of very rare occurrence. It is a disease of early youth, and generally vanishes on the full development of the constitution. Nosologists class it among the neuroses, supposing it to emanate from the nervous system. I have

not met with another instance, where chorea began in old age; at that period the nerves are too much blunted to suffer from chorea, under ordinary circumstances. We therefore presume to assert, that in the present instance the complaint did not originate in the usual way, but in the serous deposite, within the brain and spine. That extraneous matters lodged in the theca spinalis induce very distressing nervous symptoms, we know from the former and the following cases, as also from another published by Mr. Chevalier.* In the last, a girl, fourteen years old, complained of great anguish in her back, which was aggravated on sitting up. The pain kept increasing for several days. After an unusually severe attack, the mother thought she discovered a slight projection of the spinous processes, in the lumbar vertebræ. "I was sent for," says Mr. Chevalier, "but could discover nothing in the back that was not natural, nor was any particular pain excited by pressure. The effort to sit up distressed her much. On the following morning, to my great surprise, I was informed that, early in the preceding evening, she complained of a sudden and violent increase of pain, and immediately became convulsed; when the convulsions had continued five hours, she expired. I examined her body in the presence of Mr. Johnson, of Mortimer-street. There were no traces of disease in the brain, or in any of the thoracic or abdominal viscera. I found the cavity of the spinal canal, close to the seat of the pain, filled with extravasated blood, which, from its florid colour, must have been arterial, and which covered the whole of the cauda equina." The seat of the pain naturally leads to a supposition, that the effusion took place from a blood-vessel situated within the lumbar tube, where, by irritating the spinal cord, it excited the fatal convulsions.

(To be continued.)

GLASGOW ROYAL INFIRMARY.

WOUND OF THE POSTERIOR TIBIAL ARTERY.

JOHN BUCHANAN, aged 12, was admitted under the care of Mr. Cowan (Jan. 21), with a wound situated over, and a little to the outer side of the right leg, equalling the size of a crown. An incision had been made directly afterwards, an inch and a half in length, and at its junction with the original wound, there was a ligature placed on some divided vessel. The wound was filled with

coagulum, so as to keep its edges widely separate. There was also an oozing of arterial blood. The wound had been inflicted three weeks before his admission, and was followed by violent arterial hæmorrhage. It was at length checked by pressure, but not completely; for, during the succeeding 14 days, it had recurred twice. On the 17th January a ligature was applied, but scarcely with more success, for, as has been said, blood still continued to ooze from the wound on his admission. A pad was applied, so as completely to restrain the bleeding, and six drachms of the sulphate of magnesia given internally. The following day hæmorrhage to a considerable extent took place, from a vessel in the situation of the posterior tibial, which was secured. On the 28th, bleeding again took place, and on removing the dressings, the ligature was found detached. Since this occurrence, the case has gone on favourably.

REMOVAL OF AN ADIPO-SARCOMATOUS TUMOUR.

Mrs. Kyle, aged 61, was admitted into the Hospital by Dr. Couper on the 25th of January, with a large pendulous tumour on the outer aspect of the superior third of the thigh. It measured eleven inches in length, and nineteen in circumference. The tumour itself was firm and lobulated, and was but loosely attached to the subjacent parts. At its most inferior part, there was an ulcerated opening of inconsiderable size, the centre of which was occupied by a brownish slough, and from this a thin sanies was discharged. The patient said the tumour was the seat of occasional pain, which was most severe and frequent during the night. The veins of the thigh and leg were varicose. Her health had also been declining for some time; her appetite had become impaired, her tongue white, and pulse 100. Her bowels were regular.

The tumour first made its appearance about sixteen years ago. At that time it was loose, and gave her no uneasiness; but four years after, when it had attained the size of an orange, it became affected with shooting pains, since which it had gradually, but constantly increased. A year before she came into the hospital, the skin broke at its most depending part, and, for three months, a thin ichorous fluid was discharged. It ultimately ceased, but afterwards ulcerated, and some time after three pounds of blood were lost, before bleeding could be checked. Since this occurrence, the shooting pains were more frequent and severe.

28. The tumour was removed to-day, by making a longitudinal incision on each side of its base, close to, and parallel with, the

* Med. Chirurg. Trans. vol. iii.

thigh. Immediately afterwards, its cellular connexions were divided. Three or four tolerably-sized arteries continuing to throw out blood, were secured, and an attempt made to bring the edges of the wound together; but this, on account of the scarcity of skin, was found quite impossible. A suture was then had recourse to, which, being passed through the lips of the wound, was hauled to in a first-rate nautical style. The wound was afterwards dressed with adhesive plaster and a bandage. The tumour weighed five pounds nine ounces.

Feb. 7. The wound has been repeatedly dressed, and looks favourably. To-day there was a copious discharge of healthy pus. Two ligatures, which were attempted the day before, were removed without difficulty. The wound, which covers a space equal to the extended hand, was dressed with straps and a bandage. She was ordered nourishing diet.

NECROSIS OF THE TIBIA—AMPUTATION.

Archibald Macintyre, aged 46, was admitted by Dr. Couper, Feb. 11th. At the upper and anterior part of the right knee joint, there was a large, foul, ulcerated surface, which extended downwards to seven inches along the tibia. In the centre of this ulcerated surface, there was a wide orifice covered with thick tenacious matter, in which the tibia was seen black and necrosed. It was quite soft and friable, the probe passing easily into its substance. From this opening there was discharged a considerable quantity of thin ichorous fluid. The leg was of natural warmth, but the foot was cold and œdematous.

He states, that fourteen years before, he was struck on the upper part of the knee joint, which afterwards swelled. The inflammation was subdued, but confirmed anchylosis took place. It is at present bent, but gave him little uneasiness, till December last, when the joint and the upper part of the leg became affected with severe inflammation. The skin over the tibia shortly afterwards broke, which was followed by a copious discharge of thin fluid, and rapid extension of the ulceration. In the beginning of January, several pounds of blood issued from its surface. The patient was sallow and much emaciated, but his appetite continued good. He also slept well, but was troubled with profuse perspiration. His pulse was 140, and small. He had eight ounces of wine, and an anodyne draught.

13. Dr. Couper removed the limb to-day by the circular operation. Mr. Cowan applied the tourniquet at the lower part of the superior third of the thigh. The amputating knife was carried round the limb, divid-

ing, as usual, the skin and integuments. These were dissected up for a considerable extent, with the same knife that had been used in making the circular incision. After this was accomplished, the muscles were divided to the bone. A scalpel was now handed the operator, with which he detached the muscles from the bone for an inch, or perhaps a little more. The retractor was now put on, and the bone sawn through. The femoral artery was immediately tied, but some time was occupied in applying ligatures on other three vessels, which, from the weak and emaciated state of the patient, had ceased to bleed, and were more difficult to secure. The integuments were now brought over the face of the stump, and the usual dressings applied. While doing this, some care was necessary to keep the surfaces of the wound accurately together, from retraction of the skin.

When the man was removed, the limb was dissected. It seemed a complete mass of disease. The tibia immediately beneath the joint was necrosed to a considerable extent. The joint was completely anchylosed, requiring considerable force to effect the slightest movement. The cartilages were almost entirely absorbed.

FISTULA IN ANO; STETHOSCOPIC IGNORANCE.

David McHardy, ætat. 21, dyer, was admitted on the 29th Dec., labouring under fistula in ano; four years since had an abscess in site of present opening, which was punctured and shortly after healed; about five months ago observed a discharge from anus, which has since continued; general health good: ordered half an ounce of castor oil immediately, which produced one stool. Fistula was laid open on the 4th Feb., after which he had griping and uneasiness in bowels; on 7th, had a rigour, since which has been feverish and uneasy, with severe pain in back and testicles; pulse 90; tongue whitish; thirst; urine high coloured; ordered to be bled to 3xij, which presented a buffy coat. The pain in testicles and other feverish symptoms continuing, the hip-bath, with a pill of calomel and opium, was ordered to be given in the evening, which had the effect of allaying pain and producing profuse perspiration.

15. Had a rigour; pain in back and testicles; lower part of abdomen slightly tympanitic, but not painful on pressure; pulse 94; tongue cleaner; thirst: twelve leeches to abdomen, after which had an enema, followed by one stool.

14. Twelve leeches to left hip, which was painful on pressure.

16. Passed a good night, but since morning severe pain of back; pulse 100; bowels moved by enema; ordered to repeat the pill immediately, with the hip-bath and Dover's

powder in the evening. With the exception of some delirium and a slight abscess over left hip, which was punctured, no other symptoms occurred until the 25th, when he was attacked with frequent cough, accompanied by bloody expectoration, for which he was ordered a blister to breast, and cough mixture. Debility gradually increasing; died on the 29th.

Sectio cadaveris.

The abscesses over hip had contracted to a small size; the colon was found distended with air, and the abdominal viscera perfectly free from disease; the right lung adhered extensively to the walls of the thorax, and with the exception of a portion of its anterior part, was either totally hepatised or entering into a state of purulent infiltration. Mr. Cowan mentioned at the post-mortem examination, that his attention had been completely confined to the state of the abdominal viscera, never having suspected disease in the lungs, though declaring at the same time, that patients labouring under fistula in ano were very obnoxious to pulmonary complaints. If he were aware of the liability of such complaints, why was not the attention directed, at an earlier period, to the state of the lungs? Why not avail himself of the stethoscope, of the use of which, he declared himself perfectly ignorant? What apology has a surgeon, filling a public situation, for such ignorance, and that too, when it could be so easily remedied, in this instance, by transferring a portion of the servile obeisance paid to the practice of Lisfranc and Dupuytren, to that of Laennec?

COMPOUND FRACTURE; IMPROVED PLAN OF TREATMENT.

James Birney, *ætat.* 30, labourer, a man of intemperate habits, was admitted Jan. 7, with compound fracture of right leg, in which both bones are fractured; the tibia laid bare to extent of two inches; two detached portions were extracted, and about a quarter of an inch of its upper shaft sawed off, after which, the edges of wound were brought together and splints applied. The patient was in a higher degree of excitement than could have been produced by the quantity of wine he received previous to admission; general health good; ordered a pill of calomel and opium immediately, and a cathartic bolus in the morning; after which the patient continued in as good a condition as could be expected, until the 25th, when he had a rigour, in consequence of which, it was thought necessary to dress the leg, for first time. Tibia is still exposed, though greater part of wound is closed with healthy granulations; discharge moderate. After dressing, pulse had sunk from 100 to 86; ordered Dover's powder.

26. Diarrhœa and griping accompanied with tenderness of abdomen, on pressure, but, which was partially relieved by opium. Leg dressed, after which, it not being very accurately fixed, he was desired rather roughly to "turn his foot." (Who ever heard of a man with a fractured leg being desired to turn his foot? Oh! spirit of Mr. Pott, what would you exclaim on seeing such treatment?) Calomel and opium were ordered in large doses, with a blister to abdomen, which had no effect in relieving diarrhœa.

28. Leg dressed; discharge healthy; no bony union; which appeared to be prevented in a great degree by the leg being always raised from its pillow, during the dressing.

Feb. 2. Diarrhœa continues; complains of debility; countenance sharp and anxious; pulse 100; tongue dry; wound dressed; discharge healthy; upper shaft of bone protruding; medicine continued, with the addition of sulph. quinine, during the day.

6. Slight cough; no pain in chest; expectoration sinks in water; wound as before.

7. Patient left the house, having the foolishness to believe that "sound chirurgical" might be had elsewhere than within the walls of a hospital.

BURN.

Mary Mc'Cosh, *ætat.* 40, a woman of intemperate habits, was admitted on the 2d Feb., with severe burn, extending over the integuments of face, right side of neck, greater part of thorax, and considerable part of right arm and shoulder. The left hand and forearm, and anterior parts of left knee are also scorched and slightly vesicated.

4. Violent delirium during the night, with tremor; pupils contracted; tongue furred; thirst; bowels open; pulse 116; four ounces of alcohol during the day.

5. Constant delirium continued until the 6th, when she fell asleep.

9. Involuntary motions; sores dressed; slough undetached; slight purulent discharge; medicines continued. The symptoms remaining unabated and the debility increasing she expired on the 16th.

Sectio cadaveris.

Serous exhalation over the hemispheres of brain, with a collection of bloody serum in basis cranii; partial hepatisation of right lung, of long standing; two or three small abscesses under integuments of abdomen; liver in some parts cartilaginous.

It was mentioned, at the post-mortem examination, that the patient had been bled after her admission; the delirium tremens with which she was affected being deemed the effects of cerebral congestion. Query! Is it usual to bleed patients affected with severe and extensive burn? Why was not the *flour* applied?

THE LANCET.

London, Saturday, March 7, 1829.

A MEDICAL JOURNAL has recently been established at Paris, under the title of *La Lancette Française*; the Editors of which state, that in the conduct of their publication they will be governed by the same principles of impartiality and independence which characterise the English Journal whose designation they have adopted; and that one of their main objects is to present the Medical Profession in France with faithful reports of cases occurring in the public hospitals. Hitherto, reports of hospital cases have, for the most part, been transmitted to the Editors of French Medical Journals by the hospital physicians and surgeons themselves, and the consequence has been that no reliance could be placed on the fidelity of the reporters. It is not necessary to resort to the invidious supposition that the French hospital functionaries stand lower in point of honour and morality, than persons holding similar situations in other countries, in order to account for the system of garbling and misrepresentation, which, it seems, has long notoriously prevailed in the reports of hospital cases, as published in the French journals. It is a law of human nature, which most men discover and act upon without the help of PUFFENDORF, or GROTIUS, that wherever they have the uncontrolled power of praising or censuring themselves, they will generally give themselves the full benefit of their own approbation, and avoid giving unnecessary prominence to unfavourable particulars, or, in other words, suppress whatever may tend to injure their own interests and reputation. Hence the publication of hospital reports by hospital physicians and surgeons themselves, leads, of necessity, to unfairness in the selection of cases laid before the public, and, for the most part, to

a partial representation of the facts of the cases selected. Even in the best conducted hospitals errors must be occasionally committed, but no man will voluntarily become the historian of his own blunders; and the amount of fraud practised on the profession and the public, by the suppression or misrepresentation, of cases, which *must* exist to *some* extent, even on the most favourable supposition, will be less or greater in proportion as the hospital functionaries are more or less competent to discharge their official duties. In this country, where the system under which hospital patronage is distributed affords no security for the competency of the persons appointed to discharge the duties of hospital surgeons and physicians, and where we find a single individual able, by dint of corrupt influence, to quarter his whole family upon two charitable institutions, to the exclusion of men of vigorous intellect and unpatronised talent, what would be the result if the profession and the public had no other records of hospital proceedings to look to, except such as were supplied by the parties who are interested in concealing their own inefficiency? We are not left to conjecture the consequence, for the experiment which has actually been made by some of the hospital surgeons, has enabled such members of the profession, as their lucubrations have reached, to estimate the degree of honesty and impartiality with which they have recorded their own professional exploits. It will be recollected that, at the late trial, we elicited from the mouth of Mr. BRODIE, in the witness-box, an admission that he, and some other hospital surgeons, had subscribed to pay the expenses of a publication, which gave them an opportunity of becoming their own panegyrists, and of paying weekly homage to their own perfections. We can make no better comment upon this admission of Mr. BRODIE, than one which is supplied to our hands, in a passage of Sir JAMES SCARLETT'S speech—

a passage which, like many others in the learned gentleman's address to the jury, affords an instance of the curious infelicity with which his arguments tended to strengthen the case which he was instructed, and, peradventure, paid, to oppose.

"What, if in the law in every assize town, persons were employed to publish the fame of their own particular efforts, and not to allow that fair competition in a court of justice, to determine who is the advocate the public should employ, but to give it out beforehand, by suppression and false representation, would not that destroy the honour of the bar, and would it not tend still more to degrade that honourable profession, if among themselves persons were found capable of making reports of their own exhibitions? Such a thing cannot happen in the profession to which I belong, but it has an example in the medical profession."

We may observe here, that before any conclusions can be fairly drawn as to the degree of animadversion to which the persons styling themselves the *heads* of the medical profession ought to be subjected, from the manner in which the public are enabled to judge of the abilities of gentlemen practising at the bar, it must first be seen whether there is any thing parallel in the state of the two professions. What, if Sir JAMES SCARLETT were able to procure silk gowns for half a score of his nephews and immediate connexions, would not such a fact of itself raise a strong presumption, that there was something radically corrupt in the system under which the honours of the legal profession were distributed? Who ever heard of a family circle of King's counsel, or what power has even the highest law officer of the Crown to confer pre-eminent *legal* station upon his relatives and connexions? Sir JAMES SCARLETT could hardly have fallen upon a more forcible illustration of the difference between a profession in which the sole claim to distinction is superior ability, and a profession where official station is procured by family influence and corruption, than that which he unwittingly employed in behalf of his client, Mr.

BRANSBY COOPER. In the profession of the law, the race can only be won by the strongest; in that of medicine, the weakest are smuggled up to the goal at the moment when those who rely upon their own exertions receive the signal for starting. We believe there is hardly an instance on record, in which a lawyer, who has distinguished himself in his profession, has seen a son or relative acquire honours in the same career; a proof of the condition upon which alone honours in that profession are to be obtained. But what is the case in the medical profession? In two of our principal charitable institutions for the relief of the sick, we find a single individual openly avowing, that the official situations are all held by himself and his immediate connexions. We find Sir ASTLEY COOPER, and his nephew TYRRELL, and his nephew KEY, and his nephew BRANSBY, and his godson GREEN, and his apprentice MORGAN, and his apprentice TRAVERS, all flourishing upon the same stalk at Guy's and St. Thomas's Hospitals! Under such a system as this, is it surprising that medical science should be at a lower ebb in this country, than in any other country in Europe? Under such a system as this, is it surprising that the degradation to which the medical profession has so long submitted in this country, should have influenced the estimate which men of science on the Continent are disposed to make of the character and pretensions of English medical practitioners? Of what materials, it is natural for the uninitiated to ask, must that profession be composed, of which nephew TYRRELL, and nephew KEY, and nephew BRANSBY, are the *heads*? The system speaks for itself; and Sir JAMES SCARLETT, one would think, must have chuckled internally at the grossness of the sophistry by which a jury of merchants could be persuaded, that there was the smallest analogy between the means by which honours are obtained in the profession of the law, and those by which *neveys*

and noodles are smuggled into office in the medical profession. There are other reasons, perhaps, which may account for the good understanding which subsists among lawyers, besides that which is founded upon the result of free and open competition. Next to the *odium theologicum*, the wrangling among members of the medical profession has been immemorially noted for its acrimony; but lawyers have been likened to Swiss mercenaries, who get too much by the quarrels of other parties, to lose time and money by engaging in quarrels among themselves.

The Galenist and Paracelsian
Condemn the way each other deals in;
Anatomists dissect and mangle,
To cut themselves out work to wrangle;
But lawyers are too wise a nation
T' expose their trade to disputation.
They have no interest in the cause,
For which t' engage, and urge the laws,
Nor further prospect than their pay,
Whether they lose or win the day.

This, it must be admitted, is rather a vulgar, common-place view of a profession, the members of which, as Sir JAMES SCARLETT has assured us, are honourably distinguished from commercial "*hirelings*," who are sordid enough to receive money in exchange for their labour; it is, however, the view of a poet, and of a poet whose wit, and fancy, and unrivalled power of making human learning subservient to the illustration of human folly, will excite admiration, when even Sir JAMES SCARLETT, and his Poor Bill, shall be utterly forgotten.

Among the hospital surgeons there is one singularly-gifted individual, who, if we may judge from the display of intellectual power which he made when he delivered the celebrated Oysterian Oration, would derive but little benefit from the privilege of reporting his own cases. This eminent person has threatened, it seems, to withdraw his countenance from the profession, if its members should continue to manifest that horrid predilection for THE LANCET, which the en-

lightened orator indignantly denounces as one of the most awful signs of the times. Sir ANTHONY CARLISLE complains that he has not received that treatment at our hands to which his age, his knighthood, and his oratorical acquirements, fairly entitle him; and we are free to confess, that, *quoad* orator, we humbly conceive Sir ANTHONY to be the most unmitigated ass that ever disgraced the character, and exhausted the patience of the profession. Estimating his intellectual size by the Oysterian Oration, we know of nothing low enough in the animal or vegetable kingdoms which we should not disparage by likening to the capabilities of Sir ANTHONY: judging of him by the Oysterian Oration, we should have no hesitation in saying, that he stands confessed the Thersites, the jack-pudding, the wooden spoon, the boots, of the medical profession. This is our honest opinion of the *sayings* of Sir ANTHONY; but as to his *doings*, we will pledge ourselves that on the few occasions on which it has been necessary to notice them, (for let it be borne in mind that he visits but twice a week the hospital of which he is one of the appointed surgeons,) these have been faithfully recorded in the pages of this Journal. He has not ventured to point out any inaccuracy in our reports from the Westminster Hospital, and until he does so, we shall not notice the impotent twaddle which fell from him, on a late occasion, further than by observing, that he is the last person in the world who has a right to complain of the licentiousness of the press, seeing that he has had the indecency to propose that obstetric practice throughout the kingdom should be transferred to the wives and daughters of medical men; and the baseness, as far as in him lay, to sow the seeds of domestic misery, and to ruin the peace of families, by insinuating that accoucheurs were in the constant habit of committing the foulest and most atrocious violations of the confidence reposed in them.

With respect to an observation which is

reported to have been made by Mr. GUTHRIE, at the Westminster Hospital, we have but one word to add. That gentleman, in alluding to a case of strangulated hernia, in which he had the misfortune to burst, or cut, the patient's intestine, in endeavouring to return the gut into the abdomen, seems to think it essential to his reputation to state, that he expressed his fears, at the time of the operation, "that the texture of the gut could not withstand the force necessary to restore it into the abdomen." The substantial question is, whether so much violence ought to have been used, and not whether Mr. GUTHRIE correctly foretold the consequences of that violence. There are no prophets more dangerous than those who have the power of fulfilling their own vaticinations.

WESTMINSTER MEDICAL SOCIETY.

February 28, 1839.

Dr. A. T. THOMSON, in the Chair.

BUFFINESS OF BLOOD—NEW THEORY.

Dr. GREGORY introduced to the Society the subject which had been so often postponed. It was one which he considered worthy their attention, and related to the well-known appearance of buffiness in blood. Of all the important topics connected with medicine, there was not one, perhaps, on which the minds of medical men were less clear; it came daily under their notice, and yet no ideas could be more indistinct than those they entertained on the subject; their reasoning was loose, and their speculations were vague, and it certainly deserved a better consideration than had yet been given it. Hebbardine, in 1762, had gone so far as to ask whether buffy blood was a phenomenon of sufficient importance to excite the attention at all? in other words, he had asked, whether sizy blood ought to be considered the index of the state of the body? and to this day there were differences of opinion on the question, some answering it in the affirmative, and some in the negative. He would take a short review of the opinions which had from time to time existed on the subject, and which perpetually contradicted each other. The ancients had devoted but little attention to it; Sydenham

was the first person who had given it any serious attention, and he, in speaking of pleurisy, had laid it down as a rule, that buffy blood was materially connected with disease. He first noticed the fact of one cup of blood showing buffiness and another not. Then a new school arose, in which every thing was buffy blood; and the disciples of this, so overloaded the doctrine with its importance, that at length it got into disrepute. More modern times had reduced the subject within more reasonable limits, and called attention more to the pathology of buffy blood; still the doctrines were so various, that they perpetually contradicted each other. Simpson, in his *De re medica*, asserted that buffy blood was owing to the blood being stagnated in its motion. He noticed that when a ligature was put on a vein, and the patient was bled from that vein, the blood became buffy; from this fact he deduced that all buffy blood was the effect of stagnation. But there were other philosophers who denied this altogether, and said that buffiness was the result of a great rapidity in the circulation. Next there spread a notion that buffiness was owing to the blood having become too glutinous; and then Hewson rose up and said that it was because the blood was too limpid. This was now the more general opinion; but there were some who said, that buffiness was owing to too much fibrin, which a third party wholly contradicted; and thus the medical world had gone on from period to period, contradicting and opposing each other, and involving the question in obscurity. Here were six theories on the subject, but not one of them near the truth. In fact, the phenomenon was to be contemplated in a very different view to what had yet been taken of it, and it was his (Dr. Gregory's) opinion that we must examine it as connected with its circulation. People look at buffy blood when it has been drawn, and form their conjectures and theories upon it accordingly, considering that the buffiness results from the abstraction of the blood; but he contended that the only proper light in which to examine it was, what were its state and effects while circulating in the system. It was a remark of old authors, that the blood in the spring had a greater tendency to buffiness, than at any other period of the year. Now he did not believe this. His opinion was, that buffy blood could not circulate in the body without inevitably producing disease; but disease did not always exist at that period in which it was alleged that buffiness was most prevalent. He should now draw the attention of the Society to his views of the subject; the basis of these was, that buffy blood was the cause of disease. Buffy blood differed in its kind; it varied in intensity; sometimes it had very little intensity; at others it was highly intense. He

had seen it in all its degrees, and it was from personal experience that he had drawn his conclusions. His observations had been chiefly made at the Small-Pox Hospital. Now it was commonly said, that buffy blood was the result of inflammation. But if buffiness depended on an increased action of the system, how was it that the blood was not always buffy in small-pox. During the height of pustulation, and when the inflammatory action was greatest in that disorder, there was no buffiness; but there came a period afterwards, when it was most prominent, and that too when the inflammatory action had really subsided; and it was curious to see how decided a change in the blood occurred from that very moment. He did not pretend to say in what that change actually consisted. He could tell well enough when it was buffy, but he could not tell why it was so. One of the first things, however, which might be noticed as the result of this change, was the occurrence of purulent ophthalmia, of inflammation of a purulent character about the eyes; the moment the blood became buffy, that moment the eyes became affected; the total disorganisation of the eye first commenced, and then the brain became disturbed, the buffy blood began to circulate through the brain, and when it was most buffy, life broke down; the brain would not bear it. When the brain, after these attacks, was examined, there were no appearances to account for death, but those of the existence of buffy blood in it. Now the theory which he held on this subject had been forced upon his mind; so prominent were the facts connected with it, that he could only draw one general conclusion from them—that buffiness was the cause of disease and of death. Other facts he had noticed especially, were those of the state of the blood in rheumatism, and they all tended to establish the same principle. He was convinced that, in chronic rheumatism, the blood was as buffy as in acute rheumatism; and if the opinions he held were correct, this ought to be the case; and so it was. He had heard people talk of metastasis in acute rheumatism. Now he asserted that this never took place until the blood became buffy; but the moment it did so, metastasis occurred. The buffy blood penetrated the heart, and it immediately brought on pericarditis and rheumatism of the heart, then it was that inflammatory action commenced. He had been lately attending a case of acute rheumatism, in which the buffiness had been carried to the highest grade of intensity he had ever seen. Now buffy blood had been asserted to exist almost always in the venous system, and very seldom in the arteries; but this case (it occurred in Wardour Street) was an exception, and every cup which had been

taken, was deeply buffy. Here the blood had gone to the arteries, and produced its effects, but not to the brain. We often talked of diminished action, and increased action, and spasm, in the system. For his (Dr. Gregory's) part, he could not admit any of them to account for disease. He knew of nothing which could account for the symptoms which appeared but the buffiness of the blood, and it was upon this that his views of disease rested. He should next say a few words on the subject of its cure, he was of opinion that there was wanted a medicine which would alter the buffiness of the blood, and if this could be obtained, a most important point would be gained. There was nothing for the cure of buffy blood—that is, for the cure of disease—but the means of totally eradicating the buffy blood from the system, or the buffiness from the blood. When the last drop of this could be drawn away, then the patient would be well, and only then. He believed that colchicum, nitre, and such other medicines, were the most complete for this purpose, in cases of rheumatism, that had yet been obtained, but they were not fully effectual. There was wanted some other medicine, and he should now be glad to hear the opinions of such members as were willing to discuss the subject.

A MEMBER, whose name we could not learn, observed that Dr. Gregory had omitted to take into account one cause of buffiness in blood in drawing his conclusions, and that was, that buffiness was generally produced by increased heat of the body, whether disease was present or not; a man, who had run with sufficient violence to heat himself, would always exhibit buffy blood. He should like to have Dr. Gregory's remarks on this fact.

MR. BENNETT would not follow Dr. Gregory through all his arguments, but content himself with objecting to the new theory, that if we allowed ourselves to use our senses, instead of our imagination, we should find, that the attempt to discover any really important difference between buffy and healthy blood, was almost unavailable. There was, in fact, no physical difference between them. The only real distinction was a difference in the red colour of their globules. He thought there were far too many terms used in speaking of the blood. Coagulable blood had only lost the red coats from its globules; in other respects, the blood was just the same thing. How could buffy blood be the cause of disease, if it often existed in rude health, as it did in pregnant women. In cases of ligatures, the blood was buffy, and yet there was no disease. If Dr. Gregory was accustomed to read *THE LANCET*, and he (Mr. Bennett) could not say Dr. Gregory was not, he would have found

some time since an account of some experiments by Mr. Vines upon animals, exhibiting buffy blood, very strongly opposed to his theory. He agreed with him, that if the globules of blood had not got their red coats, that the blood would not support life, and that if it was sent to the brain it would affect it, as in the case of black blood. This time twelve months, he had brought forward a paper on the subject of inflammation, in which he had stated, that in the first stages of inflammation, mere serum was effused, and, finally, that the whole blood was effused; and these facts were decidedly opposed to the present views of Dr. Gregory.

Mr. THOMSON inquired of Mr. Bennett, whether he considered that blood lost its redness (the salt of iron) before bleeding or afterwards; he thought himself it lost it afterwards, and that this difference had no effect on the circulation.

Dr. GRANVILLE expressed himself deeply disappointed at the result of Dr. Gregory's communication. This was the third evening he (Dr. Granville) had come, urged by his great desire to hear what it was Dr. Gregory had to lay before them; night after night he had attended with the greatest impatience, but now he thought the Society might have been thankful to Dr. Gregory, if he had told them once more, that he was married, and could not come. The question, however, was now fairly before them. Dr. Gregory was a man of great talent and pre-eminent ability, but he had expected much more from him than Dr. Gregory had given them that night. He particularly considered that he was deficient in his remarks on the physical state of the blood. He had passed this over in the most superficial manner. He ought to have given the Society his opinions of what buffy blood consisted, and its effects in the circulation—the mode in which it produced disease. He should have shown what was the texture and condition of the blood, whether the blood was or not a living fluid. These were the really important questions to found a theory upon; and he considered, that Dr. Gregory's views being thus deficient, were not entitled to any attention. Dr. Granville having then disposed of one or two "episodes" in his speech, impeaching the opinions of Mr. Bennett, returned to Dr. Gregory, and disputed the "practical" portion of Dr. Gregory's opinions. It was true, that where buffy blood was present, there was, generally, disease; but he should hesitate before he yielded his credence to the theory, that it arose from the buffiness; and the more so, because his experience went to prove, that no such thing as buffy blood did circulate in the vessels of the body. The buffiness did not exist until after it was extracted. Had Dr. Gregory forgotten, that in bleeding, the

buffiness was often got rid of in the third cup, and yet that it often reappeared. It often happened, also, that a first cup would be buffy, a second not, a third buffy, and a fourth not. How could he explain this? Yet that this was the fact, he would appeal to the merest tyro that ever wielded a lancet. Dr. Dary had witnessed, over and over again, on bleeding soldiers, that in seven or eight vessels some would be buffy, and others not at all so, although the diet, temperature, quietness, and every thing else, were alike. The opinions of Dr. Gregory as to its penetration of the heart and brain, and producing such knocking-down effects on the patient, were equally groundless. But, finally, if any proof were wanting that Dr. Gregory had not fully considered the subject, although he had taken all this latitude of time for it, it was to be found in the opinions he had advanced as to the cure. If "eradication" was the cure, and a third cup was free from it, the disease ought to cease; then why did the buffiness sometimes appear again? (Hear.) In short he (Dr. Granville) considered the communication of Dr. Gregory full of oversights and errors, and he trusted he would reconsider his views on the subject.

Dr. COPLAND made some remarks on the nature and size of the globules of blood, which he considered as very various. He thought the blood partook of the vitality of the whole system; that the appearance of the blood was an index to the state of the system. There was no circulation of buffy blood in the vessels. Inflammation often existed without buffy blood, and often with it. In cases of febrile action, we seldom found buffiness in the blood prominent, but as soon as inflammation attacked the serous and fibrous structures, then it became buffy. As to the cure, he thought that instead of attempting to abstract the buffy blood, moderate bleeding, with large doses of depressing medicine, by diminishing the excitement of the vascular system, would gain the proposed end more rapidly. Upon the whole he thought that Dr. Gregory had brought forward his theory, more to show his ingenuity than any thing else.

Dr. JOHNSTONE hoped that though six systems had fallen to the ground, the seventh would be erected more firmly. Dr. Gregory had said he could distinguish by the symptoms of a patient when the blood was buffy. If he could really do this, he had made a most important discovery. The blood was generally buffy in pregnant women; now he thought it fair to expect that whenever a lady was pregnant, Dr. Gregory could discover it by the blood, and this was a highly important thing. The real question, however, must be, is buffy blood the effect or cause of disease? Dr. Gregory

said it was the cause; Dr. Copland, that it was the effect. Now, Dr. Gregory had instanced small-pox in proof of his views, and had said that it was a pure and beautiful instance of inflammatory disease. But he (Dr. Johnstone) asserted that it was not. In fevers, there was great excitement of the head, lungs, &c. and yet the blood had no appearance of inflammation. The arguments, therefore, drawn from small-pox cases were not good ones. He altogether disputed his conclusions drawn from the inflammation of the eye, and he considered also that the buffiness of alternate cups of blood in chronic and acute rheumatism, was not accounted for by this seventh theory. Facts, too, were opposed to the total abstraction of buffy blood curing disease. Rheumatism was to be cured better without blood-letting than with. Where then went Dr. Gregory's theory. And as to the sudden penetration of the heart and brain by buffy blood, producing death or near it, he was astonished at the argument. The truth was, that the blood must circulate through these equally alike at all periods of disease, and there were not the least grounds for the new opinions on the subject.

Dr. GREGORY stated, that he had introduced the subject merely to have the opinions of the Society; but he saw now that this was out of the question, for, according to the four gentlemen who had spoken, buffy blood actually did not circulate in the system at all. Now, if he knew any thing whatever of physic—if he knew one fact better than another—it was this, that the blood was different at different periods in the body, and that buffiness was one of its states. There were inflammatory conditions, in which no earthly power could obtain buffy blood; and there were other states, in which come it would, trickling down the arm, and nothing could prevent it. Dr. Gregory then recapitulated his opinions, and would not admit that they had been refuted.

A discussion arose as to the buffiness of blood in pregnant women, the facts connected with which were, in a long argument, brought, by the speakers, to bear against the theory of Dr. Gregory. It was considered that the buffiness never arose out of mere pregnancy, but from some specific derangement connected with it.

Dr. STEWART inquired if Dr. Gregory considered that buffy blood was, under any circumstances, a pathognomonic sign of inflammation; another member asked if its appearance ought to regulate the treatment of disease, and whether the pulse was not a better guide.

A MEMBER again referred to the fact of violent exercise producing buffiness without disease; and stated, that when a man sud-

denly fell and injured himself, the blood, on being drawn, was not buffy.

Mr. SAMWELL said, that horses, on being bled after exercise, always gave buffy blood; that when they had been some time quiet, it disappeared.

After a second discussion as to the size of the red and white globules of blood,

Mr. NORTH expressed it as his opinion, that Dr. Gregory's theory could not surmount the fact, that pregnant women, who were in perfect health, often yielded buffy blood.

Dr. GRANVILLE having taken an opportunity to state, that he had delivered, or superintended the delivery, of more than 26,000, women. (A general laugh.) Dr. Johnstone having stated, that if his memory did not fail him, he had seen an artery yield buffy blood—and the Chairman having asked Dr. Gregory if, in all inflammatory disease, there was not a disposition to form new parts; and having hinted that buffy blood was more or less, according to its intensity, connected with the formative process, which hint Dr. Gregory considered an ingenious one—these things having passed, the meeting separated, with a hope from the Chair, that the subject would not be allowed to sink into oblivion, without further discussion on another evening.

A petition to the House of Lords, on the subject of anatomy, laid on the table.

LONDON MEDICAL SOCIETY.

March 2, 1829.

Dr. SHEARMAN in the Chair.

STATE OF THE SOCIETY.—TREATMENT OF SCARLATINA BY MERCURY.—EXTIRPATION OF MALIGNANT TUMOURS OF THE EYE.—THE SOCIETY'S ANNUAL DINNER.

At this Meeting it is usual to make a disclosure of the state of the Society, which is generally done by the President. On the present occasion, the Registrar officiated. The only statement worthy of notice, respected the funds. A year since, the balance in hand was 100*l.* 1*s.* 1*d.*; since that period 26*6**l.* 12*s.* 6*d.* have been received, making in the whole 367*l.* 6*s.* 7*d.* The expenses for the past year have been 399*l.* and a fraction, leaving, therefore, the Society in debt to the amount of 32*l.* A considerable sum had been paid to the Registrar for making a catalogue of the library, which was complete, and ready for delivery. 120*l.* had been laid out in the repairs of the house, which were the principal means of absorbing the cash. The Registrar had no doubt that the Society would soon wipe off its

amount of debt, if it continued as prosperous as it had hitherto been.

The Registrar read the minutes of the last meeting.

Mr. ASHWELL and Mr. SHEARLY objected to the correctness of the minutes in some points, which were afterwards corrected accordingly.

Mr. KINGDON wished to know from Dr. Ramadge, if he recommended the use of mercury, invariably, in scarlatina. It appeared to him that enlargement of the salivary glands frequently accompanied scarlet fever, and this had raised a doubt in his mind, as to the propriety of the use of mercury.

Dr. RAMADGE considered the affection of the salivary glands as simply sympathetic. Enlargement of those glands frequently took place also in dentition. It was in the early stages of scarlatina that he recommended mercury.

Mr. KINGDON was happy to hear this explanation, because he had known cases where the salivary glands had been enlarged, where they had gone into suppuration under the use of mercury, had been benefited by the black wash, and when the mercurial application had been laid aside, had got better.

Mr. GOSSET read (rather unusual among the members of this Society) from a manuscript the particulars of two cases of what he considered malignant tumours of the eye, which he had extirpated. The first patient was forty-six years of age. After the eye had been extirpated, he had used a piece of sponge wrapped in linen, as a plug in the globe, by which he had suppressed the hæmorrhage, and which he considered much better than dossils of lint. As the parts healed, diseased surfaces presented themselves again, which were subsequently removed. A third time diseased parts showed themselves, to which concentrated nitric acid was applied, but the disease still went on until the patient sunk. On examination, it was found that the disease extended through the *ethmoid bone*, and was only separated from the brain by the *dura mater*. There was a calculus found in the gall-bladder, as large as a pullet's egg, which, with the parts that had been removed during life, were exhibited to the Society. The liver had the *melanoid* appearance.

The next case was that of a young lady who had accidentally received a blow on the cheek and eye; inflammation followed; it subsided; inflammation came on again, and afterwards presented every appearance of what Mr. Wardrop had called *fungus melanoides*. In extirpation, it was found that the retina was ossified, a circumstance by no means common. The girl had recovered, and became perfectly well.

Mr. TYRRELL had seen a great many

cases of this description, and was much inclined to doubt the malignity of the tumour in the case last related. He was also extremely averse to operations of this kind. Taking the average of operations for malignant tumours of the eye, it would be found that by far the majority of cases proved unsuccessful. He strongly recommended the exhibition of mercury, having witnessed the best effects to result from it. Scarcely in any case, except where the disfigurement was very great, or where the patient's life was subject to much risk by hæmorrhage, would he recommend the removal of the morbid parts. Where the operation was performed, there was no necessity for a compress, either of sponge and linen, or any other thing. He recollected four cases, two in which Mr. Green, one Mr. Lawrence, and one he himself, had operated, where simple pressure with the finger for five or ten minutes suppressed the bleeding, nor did it ever return; besides, a plug was greatly calculated to produce irritation, and thereby increase the chance of failure in the operation.

Mr. CALLAWAY inquired to what extent Mr. Tyrrell would recommend the use of mercury, supposing it did not seem to repress the disease, and supposing it affected the salivary glands?

Mr. TYRRELL answered, as long as the constitution of the patient would bear it; it might be for weeks, months, or even a year. He had known an instance where a patient had been kept spitting a pint and a half every day for sixteen weeks, without the constitution afterwards having proved to be at all injured by the mercury. If the disease was not suppressed at all, but seemed to proceed under the exhibition of mercury, then, after a reasonable time, he would lay it aside; but he should regard an operation in such a case as only speculative.

Mr. CALLAWAY agreed with Mr. Gosset on the propriety of having removed the tumour in the case he had last related.

Mr. ASHWELL had seen three cases of this kind; in one, the patient had been kept under the influence of mercury for six weeks, in another for two months, and in another for three months. The disease in all proceeded. After a short period, when the mercury was supposed to have been got out of the constitutions, operations were performed, and, in two of the cases, with complete success.

Dr. RAMADGE was quite astonished to hear of its having been necessary to keep a patient spitting a pint and a half a-day for any length of time, or even for one day. He regarded carrying the use of mercury to such an extent as wholly uncalled for.

The PRESIDENT informed the Society,

that as their Dinner would take place on Monday next, the Society would, of course, not meet that evening, except in the Freemasons' Tavern, where he hoped to see a very powerful muster.

CIRCULATION OF THE BLOOD IN THE VEINS.

To the Editor of THE LANCET.

SIR,—In the report of the proceedings of the Westminster Medical Society, for the 7th of February, No. 285, Mr. Bennett offered some opinions relative to the circulation of the blood in the veins, and appeared to think them, either unnecessarily numerous and capacious, or that they performed some other function distinct from the mere passage of the blood. It appeared also that the generality of the members did not agree with Mr. Bennett's ideas on the subject; at the same time it does not appear that any satisfactory reasons were advanced in opposition to Mr. Bennett's opinions; indeed there appeared a deal of obscurity concerning the increased velocity of the blood through the veins, &c. If the following observations on this subject may be thought not unworthy of a corner in *THE LANCET*, I shall feel highly flattered by their insertion. It may be said that I have not offered any thing new in these observations; that is not my intention, but merely from what we already know of the circulation of the blood, and its mechanical contrivances, with the effects known to arise from a derangement of any of its modes of action, to deduce a sufficient reason against Mr. Bennett's opinion, and to show good grounds for believing that there does not exist a greater quantity of veins than is necessary to return the blood to the heart, and that they do not perform any function distinct and independent of it.

I am, Sir,

Your obedient servant,

Feb. 26, 1829.

Δ.

It must be recollected that the artery is a highly active vessel, provided with muscular fibres, and consequently possessing great force in itself; the fluid in the artery has been forcibly expelled from the heart, onward to its destination, and this expulsion is kept up by the contractile power of the muscular fibres surrounding the artery. The vein, on the contrary, is an entirely passive reservoir, totally unprovided with muscular fibres, consequently the blood flows to the heart, partly from the impulsive power given to it by the artery, and partly from its equality of pressure; for by making an opening into

a vein, and introducing a tube, the blood will flow in whatever direction you choose to direct the tube; hence the use of valves to prevent the blood from regurgitating. It must, therefore, be seen that there exists a great difference in the force and rapidity of the flow of blood between the artery and the vein. If there were generally but one vein to an artery, the vein would be unequal to the task of conveying back the blood as fast as the artery expelled it; the balance could not be kept up, the heart would have sent forth more blood than it could procure again from its veins; the equilibrium would be destroyed. But we see that from the facility afforded to the return of the blood, and the mechanical contrivance of its conduits, the heart is, in a manner, enabled to regulate its admission. Of what great importance this is in the animal economy, fully appears from the arrangement of the vessels of the head and spine; the blood is sent to the head by means of the vertebral and internal carotid arteries, which last are not permitted to enter the cranium in a direct line, but are obliged to take an exceedingly tortuous course, opposing some degree of resistance to the flow of blood to the brain. But what is provided for its exit? Large sinuses, which, communicating with the internal jugular veins, afford an easy and immediate passage to the blood. In fine, let the immediate danger be remembered that would arise from an obstruction to the reflux of the blood from the brain and spinal cord, and there can no longer appear a superfluity of veins for the mere passage of the blood.

ERGOT OF RYE IN LINGERING LABOUR.

To the Editor of THE LANCET.

SIR,—Being a reader of your invaluable Journal, and perusing your reports of the late discussion at the London Medical Society, on the effects of the secale cornutum, or ergot of rye, I beg leave to trouble you with a case in which I made use of the ergot. I was called to Mrs. Hitton, Chapel-street, of this place, who had been in labour for twenty-three hours. When I arrived I found a debilitated woman, with lingering or ineffectual pains; upon examining per vaginam, I found the liquor amnii discharged, the os tincæ dilated, and well lubricated, the presentation natural. I waited two hours, and the pains still being ineffectual, I determined to try the ergot. I put only one scruple into four ounces of water, boiling it down to two; of this I gave her one half; ten minutes having elapsed, and the pains still weak, I gave her

the remaining portion; strong pains came on, and in twenty-five minutes both child and placenta were expelled. Had it not been for the ergot, she would, judging from circumstances, have been hours longer. My opinion is, that the ergot ought not to be used if the os uteri be not dilated, at least to the size of half-a-crown, or if the liquor amnii be not discharged, or if there be any preternatural presentation, or if the pains be totally wanting.

Your obedient servant,

EDMUND TAYL R, Surgeon,
Middleton, near Manchester.
Middleton, Feb. 18, 1829.

EXTRACTION OF TEETH.

To the Editor of THE LANCET.

SIR,—The only excuse I can find for the positive and illiberal remarks of your correspondent, Mr. J. De La Fons, respecting myself, is, that he only read a short paragraph or two of my paper on the Extraction of Teeth. The large forceps, as I particularly stated, are for the very large molar teeth only, the small one being generally used for teeth of all kinds. The large instrument is lengthened in the jaws, that is, in those parts extending from the joint to the short extremity, for the express purpose of making them more convenient to use, the loss of power being compensated by the additional thickness of it in the fore parts, which, however, adds but little to its bulk or length, this latter being precisely the same as the key; so that the "ludicrous extent" of it exists only in the imagination of the writer himself, who seems to have mistaken the word jaws for claws. It will be evident, upon a single perusal of his first paper, and a glance at the diagrams, that my opponent did not confine his remarks on the use of the key to the molar teeth; but now his arguments are disputed, and his conclusions (not facts) doubted, he has taken fresh ground, and wishes to make trial on them alone. There is no occasion, but I should have no objection to meet him there, not, certainly, as he somewhere sneeringly observes, in order to give publicity to defeat on either side, but for the laudable purpose of eliciting truth.

The following conclusions I believe to be founded on facts:—

1. That in 49 cases out of 50, in which "the key is generally used," teeth of all kinds can be safely and expeditiously extracted with the forceps.

2. That whether teeth are first loosened by the wrench of the key, or by the lateral

or circular motion of the forceps, they must, in the after part of the operation, to be extracted without injury to the jaw or fangs, be lifted out in a direction perpendicular to their sockets.

3. That the forceps is the safer instrument of the two.

4. That fewer teeth are broken with it.

5. And, above all, that the application and use of it are *much less painful* than those of the key.

In proof of the last assertion, I have the concurrent and valuable testimony of many of my patients, who, having submitted to the application of both instruments, would not allow the key to be used afterwards, dreading, as they truly observed, "that horrible wrench."

Let any person carefully examine the boasted diagram, and place in a similar one, not a conical, but such a tooth as I have now before me, whose fangs are half an inch in length, and $\frac{3}{4}$ of an inch in breadth from fang to fang, the diameter, at the neck, being no more than $\frac{3}{4}$ of an inch, when he will have ocular demonstration, that to be extracted skilfully, it must be raised perpendicularly out of the socket.

Talk of "sciolists," "torturing," and "cavillers," indeed! Let Mr. De La Fons, before he attempts again to teach old practitioners, pay some deference to the opinions of those who are not so ignorant as he supposes them.

Relying, Sir, on your usual impartiality for the insertion of this, I beg to say, that I am an admirer of your public spirit, and

Your humble servant,

J. PROWSE.

Bristol, February 18, 1829.

WEBB-STREET SCHOOL OF ANATOMY.

To the Editor of THE LANCET.

SIR,—As you have inserted in THE LANCET, of the 14th inst., a communication from a pupil of the Webb-street School, falsely accusing Mr. Grainger and Mr. Pilcher of having refused gentlemen admittance to the museum which they have lately opened, professedly for the benefit and accommodation of their pupils, I hope you will, in accordance with your usual liberality and strict impartiality, allow an early insertion to a few observations, in refutation of a charge so totally unfounded. Immediately I perceived the accusation in question, I called upon Mr. Grainger, who assured me that it was altogether false, and that he had offered unlimited permission to all those gentlemen who would apply to him or to Mr. Pilcher. I can most positively subscribe to the accuracy of

this assertion, as I have not only been permitted to visit the museum myself, but have generally found several other students there whenever I have been there. It may at first sight appear strange, that any individual should presume to write so untrue a statement; but I think the general expression of your correspondent's letter, and a brief exposure of some few individuals who, for the sake of annoyance, have wished to go into the museum whilst Mr. Grainger is preparing his lectures, will convince you, and your numerous readers, of the badness of the feeling under which the letter was penned. To whom your correspondent intended to apply the epithets "high and mighty," it is difficult to conjecture; if he wished to assert a plain fact, why not write in a plain and intelligible language. This species of scribbling is highly characteristic of the pusillanimity of its author, and strikingly expressive of the baseness of the motive which it is intended to cloak. The persons alluded to have, of late, been frequently in the habit of abusing Mr. Appleton, in the most ungentlemanly manner, and even conducting themselves, whilst in the museum, in a way more becoming children than gentlemen. Should those pupils still continue to disgrace themselves by insulting Mr. Appleton, and injuring the preparations in the museum, I hope they will forbear calumniating the character of Mr. Grainger, whose conduct, both as a man and a teacher, is unimpeachable, and altogether undeserving the slander of so contemptible an assailant as your correspondent, "A Pupil."

VERITAS.

SPERMATIC ANIMALCULA.

THE invention of the microscope is a subject of very great interest, and the immense advantages derived from its use, in the discovery and knowledge of minute structures, are so important, that we need not be astonished to find several countries wishing to attribute the glory of the discovery to themselves.

Fontana, a native of Naples, is said to have been the inventor, about 1618; but Borelli, in his *Microscopical Observations*, bestows the honour on Zachary Jansen, of Middleburg, in Zealand, who, he says, first made it known in 1590. But this statement of Borelli's is suspicious, as he was anxious to bestow the merit on that city, to the authorities of which he had dedicated his work; besides which, he gives to the same Jansen the honour of the invention of the telescope, which, however, Jean Baptiste à Porta gave an account of in the year 1589, in a work entitled "*De la Magie Natu-*

relle." Comiens mentions this circumstance in his work on the nature and pre-
sage of comets. Hook, of the Royal Society, enjoyed great celebrity for the manufacture of microscopes, during the 17th century. Of course, since that period, great improvements have been made in their power and construction.

Both Hartsoeker and Leuwenhoek, claim the merit of having first noticed animalcula in the seminal fluid, but the latter was the first who published any account of them, which will be found in the 142nd Number of the *Philosophical Transactions*, in a letter to Brouncker, the then president; it is dated Nov. 1677, and headed, "*Observations de Natis è Semine genitali Animalculis.*" I subjoin an extract from that letter:—

"Eandem materiam (semen virile) non ægroti alicujus, non diuturna conservatio corruptam vel post aliquot momenta fluidiorem sartam sed sani viri statim post ejectionem ne inter labentibus quidem sex arteriæ pulsibus sæpiusculæ observavi tantumque in ea viventium animalculorum multitudinem vidi, ut interdum plura quam 1000, in magnitudine arenæ sese moverent. Non in toto semine sed in materia fluida crassiori adherente, ingentem illam animalculorum multitudinem observavi; in crassiori vero semine materis quasi sine motu jacebant."

Hartsoeker's account did not appear till the following year, when it was published in the sixth volume of the "*Journal des Savans.*" He there says, that in urine, which he kept some days, there were engendered little animals, much smaller than those he noticed in gonorrhœal discharge, and which have the figure of small eels. He examined the semen of a cock, and describes the animalcula found therein as resembling, in their form, young tadpoles (*grenouilles naissantes*.) Needham bestows the merit of the discovery on Hartsoeker. "I shall take," writes Needham, "as little notice as may be, in this short summary, of the almost inevitable mistakes others have made, in this matter, before me, and the hasty consequences they have drawn from appearances that naturally surprise, by their novelty; such surprise is but too apt to captivate persons, even of the most serene thought, much more the young and inexperienced, such as Mr. Hartsoeker was, when he first discovered the spermatic animalcula."

How Needham could have made this statement is to me astonishing, for I see not a shadow to believe that Hartsoeker was the discoverer. Even before any account was published by him, Huguens gave a sketch of the animalcula he saw in grain, and in other matters, in the 28th Number of the *Journal des Savans*, while no mention is

made of any animalcula by Hartsoeker till the 30th Number of the same journal was published, where will be found an extract of a letter from him to the editor.

That Huguens knew of spermatic animalcula, when his letter was written, may be judged of by the following observation: "I am able, (says the editor of the journal,) to say, that these animalcula are engendered by corruption and fermentation; but there is another kind which must have another principle, I mean those discovered by the microscope in the semen of animals, which appear to be born with it, and which are in such great numbers, that it seems to be entirely composed of them."* In many parts of Hartsoeker's works, mention is made of Leuwenhoek, with whom he appears to be extremely vexed and annoyed, and speaks of his letters to the Royal Society as "bas et rampant," and containing, says he, useless and chimerical observations. In Hartsoeker's "Suite des Conjectures Physiques," he states, that Leuwenhoek's first communication to the Royal Society was published on the 25th April, 1679. This is not true, for the letter of which I made mention before was printed, as I have said, in the 112d Number of the Philosophical Transactions, which Number is for the months of December 1677, January and February 1678.

Animalcula are found in the semen of all animals, and almost at all times; they differ materially from the infusory animalcula, and, in fact, are confined to this animal secretion alone. Their dimensions are different in different animals; neither do they correspond with the size of the animal, as might be expected. For, in the space of a grain of sand, 50,000 may be counted in the semen of a cock; in the roe of a codfish, 10,000; whilst the roe of the ruff (a fish a thousand times smaller than the cod,) the animalcula are as large as the others. In oysters, muscles, and other shell-fish, animalcula have also been noticed, resembling those found in the semen of higher animals.

In man, their form is not always the same at different periods of life; for if we examine the fluid contained in the vesiculae seminales of an infant, which is not yet proper to generation, we shall find animalcula, but not of the same figure as those in the adult. There are, however, little bodies, in which, Hartsoeker presumes, are placed and enveloped the spermatic animalcula, as insects are inclosed in their nympha. Again, in old men, the semen will be found to have lost these animals, and in some they are either all dead, or so dull, as to survive but for a very short period.

Seminal fluid resembles, at first, coagu-

lated milk; when examined with the magnifier, the cause of the opacity is not discovered, but when it begins to dissolve, and assume the colour of soapy water, if looked at with a microscope of small power, the irregular parts seem to be in an indistinct slow motion. This is from the action of the animalcula, infinitely more minute, of a globular figure, with a sort of filament, or short appendage.

The little animals possess a double motion, the one oscillatory, from right to left, and from left to right, the other progressive. This latter motion is doubtless owing to the oscillation of the appendage. According to Spallanzani, in twenty-three minutes, the motions of oscillation and progression diminish; and in an hour and a half, but few of the animalcula possessed, in the experiment he made, any visible movement, and those that still retained the power, were confined to the oscillatory, the progressive having altogether ceased, from want of power in the tail, I suppose, to propel the body onwards. When all are at rest, by diluting the semen with water, you may more readily examine their figure. Each corpuscule is not properly globular, but elliptic, and the appendage is not only longer than it appears, but the breadth is not equal throughout.

The motions of the animalcula are instantly stopped, if rain or even distilled water be added to fresh semen. Saliva, however, does not seem to affect them. The temperature of the surrounding atmosphere has great influence on their existence, for Spallanzani noticed, that when the thermometer stood at 36°, the motions of the animalcula ceased in 45 minutes; when at 47°, an hour and a half; in two hours at 49°; two hours and a half at 51°; three hours at 54°; and when at 55°, after the lapse of three hours and a half. He constantly observed, that as the heat was greater, the duration of motion increased; so that in the middle of summer the corpuscula continued to move for seven and three-quarters, and even eight hours. If the humidity be lost, they immediately become motionless, nor can they be revived if saliva be added. Now Needham, and with him the illustrious Buffon, state that they, on examining fresh semen, observed long filaments, ramifying on every side; these opened and divided into moving globules, trailing after them something resembling tails, but so far from being such, that they caused an oscillatory motion, and were nothing more than the viscid seminal substance. Buffon, therefore, classes them with the infusory animalcula, and says they are either produced by an evolution of organical parts, or by real vegetation. That this is not

* Journal des Savans, No. 23.

the case, Spallanzani, and more recently Provost and Dumas, have, I think, proved. They found that animalcula existed in the semen previous to any alteration or decomposition by the influence of the air, and that they are active in this fluid, even while included in the organs of generation. Spallanzani took the semen from a ram, fresh and vigorous, so that a friend cut away the epididymes, which are commonly full of semen, and immediately it was presented to the microscope, when numbers of animalcula were observed, and all were vivacious. But a more conclusive experiment was made by Provost and Dumas.* After bleeding to death a rabbit, by opening the carotid artery, they examined first the testicle, where they found them in motion and considerable numbers, having the general character of the eel, with the head rounded, stretched out and flat. The motion of the animalcula which they remarked, was not caused by simple attraction and repulsion, but by the rapid flexions and alternations of the tail, which gave them the progressive movement. The same was remarked in the fluid contents of the epididymes and vasa deferentia. In the vesiculæ seminales, too, they were found, though mixed with other bodies, spheroidal and larger, often agglomerating, and of various diameters. In the prostate gland, they noticed globules analogous to those of milk, but no animalcula. It would be tedious to give you the peculiarities of the animalcula in different animals examined by these gentlemen; I shall, therefore, conclude this, and return to it at a future opportunity.

JOHN P—E.

HOPITAL DE LA CHARITE.

EXTENSIVE LOSS OF SUBSTANCE, IN CONSEQUENCE OF GANGRENE OF THE LEFT CHEEK, AND OPERATION FOR RESTORING IT.

STEPHANIE JULY, ætat. 22, was, on the 11th of April, 1826, admitted under the care of M. Roux, on account of the loss of the left cheek, so that there was a large opening into the cavity of the mouth, bounded anteriorly by the median line of the face, posteriorly by a line drawn perpendicularly from the external angle of the orbit to the lower jaw, below by the under lip, and above by a transverse line about half an inch below the inferior margin of the orbit, and having an irregularly quadrilateral form, and ex-

posing the left nasal cavity, left side of the tongue, and the interior of the left maxillary sinus. The alveolar process of the upper jaw and the upper lip were completely destroyed, and only one incisor was left at the internal, and a molar tooth at the external extremity of the opening. The patient had two years previously been affected with typhus fever, which, having terminated in sphacelus of the left cheek, had left this frightful deformity, for relief of which, the patient applied at the hospital. On the side of the orbit and nose, the soft parts were rigid and hardly susceptible of any extension; but the under lip and the external portion of the cheek being very moveable and well nourished, seemed to afford a sufficient quantity of substance to fill up the opening, from the extent of which it was, however, anticipated, that this object would not be obtained but by several successive operations. The first operation was performed on the 25th of April in the following manner:—The internal margin of the upper lip, in the median line of the face, having been pared off, a perpendicular incision, about half an inch in length, was made into the under lip, and its external margin brought into contact with the rest of the upper lip, where it was kept by means of three sutures; the left portion of the upper lip was thus replaced by the external part of the under lip, and the lower angle of the wound of the latter, formed the left angle of the mouth. On the fourth day after the operation, the needles having been removed, perfect re-union of the parts was found to have taken place, and the preternatural opening was thus closed inferiorly by the artificial upper lip.

In the second operation, in order to bring the artificial upper lip in contact with the superior margin of the aperture, it was necessary to dissect off the integuments from the remaining portion of the maxillary bone; this having been done, and the margins of the parts in question being pared off, they were brought into contact, and kept united by means of needles. On the following day, violent fever and headach, with erysipelatous swelling of the wounds, ensued, so that it was necessary to withdraw the needles; the united parts immediately separated, and, after the cicatrisation, were in the same condition as before the operation. A third operation, similar to the last, was accordingly performed, but with no better success, so that M. Roux resolved to follow another plan; he divided the artificial upper lip from its union with the right upper lip, and the superior margins of the preternatural opening having been pared off, he brought them into close contact, so that the mucous membrane of the cavity of the mouth formed part of the external sur-

* Mémoires de la Société de Physique et d'Hist. Natur. de Genève.

face of the cheek. Needles were employed to keep the parts in contact, but when they were withdrawn, it was found that the operation had completely failed, and that no adhesion had taken place. The unsuccessful issue of the three last operations induced M. Roux to adopt a different method; he formed a flap from the ball of the left thumb, and applied it to the preternatural aperture, in the same manner as in the rhinoplastic operation, when the flap is taken from the arm; union seemed to proceed very favourably, when, on the fourth day, the patient having during the preceding night been agitated by violent dreams, the parts were found separated, and all hopes of their union were destroyed. Under these circumstances, M. Roux considered it advisable to make no further attempt at remedying the deformity, and to discharge the patient. In the spring of 1827, she applied, however, again, and as her health had evidently improved, and the soft parts of the cheek, especially the artificial upper lip, appeared to have increased in flexibility and size; the third operation, viz., that of dividing the new lip from its adhesion with that of the other side, and of applying it to the upper and internal margin of the preternatural opening, was repeated. The parts were kept in contact by five sutures; and when these were removed on the fourth day, perfect union had taken place.

Considerable inconvenience was produced for some days after the operation, from the lower eyelid being forcibly drawn downwards; the parts however soon extending, it regained its natural position; and when the newly united parts had completely cicatrised, all that remained uncovered was a triangular space between the perpendicular margin of the right upper lip, the septum nasi, and the portion of the artificial upper lip, which, in the latter operation, had been turned upwards.

A month after the last operation, this triangular space was also covered, by bringing the right portion of the upper lip in contact with the perpendicular margin of the left, the edges having previously been pared off. The sutures being removed, within a few days the parts were found united; and when complete cicatrisation had ensued, the left cheek was perfectly covered with skin; the deformity was, of course, still very great; the opening of the mouth being small, the left upper lip much depressed, and the under lip forcibly drawn upwards and to the left side, and protruding in its middle portion; all these parts, however, gradually increased in size, and the patient, whose courage deserves, indeed, no less admiration than the skill of the operator, left the hospital apparently with the greatest satisfaction, on the improvement in her condition.—*Gazette de Santé.*

HOTEL DIEU.

SINGULAR AFFECTIO OF THE SPEECH FROM APOPLEXY.

JUL. MEUNIER, 25 years of age, having, from his fifteenth year, been subject to periodical attacks of headach, which regularly returned every month, was, on the 5th of March, 1828, in consequence of a strong emotion of the mind, seized with an apoplectic fit, followed by incomplete paralysis of the right side. Being carried to the Hôtel Dieu, he was immediately bled, and the next day was in the following state; the power of motion in the right arm and leg was almost completely restored, their sensibility, and that of the right side of the trunk, was excited in such a manner, as to produce, on the least touch, the most violent convulsive movements, and almost intolerable pain. The patient complained of a violent pain across the forehead; sight, smell, and taste, were unimpaired. The right angle of the mouth was somewhat depressed; the motions of the tongue were perfectly free, and he spoke very fluently, but his pronunciation exhibited a very curious deficiency; for although he was perfectly sensible of what he intended to say, he could not easily express his ideas, and constantly confounded, or altered them, in a peculiar manner. Thus, instead of *clef*, he said *clique*; of *douloureux*, *difficile*; of *rêve*, *vers*; of *eau*, *rau*; of *soupe*, *soulum*; of *bouillon*, *boujon*, &c. It clearly appears from these specimens, that he was not at a loss at finding the words, but was only incapable of forming some peculiar combinations of letters. He was, at the same time, perfectly conscious of the mistakes he made; and when speaking very slowly, often succeeded in avoiding them. The patient was repeatedly bled, and gradually recovered, so that within three weeks he was able to leave the hospital.—*Journ. Hebdomad.*

ST. THOMAS'S HOSPITAL.

STRANGULATED FEMORAL HERNIA.

M. H., about 50 years of age, was admitted into Queen's Ward, under the care of Mr. Tyrrell, in the afternoon of Tuesday, February 10th, with a strangulated femoral hernia of the left side. The patient stated that she had been the subject of hernia for about fourteen months previously, but had not before experienced any great inconvenience from it; the tumour had descended 36 hours before admission and was about the

size of a small egg, accompanied with great tenderness of the abdomen, &c. Twelve ounces of blood were extracted from the arm, the warm bath resorted to, and the taxis applied repeatedly without effect: the symptoms being urgent an operation was deemed expedient and accordingly performed by Mr. Tyrrell, between 11 and 12 at night. On opening the sac it was discovered to contain a fold of dark-coloured small intestine, and the stricture found to be very firm. After the patient had been put to bed, the parts were fomented, and the extremities being cold, warm water was applied to the feet. Pulse 100, intermitting at every tenth beat; she slept soundly for two or three hours during the following morning.

11. Ordered to take of

Calomel, 2 grains;

Opium, one-third of a grain, every three hours;

Common enema, with six drachms of *Castor Oil*, and to be repeated in the evening, if required; the first returned immediately, and the second soon after its injection, without any fæces; continue the fomentation.

12. *Infusion of Senna*, half a pint;

Sulphate of Magnesia, half an ounce to be administered as an enema;

Had four stools during the night.

13. Profuse diarrhoea; stools bloody and offensive, but abated towards the evening.

Calomel, 2 grains;

Opium, half a grain, night and morning;

Tincture of Opium, 30 minims immediately.

Brandy, 2 ounces;

Sago, and *Sirup*.

14. Diarrhoea returned. Pulse 104, sharp; complains of pain in the abdomen;

Infusion of Mint, with *Tincture of Opium*;
6 minims every 4 hours.

Wound adherent at the lower part but not above.

15. Vomited this morning, but less purged; some pain on pressure over the abdomen;

A cataplasm to be applied to the wound;
6 ounces of red wine daily.

16. Abdomen more tender; pulse 96, small and quick; tongue brown, dry, and furred; bowels have been moved once. Apparently not so well; very drowsy, and does not complain of pain unless questioned, but is perfectly sensible when roused. Take the mixture every eight hours.

17. Much the same; substitute gin for the wine.

18. Bowels open; no vomiting.

19. The wound was dressed to-day, and presented rather a sloughy appearance; pulse 120, weak; complains of no pain or sickness; occasional hiccough.

20. Evidently sinking; pulse 112, weak and intermitting; complains of pain after

taking nourishment at the superior region of the abdomen; tongue less furred.

21. Pulse intermittent, but less feeble; wound sloughy; worn in the afternoon with vomiting.

22. Diarrhoea; spirits low; eyes dull, and suffused with tears; countenance pale and anxious.

23. Passed her stools involuntarily; extremities cold.

24. Pulse at the wrist almost imperceptible. Gradually sunk till six o'clock the following morning, when she expired.

On examination of the body thirty-one hours after death, the wound was sloughy and widely open; the fold of intestine which had been returned was of a very dark colour; there was not evidence of much inflammation of the peritoneum having existed, but it was soft, and easily lacerable, as was the whole of the intestinal canal, especially the small intestines, the mucous membrane of which was found to be ulcerated.

GUY'S HOSPITAL.

Accidents admitted at Guy's Hospital during the week, under the care of Mr. Morgan.

Accident Ward—Fractured femur.

Injury to ankle.

Injury to hip.

Dislocation of the humerus.

Ditto ditto.

Asphyxia.

Fractured clavicle.

Chapel Ward—Contused knee.

Fractured femur.

Injury to hip.

Fractured neck of the thigh bone.

Contused wound of the head.

Charity Ward—Hernia.

BOOKS RECEIVED FOR REVIEW.

Elements of Pathology and Practice of Physic. By John Mackintosh, M. D. vol. i. octavo, pp. 484. Edinburgh, Carfrae and Son. 1828.

A Treatise on Obstructed and Inflamed Hernia, and on Mechanical Obstructions of the Bowels internally; and also an Appendix, containing a brief statement of the cause of Difference in Size in the Male and Female Bladder. By Henry Stephens. In boards, octavo, pp. 191. London, Cox. 1829.

TO CORRESPONDENTS.

The letter of "A Bartholomew's Pupil" next week.

ERRATUM:—Page 638, line 18, 1st col., for three read fifteen.

THE LANCET.

VOL. I.]

LONDON, SATURDAY, MARCH 14.

[1823-9.]

LECTURES

DISEASES OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

LECTURE XIX.

Of Scirrhus of the Ovaries.

IN the same manner as women are liable to be affected with scirrhus of the uterus, diffused or tuberoso, so also they are obnoxious to scirrhus of the ovaries, a disease more frequent, I think, in those viscera, than in the uterus itself. Of the two forms of disorganisation mentioned, it is, I apprehend, the *tuberoso* which most frequently attacks the ovary, and, therefore, when this viscus is enlarged, frequently it is the bumpy or tuberoso surface which characterises the disease; sometimes, however, the scirrhus change which occurs is of the *diffused* kind, the whole mass of the ovary enlarging, and the surface remaining equable and smooth. Under either form, the ovary may enlarge very much, becoming successively large as an egg, large as the head of a fetus at the full term of gestation, large as the fetus itself at the close of nine months, and, ultimately, even larger than this. The rapidity, also, with which this enlargement takes place, is liable to much variety, though, if the enlargement of the ovary be composed of solid material only, without dropsy, the growth will, I believe, be generally slow; months it will certainly occupy, and more frequently years. When the ovary becomes scirrhus, one side only may be affected with the disease, or the ovary on the opposite side may also be involved in the disorganisation, the two being affected in very unequal degree, nor is this by any means uncommon; and scirrhus of the ovary may be associated with

a similar disorganisation of the tubes, the womb, and the remoter parts. These extensions of the disease are of no small importance. In *pure scirrhus*, of course, as the very epithet implies, no other disease supervenes, but now and then we meet with cases in which other disease combines with scirrhus—inflammation more frequently—abscess more rarely—ovarian dropsy not uncommonly; and when the inflammation is superficial, the ovaries are very apt to contract adhesions with the surrounding parts. When the ovary is large as the closed hand, being of a size to fall into the recto-vaginal cavity, so as to obstruct the vagina, it may become completely fixed there, so that you may not be able to press it above the brim; or where the ovary is lying above the brim of the pelvis, superficial adhesions may take place, so as to connect the viscus with the intestines, omentum, and parts contiguous. In different cases of scirrhus, too, there may be much variety in the condition of the basis of the ovary; that part, I mean, by which it is attached to the sides of the pelvis in the healthy condition of the parts; for sometimes the connexion is slender, (in this preparation not thicker than the finger,) and sometimes it is as broad as the palm of the hand, and the uterus and the ovary may be so far consolidated with each other, that to detach them is a work of some nicety. The whole of this subject, the morbid anatomy of the scirrhus ovary, I mean, and more especially that part of it which relates to the extension of the disease into the contiguous viscera, and to the nature, extent, and vascularity of the attachments, is well deserving of further investigation. So long as it is believed that the removal of these diseased parts, under any circumstances, is unjustifiable and hopeless, so long these inquiries may be looked upon as of speculative interest, rather than of practical importance; but if an expectation may be reasonably cherished, of improving our abdominal surgery, so as to render the extirpation of these parts upon the whole successful, in well-selected cases, and to enable us at the bed-side to discriminate the individual scirrhusities in which success is to be expected, then it must be evident that

the breadth, the vascularity, the nature of the attachments, the degree in which the disease may spread into the other parts of the body, together with the average frequency of these circumstances, may all of them be looked upon as of no small interest, even in the mere practice of our art, and I would, therefore, invite your attention to the inquiry. As the disease is not of uncommon occurrence, all the necessary information might, I conceive, be obtained in a short compass of time, provided the men of leisure or activity in the profession would favour us with their communications through the intervention of our periodical works. An account of dissections, drawn up in a view to these points, if brief and discriminating, would not occupy much space, and it might have the advantage of occupying a blank which might otherwise be filled up with the workings of frivolous or fretful feelings. By confining the communications to some two or three leading publications, they would be brought together under the mind of the same readers, and their juxtaposition would probably give no small addition to their value.

Characters.—The characters of scirrhus ovaries are diversified, according to the age of the scirrhusity and its consequent bulk, so that, in practice, the two varieties of the disease must be distinguished from each other. Patients may sometimes come to you labouring under ovarian scirrhus, as large as a nine months' uterus; and where that is alone the cause of this enlargement, they will generally tell you they have been labouring under the disease for several years—a very characteristic circumstance, the patient adding, (when you come to inquire more closely,) that this tumour, in the early period of its appearance, has seemed to lie, as we should have expected, rather in the inferior than in the upper part of the abdomen; and moreover, that in the earlier stages, when she has examined herself, by laying her hand upon the abdomen, as when lying in bed for example, she has felt the enlargement more on the one side than on the other, though you, perhaps, when you come to examine the intumescence, may not so clearly perceive this lateral inclination. To ascertain this disease with certainty, an examination becomes necessary, in conducting which, you must proceed on the principles prescribed in a former lecture; but the following particular hints may not be without their use:—Should you examine internally, and find a scirrhusity of the os uteri, or the vagina, you must not hastily infer that the ovaries are free from disease, for they too may be involved in the disease, together with the womb. When you examine externally, on placing the woman in the recumbent posture, having lubricated

the abdomen, you may distinguish the intestines in the upper part of its cavity, by their yielding elasticity, and perhaps by a gurgling under the touch. When, further, you proceed to examine the parts below the epigastrium, you find that, at this part, the abdomen is much more solid and unyielding, and sometimes this hard substance may appear perfectly equable, or nearly so; but in other cases, and perhaps not infrequently, you may distinctly perceive the tuberosity, or lumpy feel, which is so frequently the effect of tubercle, and where this tuberosity form clearly exists, it is a great help to you in marking the nature of the case. Now, where all these characters concur, and I think, in the majority of cases, you will find them concurrent, if your patient have a tumour in the abdomen of long standing, lying in the inferior rather than in the superior half of the abdomen, and inclining, in its earlier formation especially, to one or the other side. If, again, on examination, you find the upper part of the abdominal tumour contains the intestines, to be distinguished by a little tact, while the lower part of the swelling is large, solid, and unyielding, and if this surface, sometimes equable and smooth, should be, as often happens, distinctly tuberosity, with such characters there can be little doubt that a scirrhus disease of the ovaries exists, either a scirrhus of one ovary only, or together with the scirrhus of this ovary a scirrhus also of the tubes, the uterus, and the ovary on the other side.

But sometimes patients will come under your care labouring under the disease in its earlier stages, and they apply, perhaps, when the tumour is no bigger than the closed hand; and, in those cases, the enlarging scirrhus ovaries may fall down between the vagina and the rectum, and give rise to symptoms which, if misunderstood, may occasion strange misapprehensions respecting the nature of the disease. In these cases there may be a great deal of forcing, aching, and dragging, and a feeling as if the interior parts of the body would come forth; and if we inquire whether the urine may pass or not, we learn that an obstruction exists; and of the rectum it may be observed, that the compression there is so great, that solid evacuations will scarcely come away. Your patient may also complain of a good deal of numbness in the lower limbs, with weakness, inducing her to lie much on the sofa; and she may have severe pains along the loins and thighs, with a ripping sensation in the course of the nerves, sciatic or crural. If you have once met with this variety of the disease, you will immediately suspect its existence, upon hearing the enumeration of these symptoms; and suspecting what its nature is, you may easily make an examination, when you find

a tumour filling the pelvis, with the vagina passing before it and the rectum behind it, when there can be little further doubt that there is an enlargement of the ovary, probably of scirrhus nature, the ovary being interposed between the vagina and the bowel. But, again, it more frequently happens, and there is a third variety of the disease, that where the tumour is not of a very large size, it is, however, so large as to take place above the brim of the pelvis, lodging either to the one or other side, in the hollow of the ilium; and where this is the case, the patient frequently suffers so little inconvenience, that she does not apply for help at all, until, at length, pain and inflammation are excited, when she is led, by her uneasiness, to consult the accoucheur, telling him, perhaps, that she feels as if the head of a child were lodging in one side of the pelvis. On hearing this, you lay the hand upon the abdomen, the woman being in the recumbent posture, and the bladder being evacuated, and the abdominal coverings being thoroughly relaxed; and then, perhaps, the tumour may be distinctly felt, and where this is effected, it gives at once a pretty decisive character to the disease, for in most, though not in all cases, where you have a round firm tumour in the side of the false pelvis, and more especially if tuberoso, a scirrhus of the ovary will be found to exist.

In scirrhus ovary, sometimes, indeed generally, the health is not very much impaired, and the woman suffers but little, and, therefore, the less it is interfered with the better. Now and then you will find a good deal of pain in the centre of the body, about the pelvis I mean; and sometimes there is œdema of the legs, perhaps of one leg more than the other, and this œdema I should rather wish you to notice, because, if you are either incautious or incurious, it might lead you to confound the disease with dropsy of the peritoneum. As little that is effective can be done in those cases of ovarian scirrhus, I will not detain you long on that subject. What I stated of the scirrhus uterus, I would repeat respecting the ovarian scirrhus—I mean, that if the tumour have once acquired the bulk of the fetal head, there is no reasonable hope of a dissolution of the scirrhus, by any medical treatment which you can employ; and, therefore, to make the vain attempt by means of the more violent medicines, is, to say the least of it, exceedingly unwise. To purge exceedingly, to administer calomel largely, to give conium in injurious doses, to impair the health by a headlong use of the iodine, I should consider to be a very unjustifiable practice; I would not allow it in my own family, and I would not, therefore, have recourse to it in the family of others. I

I believe it never happens that a well developed scirrhus of the ovary becomes absorbed, in consequence of the use of any medicine at present known, though I acknowledge myself unable to judge decisively by the iodine. Those who have seen most of this disease, will, I conceive, in this state of our knowledge, confine their medical treatment merely to the palliation of the symptoms to be treated on general principles. It has been observed already, that the disease of the ovaries sometimes occasions but little distress, except that which arises from its bulk and pressure; sometimes, however, an inflammation of the ovary is excited, and then you must treat it, I think, in the same manner as you would treat the inflamed scirrhus of the uterus, by leeches, fomentations, laxatives, diaphoretics, and digitalis, perhaps in operative quantities, but cautiously—putting the patient on the antiphlogistic regimen; sometimes bleeding from the arm may be proper, though, in general, with these diseased abdominal growths, much bleeding is uncongenial. When the tumour is lodging between the vagina and the rectum, it may then give rise to a great deal of distress by compressing the bladder, the gut, and the origin of the nerves, the sciatics more especially. The most effectual mode of relieving all these symptoms, is by replacing the tumour; and the bladder may be evacuated, (by catheter if necessary,) and by a method of procedure very similar to that recommended in cases of retroverted uterus, the ovary may be pushed above the brim. By evacuating the bladder, the operator obtains a full extent of room, particularly if the urine have been allowed to accumulate, and if he can once urge the swelling above the brim of the pelvis, much of the distress may be permanently relieved, because the abdomen above being designed to receive tumours as the enlargements from pregnancy, for example, it is of course adapted to the process of dilatation.

Prognosis.—The prognosis of this disease may be dismissed in few words. The scirrhus of the ovary you are to look upon as, probably, incurable by known medicines; and I hold it as a sort of axiom, that of women labouring under this disease, those who do least, will do best; but though it is a disease not, on the whole, of malignant nature, the bulk, weight, and pressure, being the principal inconveniences to which it gives rise, yet, however, it does sometimes become a fatal affection; as in those cases especially, where inflammations and suppurations occur—happily not frequently; and those more frequent cases, in which you have scirrhus and dropsy combined, where dropsy, not the scirrhus, is destroying the patient. It may be added, too, that if a woman is married, the recto-vaginal position

of the ovary becomes a cause of considerable danger during the child-bearing, because falling down between the rectum and the vagina, and obstructing the passage of the pelvis, it gives rise to one of the most dangerous obstacles in delivery, often proving fatal both to the mother and child. Indeed, if a patient is known to have one of those tumours, she had better far remain in the unimpregnated state; for pregnancy would, perhaps, cost the woman her life, unless miscarriage could be ensured.

I sometimes hear my friends talking about removing the scirrhus ovary by a scalpel, a practice to which, in the present state of information, I should not myself assent, at least in cases of true scirrhus. If the scirrhus is doing no urgent mischief to the patient, then you had better wait; but if there are fever and inflammation, the high probability is, that the parts will contract adhesions with the surrounding viscera, which may make it difficult to remove the ovary. Add to which, where you have a scirrhus of the ovary, it may be so firmly imbedded in the pelvis on the one side or the other, as to make the removal of it impracticable, or, at all events, a work of considerable difficulty and danger, not to add that the disease may not be confined to one ovary only, but may extend itself into the other.

FOREIGN DEPARTMENT.

EFFECT OF POISONS ON PLANTS.

M. MACAIRE PRIEREP has lately made some interesting experiments on the absorption of poisonous substances by plants, and the changes which they subsequently undergo. The flowers of violet and columbine, (*Viola odorata* and *Aquilegia vulgaris*), the stalks of which were plunged into a solution of the acetate of lead, became of a green colour, a considerable time before their complete death, which did not take place for two or three days. In a solution of the oxymuriate of mercury, these plants died within nearly the same time; but absorption appeared to be much less active, and did not exceed a certain degree; those flowers only, which were very near the surface of the liquid, being changed in colour. The solutions of mineral acids were absorbed so rapidly, that the flowers of violet became red even before they had lost their odour, and the course of absorption was distinctly visible by the progressive discolouration of the stalk. In all these experiments, some flowers of the same species were

placed in pure water, to serve for comparison. The flowers of *Berberis vulgaris*, if placed in common water, retain for several days the habit of contracting their stamina at night, and the same periodical movement, as well as the power of contracting after any mechanical impulse, is also retained by the leaves of the *Mimosa*, under the same circumstances. If, instead of water, a solution of prussic acid, or of opium, be used, the irritability is by the first destroyed within four hours, and by the second in about double that time, the flexibility of the leaves and flowers remaining unchanged. In a solution of arsenical acid of the arseniate of soda, or oxymuriate of mercury, irritability and flexibility were destroyed within three hours. If *stramonium*, *hyosciamus*, or *momordica elaterium*, were submitted to the action of their own poisonous substances, which was done by placing the detached leaves of these plants in a solution of the extracts, or expressed juices, in distilled water, (five grains to an ounce,) they very soon shrunk, and died within an hour or two, while other leaves, placed in a solution of gum, underwent no alteration whatever. If the roots of the plants in question were moistened with a solution of their extracts, they gradually lost their vigour, and died within a short time. It seems, then, that the juices of the plants in question, which are deleterious to other vegetables, are poisons to the very plants from which they are extracted. This presents a striking analogy between the animal and vegetable kingdom; for it is well known that venomous serpents are poisoned by their own bite.

According to M. Macaire, the results of the latter experiments are to be explained either, 1st, By the chemical alteration which the vegetable juices undergo when exposed to the atmospheric air, and which consists in the absorption of carbonic acid, and the emission of oxygen; or, 2dly, By supposing that the deleterious principle is, in the plant, contained in peculiar canals, and separated from the sap by a sort of secretion. — *Annal. de Chim. et de Phys.*

DESCRIPTION OF THE RUDIMENTS OF A FÆTUS, EXTRACTED FROM THE TESTICLE OF A CHILD SEVEN MONTHS OLD.

By Dr. WENDT, OF BRESLAU.

In the neighbourhood of Glogau, in Silesia, the wife of a labourer was in December, 1827, delivered of a healthy male child, which during six months enjoyed good health; but having after this period been affected with dysuria, was found to have a hard swelling of the left testicle, and congenital phimosis. The latter having

been removed by the operation, the testicle rapidly increased in size, so that the scrotum at last hung down to the knees; the tumour had an uneven surface, was very hard, and tender on pressure, and as it continued to grow, was on the 9th of July removed. The ligature came away on the 12th, and the wound was completely healed by the beginning of August.

The extirpated testicle was four inches and a quarter in length, and two and a quarter in diameter; it weighed seven ounces, and its parenchyma was infiltrated with a greasy, ichorous matter, of a yellow colour. No trace of the epididymis could be found. The tunica vaginalis being opened, a solid oblong body was exposed, and on a closer inspection, found to be a thigh bone, without its periosteum, one inch and a half in length; in the circumjacent tissue, the rudiments of several other bones were found, which on a more accurate examination proved to be the pelvis of a fetus at the fourth month; the os coccygis was very much curved; the sacrum terminated in a ligamentous mass, which appeared to represent the rudiments of the lumbar vertebrae. The head of the right thigh-bone was much compressed, without any trace of the neck, although two prominences, resembling the trochanters, were visible; its lower end terminated in two tuberosities, representing the internal and external condyles. The left os pubis and the ischium were totally wanting; the ilium, which was well formed, had attached to its semicircular line the left thigh bone, which was only three-fourths of an inch in length, and its lower extremity bent backwards; the tibia were almost entirely cartilaginous, and were separated by a very thick inter-osseous ligament; the foot was represented by a confused cartilaginous mass, without any distinct traces of toes. No other rudiments of any fetal organs could be found in the testicle, the substance of which was not in a morbid state, except from mechanical pressure. The child from which it had been removed was, five years after the operation, in the enjoyment of excellent health.—*Bulletin des Sc. Méd.*

SMALL-POX—EPIDEMY AT MARSEILLES IN 1828.

From the official report which the *Société Royale de Médecine* of Marseilles has lately published, on the mortality from small-pox during the last epidemic, and on the comparative frequency of the disease after vaccination, it appears, that of 30,000 vaccinated individuals, about 2000 were affected with the variculous eruption, which in 20 cases terminated fatally. Of 8000 persons who had neither been vaccinated nor inoculated, 4000 were infected with small-pox, of whom no less than 1000 died. Of 2000 who had

been affected with small-pox, either from inoculation or spontaneously, 20 had a second attack of the disease, and four died.

EXOSTOSIS OF THE MAXILLARY SINUS.

Maria Faella, a peasant girl at a village in the neighbourhood of Pavia, had from her infancy been in the habitual enjoyment of good health up to her eighteenth year, at which period a tumour, of the size of a filbert, appeared on the left upper jaw, and gradually, though slowly, increased in size. Her menses had always been regular, and as her general health was undisturbed, she married in her 20th year, and soon became pregnant. The tumour had, at this time, attained a considerable size, was free from pain, very hard, and evidently seated in the bone. Several external remedies having been applied without any effect, Dr. Atti, of Pisa, was consulted, who perforated the tumour, and by introducing a needle, endeavoured to produce caries, and a subsequent exfoliation of the exostosis. This was also attended with no success, and the disease was left to itself for four years, during which time the tumour increased in breadth and height, so as to project about two inches, and forcibly to compress the nose, orbit, and mouth. The repeated attacks of inflammation of the eye, resulting from this pressure, had produced opacity of the cornea. The smell on the left side of the nose was destroyed, the mouth distorted, the palate depressed, the movements of the tongue and deglutition impeded, and hearing considerably impaired on the affected side. The patient was examined by MM. Vacca, Ucelli, and Paletta, who declared the disease to be a fungous growth of the maxillary sinus, and proposed its removal from the cavity of the mouth. An incision was made into the depression of the palate, and an oval piece of the osseous paries having been removed by means of a scalpel, the operator was going to detach the tumour from its adhesion with the bone, when a violent hæmorrhage from the substance of the morbid growth occurred, and produced repeated attacks of syncope, which suspended the further progress of the operation. The bleeding was arrested by the introduction of lint, dipped in ice-water and vinegar. From the small piece of bone which had been removed, it appeared that the tumour consisted of an osteo-fungoid mass, and was covered at its lower part by a very thin osseous lamina. Three days after the operation, the surgeon endeavoured to introduce his finger into the opening, and to detach a larger portion of the fungous growth, when the hæmorrhage recurred with the same violence as before. All further attempts were accordingly desisted from, and the hæmorrhage having been ar-

rested, the wound was dressed with balsam, and, in order to check the ulterior growth of the tumour, it was thought advisable to keep up suppuration of the parts; but on the eighth day after the first operation the wound, and, within a short time afterwards, the neighbouring organs became gangrenous; a line of demarcation soon formed, but all the teeth of the upper jaw, the alveolar process, two thirds of the bony palate, a great portion of the vomer, the left nasal and inferior turbinated bone, nearly half of the molar bone, and the greater part of the upper jaw, either came away, or were extracted by the forceps. The lacrymal bone was discharged from an abscess which formed on the cheek, the other bones by the mouth and nose. The operation had been performed on the 22d of June, and the parts were perfectly healed on the 14th of September.—*Annali di Medicina.*

DOUBLE PUPIL IN ONE EYE.

A remarkable case of double pupil was observed by Professor Pacini, of Lucca, in a young man who, in his childhood, had, from an unknown external cause, been affected with chronic inflammation of the left eye, which had left it in the following state:—The external parts of the eye are healthy, the cornea is perfectly transparent, except at its external part, where there is a small pterygium; the pupil is elliptic, the fourth part of a line in height, and one line in breadth, and immovable even in the strongest light. The upper eye-lid being raised, another pupil, three lines and a half in its largest, and one line in its smallest diameter, is discovered at the upper portion of the iris; it is somewhat directed towards the internal angle of the eye, and likewise insensible to light. The parts behind it are perfectly transparent. The young man is long sighted, and squints, the left eye being constantly turned towards the nose; whenever he looks at an object with both eyes, he sees it simple and distinct; if the healthy eye be closed, and the accessory pupil covered, the object appears confused, but if seen with the superior pupil only, it appears simple and distinct. Whenever he looks with the morbid eye at an object placed before him, he sees its right half only, and that double; in order to see it simple, he is forced to direct the eye towards the external angle, and even then the right half is seen more distinctly and somewhat higher than the other. Objects appear of the same size, whether seen with the morbid or healthy eye; and continued exertion of the former produces a disagreeable sensation in the interior of the globe, so that he is obliged repeatedly to close the eye-lids.—*Journ. des Progr.*

TO
JAMES JOHNSTONE,

Post-Office-M.D.,

Of the University of Aberdeen.

“MEN” AND “MEASURES.”

DEAR “DUB,”—Having wandered through that fairy-land of romantic vituperation—the second volume of your fellow-graduate’s miscellany—allow us to present you with another offering of flowers, selected from that “Araby” of the heart, on which you and your brother Roderick may regale yourselves, like the two kings of Brenta, smelling to one rose. Should this bouquet of the affections torture the senses by the union of its odours, pray do not give us credit for your “aromatic pain,” for, as Mr. Moore sings of his harp,—

“—————” ’tis your glory alone;
We are but as the wind passing heedlessly
over,
And all the wild sweetness we wake is
your own.”

In the former volume, which we examined on a late occasion, your friend Macleod, the mail-coach doctor, seems to have laboured under some restraint—to have dreaded the indulgence of his natural feelings; but, in the present, his innate propensities operate unchecked, and he riots in all the endless exuberance of his dulness and malignity. Low as had been his estimate of his disciples’ taste and disposition, the extent of the vitiation of both appears to have been, even to himself, a discovery of which, however, he certainly makes the most in his subsequent use of the secret. Adapting, in the commencement of his career, the virulence of his comments to the conjectured capacity of his constituents for slander, he gradually increases the strength of the dose as he proceeds, until, in the potion before us, he revives, intellectually, the physical phenomenon of Mithridates, by demonstrating that the faction, to which he has become poison-vender, can subsist on venom alone, without a revulsion of the mental system. In this second monument of his abusive industry, no qualms of moderation mitigate his malevolence; the affected mildness of timidity and reserve, with which the first products of his labour were blended, has passed away in the progressive ebullition of his malice, and we have here collected, in this foul reservoir of envious scurrility, the pure, unadulterated essence of hatred and revenge. In the administration of his ca-

luminous philter to his deluded admirers, he does not altogether forget the rules of his art: "good feeling" was once the adjunct with which he sweetened the potion; "measures, not men," is now the corrigent employed to make it sit easy on the stomach of his victims. Let us see how he keeps this promise to the ear, and breaks it to the understanding.

In his preface to the volume before us, we find him sparing "men" and assailing "measures," with a propriety of feeling and precision of etiquette at which the Speaker of the House of Commons might not take umbrage:—"We have fearlessly denounced the system of literary plunder, and personal abuse, which had degraded medical literature; and opposed our earnest and sincere efforts against the tide of destruction which was so rapidly undermining the reputation of the profession. With a view to effect this, we have not hesitated to tear the mask from the face of the impostor, and show him in his native hideousness." This, indeed, is not bad for a beginning, considering that "measures," not "men," were the objects of attack! The mail-coach graduate, in medicine, however, appears to be more of the rhetorician than the reasoner; he addresses himself more to the imagination and the passions than to the understanding. By some such hypothesis alone can he be rescued from the dilemma of self-contradiction: thus, in the present instance, by a skilful use of that lively figure of rhetoric, called metonymy, which enables a writer to dispense with the literal interpretation of words, he insensibly substitutes the agent for the act, and assaults "measures" by the figurative appellation of "men." With the assistance of this explanatory key, the obscurity of the doctor's composition is entirely removed; and such imputations as "delinquency, destruction, imposture, and atrocity," become the current coin of politeness and complaisance; these terms of personal reproach being, of course, intended to express something different from their ordinary meaning. We agreeably avail ourselves of this clue to the mysterious labyrinths of his style to lead us out of the darkness of the following passage, peculiarly distinguished for the boldness of its assertion, logical accuracy, inoffensive phraseology, and homogeneity of sentiment with the writer's professions:—"After a month's preparation, an answer has been published, to which we should not have replied, but for the purpose of pointing out the impudence of its misrepresentations." Many of the characteristics of the doctor's writing are contained within the limits even of this short phrase. Another writer would doubt that a month could be employed in composing a few pages of *THE LANCET*; and,

even if he thought so, he would hesitate to make the statement, through a natural apprehension of not being believed: the doctor, however, neither doubts nor dreads disbelief, but, depending, we presume, on the resources of rhetoric to save his consistency, states a conjecture with all the force of a known fact. Any other individual, not even a professor of Roderick's principle of attacking "measures" not "men," might be inclined to save appearances, whatever his real motives might be, by assigning the error of a proposition, and not its impudence, as a reason for its refutation; but no such specious artifice influences the conduct of the doctor, who relies on the metonymical powers of his pen to transmute the impudence of an opinion, not only into a good argument for its correction, but also without giving the slightest offence. In the following passage he extends his arbitrary use of language still farther, and indulges in more daring figures of speech, thus:—"The Editor of *THE LANCET* is delighted; he sees, in prospect, fresh characters to be sacrificed, and gloats on the victims of a new calumniator." The art of persuasion, as rhetoric has been defined, sanctions no bolder means of attaining its objects than that by which a writer, or speaker, exchanges identity with an opponent, and presumes to describe what is passing in the "enemy's camp." This grand manœuvre of oratory is not only exemplified, but even exceeded, in the sentence quoted by Roderick, who, having insinuated himself into his antagonist's breast, not only sees the present, but also the future, condition of its feelings. After this splendid specimen of metathesis, by which he incorporates himself with, or transforms himself into, the Editor of *THE LANCET*, the next quotation should neither surprise us by the audacity of its assertion nor by the virulence of its sentiment:—"In the records of literary atrocity," he says, "we have met nothing more monstrous than the conduct to which the Editor of *THE LANCET* pleads guilty in his last Number." We were wrong in preparing the reader against surprise at this passage; on reconsidering it, we perceive it contains a difficulty which is scarcely explicable by the help of even the doctor's licentious use of rhetoric; for, though it may be allowable to represent a man guilty of monstrous atrocities, the improbability of his acknowledgment of such crimes is not so readily digested. We have no doubt, however, that the author of the subsequent fragment of eloquence, in the pathetic line, would be able, from his intimate acquaintance with all the figures of speech, to furnish us with a precedent for the practice, and clear up the apparent obscurity of his meaning:—"When we beheld," exclaims

the indignant rhetorician, "the unprovoked aggressions of bold, bad men, on the feelings and property of individuals, do we not glow with indignation, and long to see justice done to the injured parties?" "Poor, virtuous people!" exclaimed Robespierre, with a peculiar unction of intonation, on seeing the Sans Culottes ornamenting their pikes with the heads of their victims, during the French Revolution. "Do we not long to see justice done to the injured parties?" cries Roderick, on casting a sympathetic glance on the calumniated executioners of the London Hospitals. Congenial spirits speak a kindred dialect, though born in distant countries; the hypocritical phrase of the sanguinary jacobin of Paris admits, at least, of an easy translation into the Pharisæical cant of the cat's-paw of corruption in London.

With the commencement of another volume, we arrive at a new era in the philanthropic labours of your amiable friend Roderick. An opportunity, worthy of the exercise of his talents, fortunately presented itself about this period, in the legal proceedings of Mr. Bransby Cooper, to prove to the people of England his skill and dexterity as a lithotomist. To discuss the details of this "Waterloo" between the medical press and the hospital surgeons of London, with the name of whose hero British nurses score their babes into repose, as Mohamedan mothers used to do formerly with that of Scanderberg, or Sobieski, would be now a work of supererogation. The use alone which has been made of the occasion claims our present consideration. To qualify himself for the office of an impartial judge, and a competent legal authority in the pending suit, he first favours us with his opinion of the merits and demerits of "trial by jury." "We have always (says Roderick, who shines as conspicuously as a civilian as a rhetorician) looked on trial by jury as a bulwark against political innovation, rather than as the most desirable method of dispensing justice between man and man. This object, we think, would be much better attained by referring the matter at issue to the decision of one intelligent, cultivated mind, accustomed to view such cases in all their bearings, and too acute in estimating the value of arguments to be misled by the special pleading of counsel on either side." From the chord which the minstrel strikes in this prelude, the characters of the subsequent performance may be predicted with tolerable accuracy. Trial by jury is a very good thing to oppose political innovation; trial by jury is not so good for dispensing justice between man and man; that is, when its utility does not place our own neck in danger, it is excellent; but, when it threatens that member

with a halter, it is execrable! The reasoning, on Roderick's part, is conclusive; though we may not be sufficiently acute to perceive how trial by jury should be useful for opposing political innovation, and unfit, at the same time, for dispensing justice between man and man, the prevention of oppression and the parties being precisely alike in both cases. An institute, which is here considered competent to protect a people from the encroachments of despotism, might, by any less enlightened jurist, be thought quite powerful enough to shield one individual from the aggressions of another. Roderick, however, thinks otherwise, and would prefer the caprice of one "cultivated mind" to the opinion of twelve honest men. Had the recollection of the jury, which awarded him five pounds damages, on a recent occasion, any thing to do with the trade against trial by jury? We merely throw out the hint, without any intention of imputing improper motives.

The jury-system being thus summarily disposed of, the character of the defendant naturally comes under that anathema pronounced against an institute, to say any thing in the praise of which would be nearly as ridiculous as Roderick's abuse of it. By way, we presume, of exciting odium against the defendant, we are told, that, "like Cobbett and Hunt, he intends, on this occasion, to conduct his own cause." The facilities which the rules of rhetoric supply, for lowering or exalting any subject, are perpetually tempting Roderick to their abuse, even in matters of law and common sense: the just application of the "simile," in this instance, is truly admirable, being founded on the single point of resemblance, of Cobbett or Hunt having pleaded his own case, though, in every other circumstance, the persons assimilated are essentially dissimilar. Nothing easier than to make "similes" on this principle, so much so, indeed, that we are tempted to try our hand at one. Thus:—a jack ass (we beg the beast's pardon for placing him in the present company) is well known to have a mouth, eyes, ears in abundance, and a sonorous kind of voice, vulgarly called braying: Roderick Mackleod, mail-coach physician, is also blessed with these organs, and—brays: ergo, Roderick Mackleod, according to his own standard of similitude, must be a perfect fac-simile of a—jackass! We congratulate him on the likeness, which of course must be true to the life, being the production of his own accurate pencil. The defendant being sunk in the parallel with Mr. Cobbett, his witnesses are next called up for judgment, and should not expect to be treated more leniently than the jury and defendant, by the Rhodamantus of Pater-noster Row, who hands the whole batch

over to the penalties of infamy in the following merciful sentence:—"When we look on the list of witnesses for the defendant, we are lost in astonishment at his audacity in attempting to substantiate a serious charge by such incompetent witnesses. We know not at which most to marvel, his effrontery in acknowledging such worthless associates, or his folly in trusting to them, one of whom only seems to have been less ignorant of the matter than himself. Such are the friends of THE LANCET—such the men who have dared to pass their judgment on an operation which only one of them had ever performed!"—From this grave indictment two charges against the witnesses are clearly deducible: the first implies that they were, from their character, unworthy of belief, on their oath, the second asserts that they were incompetent to give evidence on a subject of which they were ignorant, never, themselves, having performed the operation of lithotomy. Of the circumstances which render them unworthy of credence, we can notice but a few, which, however, may serve as specimens of Roderick's reasoning on these topics. One of them, says Roderick, was a potatoe merchant; *ergo*, his oath goes for nothing! The syllogism put into form, therefore, stands thus: merchant, potatoes, perjury! The chain of induction is complete; but, if selling potatoes tends to false swearing, what man, according to Roderick's logic, can believe the guilty wretch who eats them? For the honour of that truly Irish root, we must demur to Roderick's conclusion, that either selling, buying, or eating potatoes, has any tendency whatever to perjury. In the next instance, Roderick is equally happy in his ratiocination; another of the witnesses, he represents as having lived with a gentleman who married a relation of the defendant; *ergo*, his abjuration is incredible. The proposition, therefore, stands thus: relationship, matrimony, false swearing! The married men and the bachelors are deeply interested in this convincing argument; the former should take care how they yield to the matrimonial temptation to perjury; the latter should remain in a state of "single blessedness," lest their veracity should be sacrificed, along with their liberty, on the altars of Hymen and Cupid. Upon these substantial grounds, Roderick is petrified with astonishment that any jury would pay the slightest regard to the oaths of individuals who were known to have been guilty of the crimes of dealing in potatoes and the "fair sex;" yet it is a melancholy fact, that a jury would ask no better evidence than the oath of any one of these attainted witnesses to suspend Roderick himself, for the legal time, in front of the Old Bailey!

An oath *pro*, and an oath *con*, however, are two very different things in the logic of partizanship; so much so, that the one is always true, and the other always false. Yet, making every allowance for this friendly feeling, it is extremely odd that Roderick should have objected to the testimony of clanship in the case of the defendant, and pass that of the plaintiff over in silence, whose witnesses were all, one way or another, polluted by connexion and patronage. The second count in the indictment is supported by arguments equally conclusive and consistent: it states that the witnesses never performed the operation of lithotomy, therefore they were incompetent to deliver an opinion on the question at issue! This decision holds out rather a fearful prospect for young lithotomists, and old martyrs to the stone; it prevents, in fact, the former from ever attempting the operation, and, by inference, precludes the latter from the hopes of relief. For, if it be unjustifiable to pronounce an opinion on the manner in which the operation should be performed without actual experience, it ought, surely, according to all ideas of proportion between punishment and crime, to be nothing less than death by the law, to attempt the operation itself without this qualification of experience, which, however, no operator, in his first incisions in the perineum, can ever possess! If an operator is never to undertake the task of cutting for the stone until he has first removed one, why he may remain all his life with an unstained scalpel in his hand, suspended between the hope of success and the fear of failure, like the metaphysical donkey between the two bundles of hay, which was starved while deliberating on which of them he should regale himself first. On the other hand, if a student's knowledge qualify him, (as indeed it always must,) for putting in jeopardy the life of a fellow-creature, would not any one, less refined in his notions of propriety than Roderick, think that the information which was sufficient in a case of life or death, would be more than satisfactory in a mere opinion on the manner in which the operation should be executed? Did not Mr. Bransby Cooper himself extract his first calculus on the strength of this presumption? Nay, does not Roderick himself, who, we dare say, neither ever performed this operation, nor was present at the one in question, consider himself perfectly competent to discuss and decide on every particular of the case? The jury, defendant, and his witnesses, being severally set aside, Sir James Scarlett is introduced on the canvass, in all the pomp of panegyric. "Next in order of succession," says Roderick, "we come to the speech of Sir James Scarlett, probably one of the most

splendid efforts of forensic eloquence that ever was made! For some idea of it we must refer to our report, but no words can convey an adequate conception of the masterly and impassioned manner in which he sketched the education and career of his client, and contrasted them with the obscure origin and worthless career of his traducer, who, like the foul raven, feeds on all that cleaner natures loathe." When a writer turns commentator on himself, the criticism of another hand would be quite superfluous: we shall allow Roderick to speak his opinions, on another occasion, on the estimation in which he holds the forensic eloquence of counsel, by way of illustrating the preceding passage. When treating of the retreat of Mr. Guthrie, Roderick thus expresses himself:—"He (Mr. Guthrie) might have remembered that, in such cases, the representations of counsel are always received with limitation, and looked upon as the purchased services of the hireling who sells a given quantity of abuse for its equivalent in gold, and, smothering his real opinions and feelings, prostitutes his talents to the first that fees him, however despicable and degraded, just as the harlot does her person to the first who beckons her with money in his hand, however loathsome, or however vile!" Eh! Sir James, what think you of the versatile pencil of your glowing encomiast now? As Hamlet has it, "look upon this picture and on that," and say for which of them have you sat? But be not alarmed: it is the peculiar privilege of genius to exalt or depress objects according to its caprice, or the necessity of the occasion. Roderick's genius lies in fiction, and naturally imitates the eccentricities of the poets. In the present instance, he appears to have followed no less a model than Simonides. This respectable old writer of elegy, who, it is said, was more mercenary than "bard beseeems," was once requested, by a Grecian squire, to celebrate, in a triumphal ode, the victory of a pair of mules in the chariot races; considering the sum offered too little for his trouble, he apologised by stating, that he did not consider the animals sufficiently noble to be dignified by the praises of his muse; a larger sum being promised, the bard reconsidered the subject, and looking now to the nobility of the mules on the maternal side alone of their genealogy, he immediately celebrated their triumph in one of his choicest odes, commencing thus:—*Xaipet' ἀελλογόδων ζυγάρτες ἵππων*. Thus it entirely depends on the source of a brief, and his own interest, in what light a counsel's pleadings are viewed by Roderick: if the brief be derived from the hostile side of the court, the mercenary origin of forensic oratory stamps it at once as the worthless production of prostituted

talents: if the brief, on the other hand, be held from the party in whose pay Roderick happens to be, the venal lineage of eloquence is altogether set aside, and the advocate becomes instantly a downright Demosthenes! The flexibility of Roderick's standard (the bull will be excused in an Irishman) for estimating the comparative merit of forensic oratory, will be still more apparent in the following description of the defence against Sir James Scarlett:—"it was false in statement, sophistical in argument, coarse in language, and diabolical in tendency." These qualities of oratory are satisfactorily accounted for by Roderick, who says that the defendant, during the delivery of his defence, "frequently drank what appeared to be brandy and water." The character of the defence is summed up, generally, in the following description:—"we find the general opinion to correspond with what we expressed last week, that the defendant had managed his cause in a very bungling manner; and the estimation in which he and his witnesses were held by judge and jury, is apparent from the charge of the one and the decision of the other." The talents which we have shown Roderick to possess for rhetoric and ratiocination, save us the trouble of examining the arguments severally, by which he arrives at the preceding inferences, which we state more for corroboration than discussion. Roderick always finds what he seeks for in the composition of his opponents, his wishes, on these occasions, being the parent of his opinions; we can, therefore, readily enough understand how he discovered the falsehood, sophistry, coarseness, and devilism, of the defendant's reply to evidence; but we cannot so readily perceive how he learned, through the help of vision alone, that there was brandy in the speaker's glass! We are not at all defending Mr. Wakley from the charge of refreshing himself under such fatiguing circumstances, by the use of stimulants; for we would certainly think the less of him and his oration, if we thought that one drop of water had been mingled with his beverage, while composing or delivering such an able statement, on the principle of Dr. Johnson's scale of drinking; viz., "claret for boys, port for men, and brandy for heroes." We merely wonder at the manner in which the cogniac was detected in the crystal; but, to Roderick, all things are easy; and we have no doubt that, were it necessary for a more thorough vilification of the defendant's character, Roderick would not only have transmuted the clear lymph into alcohol, but would also have changed its colour at his command, like that "modest water" at the marriage feast in Galilee, which, according to Dryden's paraphrase of the miracle, "saw

its God, and blushed." With respect to the accordance between the mail-coach graduate's opinion, and that of the public, on the nature and result of this celebrated trial, we shall decline speaking ourselves, considering it a very unnecessary, if not a presumptuous, task to offer any views on the question, when other writers are to be found to answer this purpose so much better than ourselves. The first we shall confront with Roderick is a writer in the last number of "The New Monthly Magazine," who says, "the most singular circumstance in this trial was, that while the defendant brought forward numerous witnesses, all present at the operation in question, to justify his averments, the plaintiff only produced one such person present, but several as to character. *The evidence seemed decidedly for the defendant.* The plaintiff's character could weigh little against direct evidence. But it seems the jury took into account the mode in which the alleged libel was worded. *This trial will be a public good.* Many clever surgeons who can operate well before two or three individuals, *are too nervous for their work*, surrounded by two or three hundred of the profession, young and old." This is the opinion of the leading Whig Magazine: let us see what its contemporary, "The Monthly Magazine," and pink of Toryism, has to say on the matter: "The verdict was certainly not within our calculation; but, with the Bench, we have no design to war. The figure made by Sir A. Cooper was rather curious; and we think his absence would have done him full as much credit. Mr. B. Cooper, however, gained a verdict, and we are satisfied the experience acquired on this occasion, will be of service to him in future. On the debated question whether the Editor of *THE LANCET* was actuated by malice, we shall only observe that the testimony adduced by him was strong, and that it seems rather to have been beaten down by general character than by particular facts. We are not at all inclined to doubt Mr. B. Cooper's skill; but the question was as to its application in this particular instance. As to the contested value of works like *THE LANCET* to the profession, the hospitals, and humanity, it is absurd to hesitate a moment. They must be always beneficial, as long as error is to be corrected, or negligence to be exposed. What is the true security for good conduct in the public servants of England, but the public vigilance? No man who had known, ten years ago, the state of the hospitals, of the practice, and practitioners, could doubt the necessity for a thorough change. A great change has since taken place, and to what has it been due, but to these publications? Operations of the most unscientific kind were constantly being performed, with no one to complain

but the unlucky patient, whose complaints were soon silenced. What could the few attending governors say, but that they were incompetent judges of operations? What would the assisting surgeons and physicians say? Nothing. It was not their policy to involve themselves in feuds with their brethren. But now comes in an inspector, qualified by his knowledge to detect the errors of practice, and independent of the parties. It is impossible but good must arise, from consciousness in the operators and physicians, that their conduct is sure to be the subject of public attention. One subject we strongly recommend to its pages, the gross habit of filling the hospital situations with the cousins and connexions of the leading professional men. We have too much of this in every department. But as the government only takes care of our liberties, and the church of our souls, we may spare our indignation on trivial points. But our bodies must not be tampered with at the mercy of the nearest and dearest blockheads that ever walked in the go-cart of patronage. The nepotism we should not allow to a pope, we shall not allow to a surgeon; and we heartily wish that Sir Astley and his nephew would take the hint, and that the governors of our hospitals would, in every instance, discountenance the family system. If it have loaded every other profession with imbecility, why should it be less cumbrous, stupid, and hazardous, where the blockhead stands knife in hand?" Such are the concurrent opinions of these two antipodes in politics on the result of the trial; and we might go on quoting authorities to the same effect, from every intermediate shade of colour into which the prism of party has separated political writers in Great Britain, much further, were it necessary, to bring their testimony to bear on so insignificant an object. It is not, however, a little amusing to see Roderick declaring, after the specimens of his abuse which we have accumulated, that "his quarrel, after all, lies not with 'men,' but with measures, not even with what is said, coarse, vulgar, and disgusting, as it often is, so much as with the *animus* which breathes in it!" Had he omitted this declaration in his claim on public confidence in his statements, the climax of his contradictions would have been incomplete, and there still might be some hopes of bringing him to his senses, by attention to the state of his chylipoietic viscera. But the evidence afforded by this confession of his desire to enjoy the fame of moderation, and, at the same time, to indulge the impulses of hatred and revenge, excludes every hope of salvation by physic. The darling notion of consummating this impossible union of vice and virtue, makes him forget, that to hate

the sin, and love the sinner, is an effort of feeling, and a distinction in ethics, beyond even his intellectual subtlety to attain. Had he not become the dupe of his own sophistical speculations, Pope might have informed him, that "to reform and not to chastise, is impossible; and that the best precepts, as well as the best laws, would prove of small use, if there were no examples to enforce them. To attack vices in the abstract, without touching persons, may be safe fighting, indeed, but it is fighting with shadows. My greatest comfort and encouragement to proceed, has been to see that those who have no shame, and no fear of any thing else, have appeared touched by my satires." Or, if Pope could not convince him of his folly on this head, he might have consulted Junius, who says, "Measures, and not men, is the common cant of affected moderation; a base counterfeit language, fabricated by knaves, and made current among fools. Such gentle censure is not fitted to the present degenerate state of society. What does it avail, to expose the absurd contrivance or pernicious tendency of measures, if the man who advises or executes shall be suffered to escape with impunity?" It is not, therefore, to his personalities that Roderick is indebted for his complex character, but to his attempt to combine the extremes of temperance and scurrility—to improve on the morals of the School for Scandal, and appropriate, in his own person, the opposite virtues of the two SURFACES. The struggle perpetually betrays him into blunders and inconsistencies too ludicrous for farce; for, within the sphere of his vocations, there was no absurdity within his reach which he has not embellished, nor folly, which has not come magnified from the extravagance of his pen. Setting out on the principle of "impersonality" every page of his labours is a record of the violation of his own professions; as if these promises of forbearance were but mockeries of decency, intended to render him the more acceptable sacrifice to that demon of slander to which he has sold himself. Were a painter to represent that "ideal model," formed by Roderick for his Journal, from contemplating its imitation, instead of an allegorical symbol of "learning, judgment, and good feeling," embodied, perhaps, in a Minerva, he would probably give us a full length portrait of Apage, wife of Nabis, the Spartan tyrant, who, when all other means of despotic persuasion failed to convince his victims of the justice of his extortions, introduced them to an apparatus of torture in the shape of his loving spouse, which, arrayed in the smiles, and decorated in all the beautiful finery of the original, but supplied interiorly with innumerable points of steel and other infernal devices of refined cruelty, clasped the

recusant martyr in its iron embrace, and, through the emblems of amenity and benevolence, stung the wretch to death. It is thus that Roderick endeavours to conceal the fangs of his viperous engine under the drapery of a humane moderation. But just observe the reptile in any one of his contortions, and you are sure to find him collecting the slaver of his slanderous mania into personal projectiles; spinning his slime into threads of sophistry for the strangulation of some victim; or, overcome by the writhings of revenge, bursting and scattering his venom about him in indiscriminate but harmless showers. No matter how irreconcilable the nature of the subject with the spirit of vituperation. No matter what may have been the views taken of it by an opponent: irrelevancy of abuse, or justice of opinion, makes no distinction with this Thersites of the press, who finds, in every object, food for his slanderous appetite. Were he, indeed, as efficiently noxious as his purposes are malignant, the levity of satire, at the conclusion of its task, might well sadden into sobriety of reflection on contemplating such a portentous union of malevolence and power. But the providential laws of nature preserve us from any such melancholy misgivings, by denying a specimen, in all her varied works, of such a combination of mischievous design with the faculty of execution. In the foulest and finest of her tribes, she has wisely limited the sphere of their operations, and thus saved the milder classes of beings from the fatal hostility of so ruinous a mixture of strength and evil. To the serpent she has refused the wings of the eagle; to the eagle, the deadly fangs of the serpent: thus prudently fixing to the earth those venomous properties which, if possessing the power of diffusing themselves in proportion to their intensity, would render animal existence precarious, if not soon extinguish it altogether. The fearful gift which she has withheld from reptiles, she has not bestowed on "lordly man;" to a Nero she has not given the talents of a Cæsar or an Alexander; nor to Cæsar or Alexander the sanguinary instincts of the tyrant; otherwise, instead of a conquered, we might have heard of a depopulated world; and that, if the Roman people could not have been decapitated by a single stroke, they might have fallen beneath a repetition of well-contrived assaults. Throughout the whole scale of being, that principle of optimism seems to prevail, which limits the efficiency of malignity; and in man, in particular, makes the attributes of the head generally in an inverse ratio to the baseness of the heart. When we see a breach of this universal law attended by the efforts of the viper to become ubiquitously noxious on the wings of the

eagle, or a tyrant's endeavours to accomplish the destruction of a people, by pretending to the genius of a general, we naturally smile, and cannot help applying the illustration to the frustrated malice of that phantasmagoria, arising out of the baffled manifestations of evil disposition which we have quoted, like one of those thin, bodiless, spectral appearances, sometimes seen ascending out of the phosphorescent corruption of the grave, and amusing the beholder by its fitful, gloomy, but innocuous transformations.

ERINENSIS.

Dublin, Feb. 27, 1829.

WESTMINSTER MEDICAL SOCIETY.

Saturday, March 7, 1829.

Mr. CESAR HAWKINS in the Chair.

BUFFY BLOOD—REPEATED BLEEDING—
BUFFINESS AT FIRST SIGHT—INDEX TO
PREGNANCY—RETENTION OF URINE.

THE discussion this evening was, in great part, a repetition of the arguments advanced, at the last meeting, for and against Dr. Gregory's new theory, and, on the whole, more of the amusing than the serious was elicited. Amongst the speakers was Dr. WEBSTER, who mentioned the case of a lady whom he had lately attended in pregnancy, who was liable to inflammation of the chest, but whose blood being drawn, did not exhibit a buffy coat.

Dr. GREGORY expressed his anxiety to have the general opinion of the members on the universality of buffiness in the blood of pregnant women. He called on Dr. LOCOCK, as a gentleman of great experience in these matters.

Dr. LOCOCK had so seldom bled pregnant women, excepting for some disease attending the pregnancy, that he did not wish to express an opinion as to the appearance of buff in health. In those few instances he had yielded to the prejudices of the patients, who said they were accustomed to it, and became alarmed if not bled. The blood exhibited buff, but it was different in all its characters from the buff of inflammation. With reference to arterial blood, the buffiness of which was disputed last evening, Dr. LOCOCK mentioned the case of a child of a medical man, which had excited great attention, in consequence of the extreme buffiness of blood which had been drawn from the temporal artery.

Mr. JEWELL thought there was one question of great practical importance connected

with buff; whether young practitioners might not be led into very serious error by depending on the appearance of the blood, or relying on the presence of the buffy coat in acute disease. In many severe diseases there certainly was no buff, while, in mild ones, there often was. There were many diseases exhibiting the buff, in which a directly opposite treatment to the antiphlogistic must be pursued. He spoke particularly of puerperal complaints, in which depletion would be a great error, for these did not arise out of inflammation. The blood drawn in these diseases would be buffy, and the young practitioner acting on Dr. Gregory's theory, would bleed again, and the blood being again buffy, he would bleed again and again, until the patient was bled almost to death. Too much reliance ought not to be placed on the appearance of buff. He had seen it stated in the report of last evening's discussion, that Dr. Gregory thought some medicine should be employed in cases of buffiness, to reduce the action of the pulse. It was an old-fashioned medicine, but he (Mr. Jewell) thought the nitrate of potash was the best that could be employed for this purpose; he was accustomed to give it in doses of fifteen grains or scruples three times a-day, and was seldom disappointed in its effects.

Dr. GREGORY disputed altogether the position which gentlemen had taken up, as to draining the body to death, in attempting to draw off the buffy blood, because it was impossible to drain the body to death. There came a point in bleeding, after which not a drop of blood could be drawn; a hole might be made in a vein large enough to drive a cart through—nay, a limb might be removed, and yet the blood would not come away. He had a case last night in proof. The patient had had buffy blood for six weeks, and was then sinking. Now he knew he should do no harm by the experiment, and he therefore opened a vein to see if it was possible to drain the body. He was pretty sure beforehand that it would not give up its blood, and so it proved. (A laugh.)

The CHAIRMAN asked if Dr. Gregory alluded to bleeding from small veins only, but Dr. Gregory did not seem to think it mattered whether great or small.

Dr. MARSHALL HALL having been repeatedly called on by Dr. Gregory for his opinions, stated that he did not consider that buffy blood was, in many cases, a guide to the practitioner; in many diseases, it would be decidedly wrong to act upon it. He differed wholly from the opinion, that the body could not be drained to death from a vein; for, in fact, the more the body was drained, the more it would give up. If a person in perfect health were bled day after day, a great reaction in the system would

take place; but, hy-and-by, there would be no reaction, and the patient would be worn out, and yield blood to death. He had seen such a case; he thought, however, the whole question was one of great difficulty. Having detailed several diseases, in which the presence or absence of buffy blood could be no guide to treatment, Dr. Hall referred to the experiments of Mr. Vines, published in *THE LANCET*, on the blood of the horse; one conclusion to be drawn from them was, that buff on the blood was rather associated with an increased circulation. With regard to arterial buff, he (Dr. Hall) considered that the only reason why it was not often seen, was, that blood was so seldom drawn from the arteries. (Hear.) It was only in diseases of the head, that an artery was opened.

Mr. WADE stated a case, in which a man having enlargement of the heart was bled; buffy coat appeared, and obtaining relief from bleeding, it was repeatedly performed. He never recovered the last bleeding; this was from a vein in the arm. He recollected a case of apoplexy, in which the blood from the temporal artery was buffy.

Mr. THOMSON asked Dr. Gregory, if the pulse was distinct at the extremity of the limb, when he could get no blood from the vein, which Dr. Gregory answered in the affirmative.

Dr. HALL. When there was any difficulty in obtaining blood from a vein, it was owing to cutaneous stricture. Indeed, unless the skin was cold, he never knew of a difficulty. If the foot was put into warm water when blood was wanted, it would invariably bleed, and the same of the arm.

Dr. GREGORY. Was not cutaneous stricture an index that blood should not be drawn; that Nature was chary of her vital fluid, and bleeding improper?

Dr. HALL. No. If a man fell down and turned cold, he was not easily bled; yet were we to wait till the skin became warm, before bleeding him?

Dr. MACLEOD. How did Dr. Gregory reconcile his statement, that blood would often cease to flow, with his theory, that buffiness should be eradicated by abstraction of blood. He (Dr. Macleod) thought the size and consistence of the coagulum, and the proportion it bore to the serum, of far more importance than any other question which had been started. There certainly was no rule in the buff. Its connexion with the formative process was worthy of attention. When a part had to be built up, or when the body was wasting, as in pulmonary consumption and scurvy, buff was always shown.

Mr. THOMSON. How was it possible to check or measure the amount of the relative proportions of coagulum and serum? It

was worthy of notice also, that where the blood was drawn into a metallic, an earthenware, or a glass vessel, it would coagulate more readily in one case than the other. This threw the whole question into the dark.

As there appeared some doubt as to the real basis of Dr. Gregory's theory, Dr. Gregory stated it to be this, that he considered the existence of buffy blood *added to* or increased the danger of inflammation, and that there was no danger where buff was not present. He could tell the existence of buff the very moment he opened a vein and saw the jet of blood. (A general smile, and "Dear, dear.") Any body might know it.

Dr. SHIEL. Did Dr. Gregory mean to say, that so long as blood was buffy, depletion was to be continued, and eradication attempted?

Dr. GREGORY did mean it, but not by the lancet. Purgatives, diuretics, and diaphoretics, should be employed.

Mr. THOMSON and Mr. HUNT wanted to know the appearances of the buffy jet. Mr. Hunt thought both seniors and juniors would be instructed by Dr. Gregory's letting them know how to detect buff so instantaneously; much blood might thereby be saved.

Dr. GREGORY. It was difficult to be described. This was one of those things which must be seen to be understood. The colour, for instance, was one proof; the buff was marked by a bluish tint. The extremely red blood in veins was seldom buffy. He considered this as nothing at all uncommon of detection. In Edinburgh they would tell it in a moment by a wave of the lancet in the air, when a little blood was on the point. If any gentleman would attend him at the Small-Pox Hospital, where the phenomena were strikingly manifested, he would at any time show him a jet, and tell him at once if it were buffy.

Dr. WEBSTER corroborated the ease with which Dr. Gregory could detect the buffy jet.

Mr. MARLEY could often tell the buffiness by the dark colour of the jet. He never knew of pregnancy without buffiness, and instanced the following proof of his satisfaction on this head. A lady had come to town by the coach a week since, and applied to him two or three days after, to know if he, Mr. Marley, thought she was pregnant, as she was extremely anxious to learn. He thought she was, but the lady said she should like to know positively. Having the discussion of last evening in his mind, he bled her, and had then no hesitation in saying, that she was pregnant. (Much merriment.)

Dr. JOHNSON, after a practice of thirty

years, could not tell a buffy jet from any other.

Dr. STEWART thought buffiness a very capricious and accidental index to the state of the body.

Dr. GRANVILLE and Mr. JEWELL said, that pregnant women did not always yield buffy blood.

Dr. JOHNSTONE thought that the grand criterion to a repetition of bleeding was not the buffiness of blood, but the relief which it afforded the patient.

At the close of the debate, Dr. Gregory made an inquiry relative to the quantity of urine which would sometimes remain in the female bladder in pregnancy, in consequence of pressure on the neck by the impregnated womb. A case had lately occurred to Mr. Robert Clark, of Farnham, in which the retention had amounted to seven pints; the bladder had not yet recovered its tone.

Dr. GRANVILLE did not consider this impossible; he had known retention for 24, 36, and even 48 hours; but he had never himself known seven pints to be retained; but such cases were on record.

ON FOOT LAMENESS IN HORSES,

By Mr. C. MORGAN, VETERINARY SURGEON.

MUCH has been said and written on that universal complaint with all horse-men, "foot lameness." Yet, after all, there is a circumstance which has not had sufficient attention paid to it, but which I am convinced is the primary cause of lameness, in the majority of lame horses. We have had quartos written, lectures given, and letters *ad libitum*, to prove that it arises from contraction, concussion, navicular disease, mal-conformation, high keep! and, above all, the pace, the telling pace!! And as the gentleman who styles himself "Nimrod," in the Sporting Magazine, has anticipated my remarks on most of those who have favoured the world with their luminous ideas, on this much agitated question, I leave them in his hands. It was a most just observation of the late Dr. Fordyce, that "theory is the bane of medicine," and had he lived till now, he might have added with great truth, of horse-shoeing too. To take Nimrod's letters *seriatim*, would occupy more of your valuable space, than either your politeness or the subject will warrant, believing, as I do, that short and few are the sentences that need be said on this subject, to detail all that is practically useful. I will state only the facts I have witnessed, and the results they have produced in my mind, during some years of close and devoted attention to this particular branch of my profession,

where we have been in the habit of averaging from eighty to a hundred horses per day, and often a much higher number, for some years past. I therefore hope that I shall not be deemed presumptuous in not subscribing to the fashionable theories of those who *think themselves* our oracles on these points.

The shoe, its form, or application by interrupting the natural functions and economy of the foot, either by suspending those parts intended to carry weight, or by throwing the weight on the parts which cannot bear it, is the *primary cause of the majority of lame horses*. For in spite of all that has been said of the natural mal-conformation of the foot, I maintain that it is equal to all the purposes required of it, and if properly shod, will last as long as any other part of the animal. And that the defect lies not in the foot, or the wisdom which so admirably adapted it to the end designed, but in the theorising, meddling interference of man; with his improperly applied, and badly formed shoes. This, I repeat again, is the cause of so many defective feet, and lame horses.

I take my stand on this basis, backed, as it is, by the feet of numbers of horses I pledge myself to produce, that have been shod for years with the shoe we use, and whose feet are as good now, and in the same form, as ever they were; but these horses have not been shod by inexperienced apprentices, but by good men, and the term good is of some import, or all the respectable farriers are sadly mistaken to pay the price they do for them, if a set of inexperienced and uninitiated mechanics would do as well. Great stress is laid on the "pace, the telling pace," and it is asserted to be above all others most conducive to foot-lameness; and among other supports to prop this "pace" theory, Nimrod adduces his own cart horses; this happens unluckily, for to the cart horse I appeal for the complete refutation of the whole theory, and I am amply borne out by the feet of the London cart horses; with them the pace cannot be adduced, and yet we find them obnoxious to every disease to which the foot of the horse is liable. Those practically acquainted with it, know very well it is *cheap bad shoeing* which fills the marshes in the vicinity of London, every spring, with so many hundreds of horses; the same causes produce the same effects on their feet as on the best bred hunters, or hacks—pressure on the vein, or to be more scientific, that portion of the sensible sole immediately covering the sharp edge of the coffin bone. This is the primary cause of the inflammatory action, the source of those effects, which, from having been christened with such fine, high-sounding names, have led to much theory and confusion; not but what other causes

occasionally operate in producing grogginess. This pressure is most frequently produced by the foot not being properly prepared to receive the shoe; at other times by the form or make of the shoe itself, and frequently by both combined, acting at the heels and producing corns, of which the seated shoe is a fruitful source.

It frequently exists, acting equally and alike upon both feet, and may not incapacitate him for slow work; but give him a half-hour's burst across a country, a two mile heat, or a rattling trot at the top of his speed, and then you will find it out. It is no uncommon thing to hear the inflammation and its train of evils, called fever in the foot, navicular disease, concussion, &c., or to have its existence wholly scouted, as inadequate to producing such symptoms.

To such my reply is, steam, gunpowder, and many other agents, are apparently trifling in themselves, but capable of producing tremendous effects.

Having endeavoured to point out what I have found to be the cause of this bane of horse flesh, I now proceed to the antidote; but, before I do so, I must again remind your readers of the absurdity of that observation of Nimrod's, respecting the "inexperienced apprentices;" for, rely upon it, much depends upon the mechanic who has to execute your orders, as has been clearly demonstrated. By the way, Mr. Coleman's shoe failed in the army, and not from any defect in the principle.

We use a modified specimen of the professor's original thin-heeled shoe,* and where it has been employed on an extensive scale with the happiest results, for more than a quarter of a century.

Startle not, good reader, I do not mean to tell you that all horses, whether sound or unsound, "and many that work hard are not sound," are shod in the extreme of the thin-heeled principle; but this shoe must be modified according to the state of the foot. This shoe should be *well made*, (which none but a well-tutored man can do, simple as it may appear,) the foot *properly prepared*, and last, though not least, should be well and firmly nailed on by a first rate artisan.

These three processes should be performed under the guidance of a person well versed in the anatomy and economy of the foot, and no other is competent to the task, let his experience in grooming and horsemanship be what it may. A shoe thus made, and thus applied, I maintain will keep the foot sound, and in the same form as nature made it, under any exertion the horse can be put to, and this I pledge myself to back by the feet of numbers of horses that have been

shod with this shoe for years; but fail in any one of the above particulars, or let an inexperienced hand perform, and you will need all your ingenuity to account for the lameness that will inevitably arise, though the cause may not be very easily detected by the amateur or inexperienced.

Such is the nicety and precision required in the application of iron to the horse's foot, an operation of infinitely greater importance than is generally imagined. The necessity for stopping the horse's feet is well known to all practical men, when kept in a dry hot stable; the fact also, that he takes good care to stop his own hind-feet, prompted by instinct, says something to this point. And this circumstance, added to the infinitely less proportion of labour he has to perform, will go far towards accounting why he is so comparatively free from inflammatory at tacks in the fore ones.

Nimrod seems to have been singularly unfortunate in the solitary experiment he says he tried with the leather soles. I have used them for several years past, with the best results; and people seem to be aware of their advantages, for they are become very general.

If the shoe, "the seated French shoe," so highly eulogized by Nimrod, had been of the practical utility he would fain lead us to believe, how came it, ushered into notice as it was by such high patronage, and fairly tried in some of the first shops in London, that we hear nothing of it now? The fate of the system-mongers! And as to its French origin, let the feet of the Flanders horses brought into this country, having had the full benefit of the system or principle tried on them, answer! The operation of any specific plan of shoeing is not to be seen all at once, (as some feet resist the effects of the worst a long time,) or by a few well selected gentlemen's horses, royal studs, or regiments of cavalry. The man who seeks practical information on this subject must follow them, after they are turned out of these favoured establishments into the coach, post-chaise, or butcher's cart, and shod not merely for parade or the amusement of their owners, but to rattle over the London stones for the daily bread of their masters. So many systems and quartos have been published, and that generally by persons who have not been able to succeed as practitioners in the art they profess to teach, and whose opportunities for observation have been very limited, that it is not at all surprising sporting men should declare it all a farce, and think as many do on this subject.

C. MORGAN, Vet. Surgeon.

Black-Friars Road.

* One of these shoes may be seen at THE LANCET Office.

THE LANCET.

London, Saturday, March 14, 1829.

SINCE the opening of the present Parliamentary Session, petitions have been presented from Surgeons in all parts of the country, praying the Legislature to adopt such measures as may facilitate, or render practicable, the continuance of the study of anatomy. Mr. WARBURTON has given notice, in the House of Commons, that it is his intention to propose a measure founded upon the Report of the Committee on Anatomy; and Lord CALTHORPE, in presenting a Petition from the Surgeons of Suffolk, in the House of Lords, moved, at the same time, that a message be sent to the other House, requesting that a copy of the Report of their Committee might be communicated to their Lordships. All these preliminary movements seem to justify the expectation, that the *Anatomical*, as well as the Catholic Question will be settled in the present Session. It is true that Mr. PEEL gave a reluctant or lukewarm assent to the Report of Mr. WARBURTON's Committee, and that he expressed doubts as to the practicability of devising a legislative remedy for the evils of which the medical profession has so long complained; but it is to be recollected, that the Edinburgh murders have occurred since the Home Secretary took this view of the subject, and the Edinburgh murders may have effected for the anatomical question, what the Clare election has accomplished for the Catholic question—it may have convinced the Government that *something must be done*. Now that it is ascertained that the supineness and indifference with which this question has hitherto been treated by the Executive Government have led to the perpetration of the most atrocious crimes—now that the appalling fact is made known, that men have been systematically butchered for the sake of the

price at which their corpses might be sold, and that sixteen human beings have been strangled, in succession, to supply the shambles of a single anatomical teacher;—Mr. PEEL will no doubt see sufficient cause for changing his opinion, and be ready to acknowledge, that the time is arrived when the Legislature must either advance or recede—when dissection must either be put down altogether by rigorously enforcing or increasing the severity of the laws against it, or else be permitted to be practised under such legislative provisions as may, at any rate, ensure the safety, if they cannot be wholly reconciled with the feelings or prejudices, of the community.

We observed in a former Number, that “unless the executive government took immediate steps for putting a stop to all dissection, until the Legislature should have placed the supply of the schools of anatomy under due regulations, no man in the country was completely secure from the knives of the assassin and the anatomist.” This language has been called *unprofessional*; and a writer in the last number of *The Westminster Review* intimates, that the surmises in which we have indulged, have been put forth for the purpose of exciting alarm, though he does not hesitate to use the arguments by which those surmises were justified, as freely as he has appropriated, throughout his article, most of the arguments and suggestions which he has found in the pages of THE LANCET. The question is not, whether such observations are calculated to excite alarm, but whether they are justified by the circumstances under which bodies are furnished to the anatomical schools in this country. The danger is at our doors; and if atrocities, similar to those which have been perpetrated at Edinburgh, should be repeated in this metropolis, they who have endeavoured, instead of exciting a salutary alarm, to lull the public into a false security, will be deeply responsible for the part which they have taken, and for

that which they have neglected to take. We wished, undoubtedly, to excite alarm; and looking to the possible—nay, the probable consequences of a perseverance in the dissection of human bodies under the existing system, we regret that the public feeling has not been expressed in a tone which the teachers of anatomy in this metropolis might have been compelled to respect. The schools of anatomy, under a system rendering probable, or even possible, a repetition of the horrors perpetrated by Burke and Hare are public nuisances, which ought, in our judgment, to have been abated by the Government, and which no man, who sets a just value upon human life, would have felt surprise or regret at seeing abated by the hands of the people. Ten weeks have elapsed since we recommended the closure of the dissecting-rooms; for ten weeks, notwithstanding the dreadful warning held out by the Edinburgh murders, as to the consequences that might result from encouraging men of abandoned character to supply the schools of anatomy with subjects, the same disgusting, nefarious system has been persevered in, and, upon the lowest computation, not fewer than two hundred human bodies have been delivered over to the knife of the anatomist.

Supposing only two hundred bodies to have been supplied within this period to the anatomical teachers, the sum of nearly two thousand pounds will have been paid to a class of miscreants, whom Sir ASTLEY COOPER has described in his evidence before the Parliamentary Committee, as the “lowest dregs of degradation.” Exhumation is the least criminal process by which these two hundred bodies can have been procured; and no purchaser can be certain, or, indeed, have any satisfactory means of ascertaining, that some of these have not been obtained by fouler means. If the abandoned and reckless miscreants who trade with the teachers of anatomy, were cut off from one source of supply, can there

be any doubt that they would have recourse to another? If exhumation failed them—if the graves were so vigilantly watched as to render it impracticable to disinter a sufficient number of bodies, can it be supposed that men, who are described by the persons with whom they carry on their detestable traffic, as belonging to the “lowest dregs of degradation”—can it be supposed that these depraved and callous wretches would shrink from the perpetration of any crime by which their unhallowed gains could be secured to them? We repeat that, so long as the present system is tolerated, no man in the country is completely secure from the knives of the assassin and the anatomist. Men are apt to despise danger which can only, by some remote contingency or peculiar malevolence of fortune, befall themselves, but this contempt is not justified by reflection. The chance of a healthy man dying within the twenty-four hours, has been calculated at one to ten thousand, and BURTON infers from our disregard of this possibility, that so remote a contingency will never affect the hopes or fears of a reasonable man. But suppose, it has been suggested in answer to this reasoning, a public lottery were drawn for the choice of an immediate victim, would the man, whose name was inscribed in one of ten thousand tickets, be perfectly easy? How many thousand inhabitants of the city of Edinburgh have held their lives upon a tenure far more fearfully precarious than that we have supposed during the period, in the course of which, sixteen human beings have been butchered, one after another, to supply the shambles of Dr. Knox! And now that this most atrocious, but comparatively easy and safe path to gain possesses, through the notoriety of the crimes of Burke and Hare, all the invitations of a common highway to the reckless and abandoned ruffians employed by our anatomical teachers, who can feel greater security, than if his name were inscribed in

a lottery of blood? who can feel completely assured, that he may not be marked out as a victim for the dissecting table, and that a price is not already set upon his *corpse*? The bare possibility of a repetition of the Edinburgh atrocities in this metropolis, is sufficient to justify the people in viewing the practice of dissecting the human body, under the existing system, with the most unqualified disgust and abhorrence.

The anatomical question, if we may so continue to term it, possesses this in common with the Catholic question, that it seems to be admitted on all hands, that things cannot remain as they are. Dissection must either be completely suppressed, or it must be protected and encouraged. The Legislature must either strictly enforce, and perhaps increase, the penalties against dissectionists, or it must make concessions, and grant facilities to them. If dissection cannot be practised in this country without exposing the King's subjects to assassination, we suppose there is no one in or out of Parliament, except the traffickers in human bodies, who will not at once say, "Let dissection be suppressed." Again, if dissection cannot be practised in this country without tolerating or conniving at the disgusting offence of exhumation, we have no hesitation in saying, "Let dissection be suppressed." We are not disposed to underrate the importance of human dissections in the study of anatomy, but there is no benefit which may not be too dearly purchased; and we think that the systematic encouragement of the abandoned depredators now paid by our anatomical teachers for violations of the law—to say nothing of the outrage committed upon the feelings of individuals by such violations—is too high a price for the benefit that medical science may derive from the practice of dissection. That benefit is, no doubt, great; but it may be, and has been overrated, for there are few medical men who can conscientiously affirm that, except in the per-

formance of what are called the great operations, their knowledge of disease, or their power of combating disease, has been much assisted by the practice of dissection. The chief evil, therefore, which would result from the suppression of dissection, would be the loss of a few lives, which might be saved by a dexterous performance of the capital operations. We take this evil, great as it would be, to be incomparably inferior to that resulting from the systematic encouragement by our anatomical teachers, of a gang of depredators, burglars, and assassins. In Edinburgh, during the time that sixteen human beings have been successively butchered to supply the pupils of one anatomical teacher, it is probable that not one life has been saved by the performance of what is called a great operation. We wish to see due facilities afforded to the study of anatomy, and that such facilities may be the more readily afforded, we wish to see the question impartially, or to adopt what is considered a term of reproach by some of our contemporaries, *unprofessionally* stated. A *professional* report is, according to the theory and practice of these gentlemen, a report in which truth is sacrificed to the credit of the profession; and, by parity of reason, a *professional* statement of a question is an *ex-parte* statement. Anatomical teachers may see nothing in the suppression of dissection, but the loss of their pupil-money, and the deterioration of medical science; but legislators are bound to look to other, and perhaps higher considerations, and if in balancing one evil against the other, they are satisfied that that which anatomical teachers regard with a professional eye is the least, they will be justified in protecting the lives of the public against assassination, and in checking the progress of immorality and crime, though in so doing they may diminish the means of alleviating human suffering, or saving human life in a few diseases capable of being mitigated or cured by surgical operations.

The evil which has grown out of a system under which the practice of dissection, though declared to be criminal by the law, has, in effect, been connived at by the Government, is far greater than any which could arise from a rigorous enforcement of the penalties against dissection. The practice of dissection and that of exhumation are, under the present system, convertible terms; dissection cannot, under the present system, be carried on without exhumation, or a substitute for exhumation, at which human nature shudders. If dissection, therefore, is to be carried on at all, if the Legislature should decide that dissection, instead of being suppressed, should be permitted, and, under due regulations, encouraged, it follows that a change of system must be immediately adopted.

The plan liable to the fewest objections is that which has been so often recommended in this and other medical journals, namely, the appropriation of unclaimed bodies to the purposes of dissection, accompanied with some provision for the more complete suppression of exhumation; such as making the possession of a body under other circumstances than those sanctioned by law, punishable with transportation; but we foresee that in the present state of the public feeling, there may be difficulty in carrying such a plan into effect. It cannot be denied that there is some force in the objection, founded on the cruelty of making an arbitrary disposition of the bodies of the poor, after their lives shall have been worn out in the service of their taskmasters. We endeavoured to answer this objection by suggesting that *all* unclaimed bodies should be appropriated, without reference to the rank or wealth of the deceased; but the equality of the principle would be merely verbal, and it is obvious that whatever of hardship belongs to the measure would fall exclusively upon the poor.

But before this or any other plan for faci-

litating dissection can be rendered effectual, the clause in the Act of Geo. II. which makes dissection part of the punishment for the crime of murder must be repealed. That this enactment has had the effect of increasing the prejudices against dissection, or rather of superadding to the natural aversion to dissection, as applied to our relatives and friends, an artificial prejudice against dissection, as applied to any innocent individual, no rational man can doubt. It has been asserted, indeed, that the practice of dissecting the bodies of murderers has no influence on the public mind, as regards dissection; but, with the exception of Mr. GUTHRIE, nobody has offered any proof of the assertion, and Mr. GUTHRIE's proof is rather a quaint specimen of ratiocination. Here it is:

"It has been said, that dissection is objected to because murderers are dissected; but of the truth of this supposition I entertain great doubt: indeed, there does not appear to be the slightest foundation for the assertion. When the examination of a body, whether of the rich or of the poor, is solicited by a physician, when did he receive a refusal, on the ground that murderers only were opened?—Never."

If the bodies of executed murderers were opened for the sake of satisfying their friends that they had come to their death by strangulation; or if physicians were in the habit of asking and obtaining leave to dissect and anatomise the bodies of their patients, Mr. GUTHRIE might take something by his argument; as it is, we can only say, that his reasoning is worthy of one of the heads of the profession.

Letters on the Study and Practice of Medicine and Surgery, and on Topics connected with the Medical Profession addressed to Students and Young Practitioners, Parents, Guardians, and the Public in general. By JAMES WALLACE, Ass. Surg. Glasgow, Griffin; London, Underwood. pp. 210.

The critic's task is not on all occasions an easy one. The merits of some works are so

obscured either by the bad taste, or the defective style, of the author, that it is difficult to render him justice for his actual talents. Sometimes, on the other hand, the filthiest trash is so polished, and is presented with such an illusive glare, that not only the superficial observer, but even the experienced inquirer, is deceived by the flattering appearance of the surface. But Mr. Wallace, like all great geniuses, has despised art, trick, and finesse, and has, therefore, fairly presented us with a true picture of the workings of his great mind. Hence the peculiarities of his thoughts, and the originality of his discoveries on the science of Education, are so lucidly placed before us, that it is impossible that the critic can be charged with misrepresentations or injustice, on the one hand; or that the reader can withhold from Mr. Wallace the due meed of approbation, on the other. Without, at this moment, questioning Mr. Wallace's capability for executing the severe task which he has selected to perform, we may be permitted to remark, that it is not a little singular that men of great talents have often considered themselves to be the best qualified to discharge duties, for the performance of which they have not possessed a single adequate requisite. It is said, that our celebrated Matthews made his first appearance on the stage, in the higher walks of tragedy. "Neveys" and "Noodles" believe that they shine most prominently as lecturers, hospital surgeons and lithotomists. Joe Burns laughs at the wit of Shakspeare, of Sterne, and of Swift. "Old Hacks" and "Dubs," have started as editors; Liston, of Drury, once played Romeo; and Bob Liston, of Edinburgh, has advertised, that there is no other Liston in the world than himself; unfortunately, however, for many of the same name. His statement is untrue. This extraordinary notion could only have had its origin in the belief that his abilities so far surpassed the abilities of all other persons inheriting his name, that he alone is to be re-

garded as the true, the original, the genuine Bob Liston. Light, says he, may proceed from other quarters, at second hand, but still it is not the true light; or, if derived from the original source, you have it not in its pristine splendour. Sunshine alone, says he, proceeds from the sun; you may have, indeed, light from the moon, but that is borrowed from the sun; and, therefore, it is mere moonshine, after all. "I, Bob Liston, am the only true light," and Robert Liston has found a worthy imitator in his countryman Mr. James Wallace; for if Bob Liston be so delighted with his attainments, and so pleased with himself, as to contemn or despise and even to deny the existence of other Listons, so, we apprehend, is Mr. Wallace so much delighted with his splendid work on education, that he would be wont to say, "I am the only Wallace." Should there be any other Wallaces, will they not immediately claim a relationship, after perusing the following extracts.

As the "Dedication" is to the memory of a departed brother, we shall pass it over in silence, although it contains two or three curiosities worthy of translation to this place. The first half of the first sentence of the preface then, is the first part that we shall transcribe; and it presents a pretty fair sample of the sort of stuff with which the author has endeavoured to regale his readers throughout the whole of his two hundred and ten octavo pages.

"It is undoubtedly of *essential service* to a person about to begin the study of any branch of science to have this subject fully *explained* to him by one who *understands* it."

This is one of the new discoveries of our profound author, Mr. Wallace. Hence, as he *understands* the subject of medical education, he proceeds to "explain" it to the medical pupils of the united kingdom, and we hope they will be grateful for so valuable a service. As it is gratifying to be made acquainted with the most trifling incident, or the most simple thought, which has con-

tributed in any way to a great result; we shall here quote the passage in which the author describes the important course of reflection which led to the production before us:

"I am far from saying that teachers of medicine will not give the necessary advice to the pupils, when it is asked of them. I know many who are glad to do this; but it is not the custom to ask it of them, unless there is some acquaintanceship between the parties; and even then, from the fear of giving trouble, we sometimes keep from asking what we are really anxious to know. It is necessary, therefore, that the student should have a book of instruction, to render him, in some measure, independent of every one. (Aye, even of Mr. Wallace.) In case he should have no friend to direct him, he should then have a book as a directory, which will, at any rate, give him an idea (will it?) of the path he should walk in; and what I here say does not alone apply to medicine. In many other sciences, the learners stand much in need of some good books of reference. (Such as this?) After a good deal of reflection on these matters, I formed the resolution of putting a few thoughts together on medical education."

And we must say that the "resolution" of King Alfred, to found the University of Oxford, was nothing to it.

Mr. Wallace then proceeds to tell us what we are to find in the subsequent pages of his great work; and, says he, "after having got done with the student and surgeon, I then give some hints to the public in general on the study of medicine, as a part of a liberal education—on the conduct of the public towards medical men in the practice of their profession—and on the opinions which prevail in society, with regard to the exhumation and dissection of the dead." The public "in general" will, doubtless, consider it kind in the author to favour them with his hints on their "opinions;" and that each particular set of hints may be readily found, he says, "it will be easy, without any further instruction, for each party concerned to pick out what particularly relates to them;" and as the work professes to be on medical education, we think this is a precious "pick out." Mr. Wallace is candid

enough to admit, "that the majority of medical men could have executed the task better than he has," and in this we fully agree with him; but he consoles himself with the hope, that his book will give birth to a better from an abler pen. He is delighted, however, at having projected the thing.

"He who projects," says he, "is sometimes deserving as much praise as he who actually carries into execution; for, without the hint from the humble originator, the subject might have remained *unthought of*, and its execution, of course, could not have happened."

The author concludes his preface with stating, that these letters were written on board the ship, Ocean; that "the writing of them beguiled some hours, which otherwise might have been tedious;" and, in allusion to their great value to others, he says, with enviable self-complacency, "I have even profited by them myself."

We shall now pass on to the letters, and must trouble the reader with a few more passages, and they shall, indeed, be few: Letter the first opens thus:—

"All the prudent agree that, in the choice of a wife, the individual should be allowed to judge for himself, and that nothing should be done contrary to inclination." Then says our author, "that man, indeed, hardly deserves to be happy, who would make his marriage a matter of interest or convenience."

Now we should like to know, if a man is not to be influenced in his selection of a wife by considerations of "interest or convenience," by what motives his conduct is to be governed? Our learned author states, "that the man and wife who are united more by the *desires of others* than by their own desires, jog on together on the road of life, just because they are obliged to do so; just because they are *tacked* together, and the *tacking* is of such a nature, that when once made, it cannot easily be *undone*."

Our author, probably, will be gratified to learn, that fools, under the influence of "their own desires," frequently marry;

and should he ever honour the public with a second edition, we hope he will favour the world with some information on the subject of a few of such "tackings together." Let him fairly place in contrast what he will hear from these persons, with what he will hear from those who, previously to marriage, had the folly to think of "interest or convenience."

When speaking on the "choice of a profession," our author observes, "Surely then it should be a point with those who have the allotting of youth to professions, to leave them, (the boys,) in a great measure, if not altogether, to themselves." Surely, then, it should be a point with parents and guardians to yield to no such maudlin feeling. There are few subjects on which more twaddle has been written than on this. How can an inexperienced child decide with propriety on a matter of so much importance. If he were to decide, it is ten to one that his election would be influenced by some circumstance so trifling, that it would not be worthy of regulating his conduct one month, much less during his whole life. No, it is the guardian's duty, after he has well considered and duly weighed the capabilities and future prospects of his charge, to decide on the profession he should adopt; and then, without even consulting the boy's inclination, furnish him with the materials for acquiring a knowledge of that profession which has been selected, and then mildly, yet firmly enforce obedience. The gratitude and prosperity of the child will amply repay such a considerate parent for his additional labour and anxiety.

Mr. Wallace deprecates, and with great justice, the mania which in modern times has raged amongst families to have their sons brought into the learned professions. There is, indeed, in almost every large family of respectability, one son a surgeon, another a lawyer, and a third a parson. He says that many a father "*scrapes*" together all he

can to procure for his son a college education.

"Instead of putting him to a respectable trade, by which he would secure to him a moderate *livelihood for life*, he sends him to learn branches of knowledge for which, probably, he has neither taste nor talent, and what is the consequence? Why, when he has finished his curriculum of education, he goes back to his father's house but half learned, there to remain unemployed, and to be himself, *along with the rest of his family*, perhaps through life in difficulty. And thus it is that many a respectable family has been kept in poverty *for ever*, without any *actual good* accruing from it."

No actual good from poverty for ever! This reminds us of one of SIMON PURE's notes which he appended to our copy of Sir Astley Cooper's Lectures. Nevey Tyrrell remarked, with his usual sagacity, that when leeches, on being applied to the eye, occasion *great irritation and erysipelatous inflammation*, they do little or no good. We do not know whether Mr. Wallace be a "Nevey," but he and Mr. Tyrrell are obviously members of the same family.

While descanting on the great advantages of "General learning to the physician," the author boldly throws out the following "venture:"—

"I venture to say, that the best informed man would get two patients for every one that the other (the unlearned man) would get, even allowing them to be equally capable of treating disease."

This "venture" is of a piece with the rest, and shows most clearly that Mr. Wallace is lamentably ignorant of the matters on which he has presumed to write. Had he been in the least degree acquainted with the history of his profession, or with the state of medical practice in this country, he would not have risked such an assertion, unless he had determined to publish that which he knew to be untrue.

The bare mention of the names of two living practitioners will be sufficient to expose the utter folly of Mr. Wallace's venture—Sir Astley Cooper—Dr. Babington. What individuals can be more purely innocent of

the charge of learning and general acquirements, than these gentlemen. Their extreme ignorance of all extra-professional matters is not only proverbial, but, in many instances, even most amusing. In one of Sir A. Cooper's surgical lectures, for instance, the worthy Baronet endeavoured to elucidate the action of Reid's syringe, by a comparison with that of the hydraulic press. "If," said he, "water be forced from a large tube into a small, I believe enormous power is gained!" And again, what is the worthy Baronet's knowledge of even the literature of his profession? Did he not swear on the late trial, that he had never heard of the operation *en deux tems*? Such is the general learning of Sir Astley Cooper, who has unquestionably been the most successful and the most eminent surgeon of his day.

Dr. Babington, it is notorious, has had the most extensive practice of any physician in this metropolis during probably the last twenty years; yet so far is he from being a learned man, that he requires the appendage of petticoats only to convert him into a mere old woman. Leaving general information altogether out of the question, we are not aware that Dr. Babington, notwithstanding his immense opportunities, has added a single fact to our stock of medical knowledge. Mr. Wallace's "venture," therefore, can only be viewed as one of the innumerable pieces of nonsense with which his book is crammed.

It was our intention to have selected several other passages remarkable for their folly, but we have already devoted more space to this production, than our limits justify. Another extract, and we have done. Mr. Wallace, of course, touches upon medical jurisprudence, and, with his customary acumen, remarks,

"How important is it, that, in cases of murder by the infliction of wounds, poisoning, rape, &c., the medical man should have a clear and correct knowledge of the subject, so that, in a judicial examination, he may be able to give an opinion, and

report, which will be creditable to himself, and safe to the prisoner!"

Thus, in cases of poisoning! murder!! and rape!!! our ingenious author would have the medical practitioner deliver an opinion which should be safe to the prisoner!

In conclusion, we have only to observe, that, although we believe Mr. Wallace to have been influenced by the best motives, such a work as the one before us would be matter for ridicule, if written on any subject of the least importance; but such a production on such a subject as medical education, is worse than contemptible.

A LETTER TO THE YELLOW GOTH,

From the Author of "Professional Sketches," in the New Monthly Magazine, in reply to his Fulminating Article, in the Medical Mouth-piece of Messrs. Longman & Co.

"Lies! lies! lies! from beginning to end, lies"

REGINALD TREVOR, Vol. I, ch. ii. p. 48.

Bath, March 5, 1829.

SIR,—I was sitting comfortably at my breakfast this morning, when a packet, bearing the well-known superscription of a very dear friend, was put into my hands. I eagerly opened it, when to my great astonishment, I found a copy of your Green Journal, and a letter directing my attention to your leading article. I know not whether joy or surprise agitated me most, when I saw that you had thus honoured me, by devoting your hebdomadal *bonne bouche* to as handsome an abuse of me, as any drunken *poissarde* could possibly have flung forth. Why, Sir, you have made me vain of myself, for, God help me, I never, for one moment, imagined, that my humble lucubrations were worthy of being so grossly misrepresented by a gentleman of your surpassing rank and talent; neither could I suppose, with all my vanity, that I had any pretensions to so enviable an elevation. But you Editor-folks are so cunning, that, like Paddy O'Rafferty, you find out things that never existed, and your penetration in the present instance, has accomplished such wonderful discoveries, as have tended very considerably to make me think much better of myself than I otherwise should have

done. But, pleased as I am with your attention to my "trash," (eight columns occupied in exposing "trash!" Will. Somers, hide thy diminished head!) I should have been much more so, had you not indulged the powers of your imagination, (at all times, we well know, peculiarly quick and fertile,) to so very great an extent. A little misrepresentation, a few lies well handled, with as many garbled extracts as you please, would have been rather *piquant* and amusing, than otherwise; but such wholesale dealings as yours are really disgraceful even to your green concern—even to the meretricious medical mouth-piece of Messieurs Longman & Co.

But let me, if I can, have some serious talk with you. First, then, as to Mr. Abernethy. Can you say that he is not "the most celebrated (mind, that is the word) practitioner now living? You need not be jealous of "glorious John," because he prescribes blue pill, and cures *medical* cases; and, for heaven's sake, do not exert yourself to defend his vulgarity. He does not want your defence; for he has too much honesty to feel gratified by such gratuitous imprudence. In one word, I have the satisfaction of knowing, that the "Sketch," which you have so clumsily and so maliciously garbled, is esteemed by the nearest connexions of that "veteran," as the most characteristic and candid which has yet appeared; and as to the "various scenes evidently drawn from the imagination of the writer," (oh! thou most oracular of asses!) they are all true—true to the very letter, and you know it. But your readers may be squeamish, because, taking you for an oracle of the "strictest veracity," they would not please to doubt your word. Now, to satisfy them, and shame you, were such a consummation practicable—I will, if you wish it, produce an affidavit, regularly sworn and duly executed, before the Right Hon. the Lord Mayor himself, attesting the fact; will you urge me to such an extremity?

You are a bungling fellow, Sawney, after all. You quote, coward as you are—the mode in which Mr. Abernethy has not risen to eminence; but, *knave* as you are, you sneakily suppress the manner in which he has gained his celebrity. Independence and integrity, with profound scientific knowledge, (look well to the sketch, Sir Oracle,) are well-known qualifications, exceedingly scarce among the Fellows of the College—we do not mean the surgeons, and their satellites; but hang it, man, ye might as well ha' been a *leetel* candid.

Do you remember what you have said about Mr. Bell, and the scandalous misrepresentations that you have so basely perpetrated in your remarks upon my "Sketch" of that gentleman? No one has ever given

you much credit for professional knowledge, or, indeed, knowledge of any kind; but your mawkish observations on the present subject, have exposed your ignorance more decidedly than ever. If you will refer to the second vol. of Bell's Anatomy, (*third* edition,) and read the first two paragraphs in page 351, you will see the passage which you accuse me of wrongfully attributing to Bell. Why do you do your work so clumsily? Depend upon it, that so long as you continue to blunder on in this awkward manner, you must look in vain for any profit from the concern; no advertisements will adorn your covers, but those which Messrs. Longman and Co. give you at half price.

The fact is, Sawney,—and you cannot deny it,—that your base, and shallow, and cringing mind,—your aristocratic devotion to the "College," and your dreadful abhorrence of anything savouring of independence in the profession, will not allow you to sanction the praise of honest men, or to bear unmoved any reflections upon the Fellows and their dirty behaviour.* You do not like the public to be made acquainted with the monstrous humbug, that exists in our profession; or that the true state of the case should be explained. You are too much of a Jesuit for that; and so you bristle up your back, and endeavour to look awful; but why tell lies about the matter? If you enlist yourself in the bad cause of these "Goodies," do be honest if you can,—do not add to their disgrace by playing the fool, or acting out of the pale of truth and justice. I can easily imagine your motives; and, doubtless, at the last *conversations* at the college, you received sundry congratulations and sugar-plums for giving that "pettifogging individual," that "blockhead," that "anonymous sycophant," that "author of puffs," (with God knows how many sweet names besides,) such a glorious trimming. Enjoy your *bon bons*; be a good boy and behave yourself decently, but do not, for fear of the rod, tell any more lies.

Neither my time, nor my inclination, nor the limits of this valuable Journal, will permit me to retort upon you in your own gentlemanly and college-like style. But in my own defence, and just to show you up in your true colours, I will run over your misstatements, and then leave you to concoct another batch of falsehoods if you like, and to earn another pocket full of sugar-plums;

* I have in my possession a very curious and interesting correspondence between one of these Fellows, and a young General Practitioner; and if they do not mind, "I'll shame the rogues and print it." Rest assured, if I do, it will reflect no credit upon the fraternity.

but, 'mind, I shall not condescend to favour you with a single syllable more; I have already defiled my fingers by meddling with you.

"If these sketches (col. 2.) be continued much longer, the number of great men at present flourishing in London will exceed those of all past times and of all countries." Of course; but could not you learn better grammar than this at Aberdeen, most sapient Sawney?

"Nor is this all (col. 4.); there is another provision unconnected with the nerves." For unconnected, read connected. *Proh, pudor!* Sawney. A pleasing specimen of your base perversion of the sense. Beware again, sapient sir, of the rod!

Col. 1. p. 424. "Dr. Armstrong is stated to be the only physician since poor Dr. Baillie's time, who is worthy to succeed that excellent and learned man;—the only physician who behaves with proper consideration to general practitioners," and so on. This is false; utterly, basely, designedly false. I said, and I say it again, that Armstrong "closely resembles the late lamented Baillie," in his liberality, his candour, his independence, and his utter hatred of cant and humbug. Once more, Sir Oracle, beware the rod!

With regard to Dr. Harrison, will Sawney tell us why he was prosecuted by the College, and why they gave up the contest? Will he, moreover, inform us why St. John Long, the Consumption-curer, Dr. Lang, the Water-doctor, Drs. C. and J. Jordan, "*cum multis aliis*," who do as much mischief as Dr. Harrison has done good, are not prosecuted? for the reason that I have stated in the "Sketch," because the process would be too expensive. Sawney may try to curry favour with the Fellows, and why not? But he is marvellously mistaken if he expects to do so by such contemptible means.

And for Mr. Brodie, (col. 2. p. 425.) "Mr. Brodie, by our author's account, (that is, by the account of this pettifogging sycophant,) has actually proved that 'artificial respiration will support the circulation of the blood for many hours after the heart has wholly ceased to beat!'" This is Sawney's statement; and now for the actual fact. "He (Mr. Brodie) has proved that, in small animals, artificial respiration will support the circulation of the blood for many hours after the heart has wholly ceased to beat, and even after the heads of the animals have been actually cut off." If Sawney will refer to the Philosophical Transactions, for 1812; or, what is more easily accessible to him, Gregory's Practice of Physic, 2d edition, pages 466, 7, he will find this passage. "The application of artificial respiration in cases of pure asphyxia holds

out, in every point of view, a reasonable prospect of success; and that it has been effectual in restoring suspended animation, numerous observations concur to assure us. *Bichat* maintained, but apparently on theoretical grounds only, that this operation can never restore circulation, *that has once ceased*; in other words that it is effectual only in those instances where the heart still pulsates, though carrying on the circulation of venous blood. According to the statement of persons worthy of credit, however, the action of this organ has been renewed by artificial respiration, after all marks of it had wholly ceased; and here it is probable, that the left side of the heart, which could be no longer excited to contraction by venous blood, was stimulated by blood, which had become arterial during this process. Mr. Brodie has shown, that it will support circulation for many hours in small animals, even after the complete destruction of animal life by cutting off the head." Now, friend Sawney, what sayest thou to this? Is there any blood left in thy craven bosom to mount up into thy brazen brow? "Why what a monstrous fellow art thou," thus to expose thy ignorance and malice! Gad-a-mercy! thou must run great risks to tickle the fancies of the "Fellows" by attempting to mangle a poor harmless devil in this bungling manner.

One word,—one serious word at parting. To fair criticism no honest man can object; towards the base and cowardly perpetrator of falsehood and calumny, no honest man can entertain any other sentiments, than those of the most supreme scorn and contempt. Fortunately, the publication, which contains my "Sketches," ranks so highly in the periodical literature of England, as to be accessible to every person who wishes to refer to it. Let them do so; and let them then see what a pitiful figure you exhibit by attempting thus surreptitiously to cast an odium on the veracity of one who would scorn to take the mean and despicable advantages of which you have thus shamefully availed yourself. Plume yourself, sir, upon your supposed prowess; hug yourself in the full bliss of your imaginary triumph; but beware, sir, how you again indulge in mistating my meaning, or perverting my object. Another achievement like this will be visited in another manner, not with the pen, for the skulking and anonymous coward will not care for that; but with something which shall cause a smart and a disgrace, which the sanative powers of the whole College will not be able to assuage.

I am, Sir,
Your very obliged servant,
The Author of
"PROFESSIONAL SKETCHES."

SCOTCH DUBS NOT ALL SCOTCH MEN.

To the Editor of THE LANCET.

SIR,—Though far from wishing to throw a veil over the vices of my countrymen, I am still anxious the public should be aware, that James Johnstone, editor of the *late Quarterly Journal*, although an “Aberdeen dub,” is not a Scotchman, but a child of the Emerald isle.

However infamous in many respects the dub system may be, and however fortunate it be that THE LANCET is employed for its amendment, it is but fair, Mr. Editor, that you give a true account of the extraction and education of the worthy members of this *Dub Association*. Now James Johnson is a native of Carrickfergus; he has all the characteristic features of the Hibernian race. Any of your readers who may wish to examine his phrenological development, may find an opportunity any evening in the shop of Burgess and Hill, where they will find him encircled by innumerable unsold copies of the “bundles of trash,” and of his *dyspeptic* volumes.

SAWNEY.

March 6th, 1829.

DELINQUENCIES OF PUPILS.

To the Editor of THE LANCET.

SIR,—As I look upon you to be censor-general to the profession, and as you have particularly exerted yourself for the welfare of medical students, I do not think it necessary to make any apology for introducing the following subject to your notice. Your strictures on public characters, and, amongst the rest, on public teachers, have been by no means deficient, either in frequency or severity; and, I trust, that you will not hesitate to exercise the same authority and salutary castigation, towards *pupils*, when you are made acquainted with their delinquencies. Not a few evils have sprung up, and are fostered with wanton inconsiderateness among them; but the one which it is now my object to place before your judicial attention, is the practice of *interrupting our lecturers* in the midst of their duties. This they regularly do without any regard to good feeling, decorum, or self-interest. They inflict by it a direct injury on the lecturer, their fellow-students, and themselves. There needs no argument to prove this. Even those who, with childish mischief, indulge in the habit to which I allude, must, if they do not find it too much trouble to reflect at all, immediately be convinced of its truth. It would, perhaps, evince too much credulity to suppose they would acknowledge their conviction. Those

gentlemen would do well to remember, that they have ceased to be boys; and, further, that they have entered a profession which boasts of its good discipline, honourable behaviour, and liberal manners. Their present conduct intimates that they have forgotten these things, and they seem blindly unaware, that the part they are now daily acting is arbitrary, ungentlemanly, and altogether unwarrantable.

I make this protest for myself and fellow-pupils, and it may not be amiss to assert, that no lecturer has the slightest knowledge of what I now do.

A BARTHOLOMEW PUPIL.

Feb. 25th, 1829.

BARTHOLOMEW'S HOSPITAL.—THE CERTIFICATE TRADE.

For a considerable time past the demonstrator, and the pupils who are regular in their attendance, have been very much disturbed and annoyed, by *stragglers* entering the theatre of this hospital, during the demonstrations, at intervals of every few minutes, and sometimes until within even *five minutes* of the hour of breaking up.

Mr. Skey, on Wednesday morning, felt it his duty publicly to notice this nuisance. “He believed, that at most, if not at all, the schools throughout London, as well as this, there were such things as certificates, and that those things were considered by a great many, as merely *things of form*,—*matters of course*. He was sorry to add, that hitherto the form had proved victorious. Many gentlemen had come to him for certificates who he knew perfectly well had very rarely, if ever, heard a demonstration. By the *irregular* attendance too of those who were a little more in the habit of making their appearance, not only was he very inconveniently interrupted, so as, at one time, not to have had the opportunity of demonstrating for a full hour, but such gentlemen as were anxious to acquire a knowledge of their profession, and were punctual to the hour, were insufferably annoyed. Under these circumstances, however painful it was to him to complain, he begged the class to take notice that certificates of attendance should not, as far as regarded himself *in future*, be matters of ‘form and of course,’ and that the late system of irregularity should not be permitted to proceed, if even, to put a stop to it, recourse were to be had of shutting the doors at a given period every morning.”

These observations might fall very seasonably from the lips of the anatomical lecturer as well as from Mr. Skey; and as far as punctuality to the hour is concerned, why not adopt the college rule of shutting the doors at the moment the clock strikes?

ST. BARTHOLOMEW'S HOSPITAL.

ULCERATED LEG—AMPUTATION.

ANN BECKETT, æt. 37, was admitted into Faith's Ward, under the care of Mr. Lawrence, 4th of November, 1828, with a slight ulcer on the left leg over the tibia, about four inches above the ankle-joint. She is a married woman, and her health has been generally good. States that about three weeks ago, a man accidentally gave her a slight kick across the shin, which was exceedingly painful at the moment, but the uneasiness soon went off. She took no further notice of it. In a day or two afterwards it appeared dark-coloured, and very speedily ulcerated, which induced her to apply at the hospital. The ulcerated surface is not larger than the disc of a shilling, with slight surrounding inflammation. Ordered twelve leeches, and a bread and water poultice, to be applied to the leg. A senna draught to be taken immediately.

6. The ulcer has assumed the appearance of a foul phagedenic sore, extending over the skin. Mortification is going on in the surrounding parts, to the extent of an inch and a half. Ordered twenty-four leeches, and a linseed poultice; a cold lotion also to be kept over the limb.

20. For a while the treatment seemed to succeed, but the wound has again assumed a more unhealthy appearance.

26. The leeches have again been repeatedly applied. The sore is now circular, and three inches in diameter. For about half way round the edge of the ulcer, on the internal side of the leg, there are healthy granulations, but there is partial death on the other side. The greater part of the sore presents a green sloughy appearance, from which proceeds a very fetid discharge. The sore and neighbouring parts are very painful, corresponding so much with hospital gangrene, that Mr. Lawrence thinks it right to remove the patient into another ward, there being others in this ward with sore legs, and hospital gangrene having presented itself in the same ward a short time ago. Ordered to have the *nitric acid*, with rectified spirits, applied to the sore, and thirty drops of laudanum to be taken immediately afterwards, and at bed time.

From this time the ulcer of the leg went on unfavourably. The nitric acid, the balsam of Peru, poultices, leeches, fomentations, and every other application that ingenuity could suggest, were resorted to without success, until the only chance of saving life was by the removal of the leg. Amputation at the lower third of the thigh was,

accordingly, performed by Mr. Lawrence on Thursday, the 26th ult., since then the stump has gone on to heal kindly, and the patient is fast recovering.

CUT THROAT—FATAL.

John Carroll, æt. 19, was admitted into Rahere's Ward, under the care of Mr. Lawrence, on Thursday, at twelve o'clock, March 5, with an extensive incision across the throat. The patient had committed the act with a razor, only a very short period before he was brought to the hospital. The wound had bled considerably, but when admitted, the bleeding was inconsiderable. One or two small vessels were tied, the edges of the wound brought together by sutures, and the patient put to bed. In the course of the afternoon the tube of the stomach pump was introduced through an opening into the œsophagus, and four ounces of brandy injected, in this way, into the stomach. Until the evening, but very slight, if any dangerous symptoms presented themselves; he then became very restless, and a little before nine o'clock, started up in his bed, secondary hæmorrhage came on, and life was destroyed suddenly.

Sectio-Cadaveris.

On examining the body next day, at half past two o'clock, the incision was found to have extended between the os hyoides and thyroid cartilage, and through the anterior part of the œsophagus. The superior thyroid artery and external jugular vein were both divided. The bronchii were almost filled with blood, and the stomach was lined with a brownish viscid matter, which seemed like blood acted upon by the gastric juice. The ileum also contained, in about six inches of its cæcal end, a sort of black viscid bile, which gave the intestine, externally, a black appearance.

OSTEO-SARCOMA.

Julia Baker, ætat. 37, was admitted into Faith's Ward, under the care of Mr. Lawrence, January 14, with an osteo-sarcomatous growth, apparently proceeding from the anterior and upper part of the fibula of the right leg. Ten years ago, a very small enlargement appeared on this spot, but which gave no inconvenience; five years since, when the limb was measured round over this enlargement, the circumference of the leg was half an inch more than that of the other. It has always been as hard as bone, and free from pain till of late. Within the last few months, when there has been a change of weather, pain has been experienced in the part. In September last the patient walked to Hampstead and

back, without material inconvenience, the limb only feeling a little stiff afterwards. The tumour has now increased in size, as also the pain in severity, so that she is obliged, in walking, to have the aid of crutches. The tumour is about the size of the half of a large lemon, cut longitudinally. It is quite hard around the base, with a degree of elasticity in parts of its anterior surface. Its appearance is rather more vascular than natural. There is a gland in each groin, immediately over the femoral vessels, as large as an almond. The patient is a thin, spare woman, not of a very healthy appearance, though she states her general health is good. Pulse quiet and regular.

On a consultation of the surgeons, they all inclined to regard the tumour as malignant. Mr. Vincent suggested the removal of the head of the fibula, and the external parts covering the tumour, with the view of saving the rest of the leg. Mr. Lawrence and Mr. Earle considered, that if the operation was to be undertaken at all, after making a puncture into it, that the entire limb ought to be removed.

21. The patient having consented to the operation, she was brought into the theatre, and the limb removed by the circular flap at the lower third of the thigh, by Mr. Lawrence. The patient was then removed to bed, but, unfortunately, either in consequence of the integuments having been left too short, or the muscles having retracted to a more than usual extent, the end of the femur forced its way through the dressing, nor has it been practicable to again cover it by the soft parts. The wound has discharged, and continues to discharge, considerably, though in most parts it presents a healing appearance. At the writing of this report, (March 7,) the end of the femur remains uncovered to the extent of about an inch. Examination of the diseased structure, after the limb was removed, fully proved it to be a case of osteo-sarcoma.

TYING OF THE ANTERIOR TIBIAL ARTERY.

Philip Bustard, a butcher, while engaged in the pursuit of his calling, on the 2d of March, accidentally struck the anterior part of his right leg, at about two or three inches below the knee, with a sharp instrument, which, dividing the muscles, penetrated the anterior tibial artery longitudinally, to the extent of about three inches. He was immediately brought to the Hospital, and a tourniquet applied over the femoral vessel. Before, however, this could be done, he had lost an immense quantity of blood, and was exceedingly exhausted. Messrs. Vincent and Earle saw him soon after he was admitted, and the former gentleman, with the

assistance of the latter, proceeded to tie the wounded vessel. With this view he made an incision, which, however, he was obliged to enlarge four times, before he could get down to the artery. He continued to experience some difficulty in getting the ligature round the artery, and Mr. Earle at length took the needle, and succeeded in doing it. A ligature was put above and below, and the intermediate space afterwards divided. The edges of the wound were then brought together, and four ounces of brandy administered to the patient. He has continued to do well ever since.

ST. THOMAS'S HOSPITAL.

LITHOTOMY.

THOMAS KITCHAM, a carpenter from Hastings, *ætat.* 52, with pallid countenance, came into the Hospital about three weeks since, with symptoms of stone. The patient stated, that about four years ago, he was attacked with violent pain in the region of the kidneys, &c., and took medicines for the gravel; a short time after this, it became apparent that he was the subject of stone in the bladder, which, on sounding him, was readily ascertained to be the case. An operation was performed by Mr. Tyrrell, on Friday, the 6th of February. The integuments, fascia, fat, and superficial muscles of the perineum, having been divided with a scalpel, the knife was introduced into the groove of the staff, and carried onwards into the bladder; the forceps were then introduced, and the stone readily laid hold of, but, in consequence of the unfavourable manner in which it was grasped, it escaped from their hold three or four times on reaching the mouth of the wound, previous to its extraction. The stone was of large size, flat, and of an oval figure, weighing upwards of two ounces and a half. The operation was completed in six minutes, and the patient put to bed; a short time afterwards it was ascertained that secondary hæmorrhage had occurred; this, however, was easily subdued by pressure, though not till about 16 ounces of blood had been lost. Ordered to take,

Tincture of opium, 30 drops.

7. Has slept well during the night; pulse 90; tongue moist; no pain or tenderness of the abdomen.

8. Took a dose of house medicine, which has operated several times, and produced healthy evacuations.

9. Tongue moist; pulse 62; complains of little pain.

10. Pulse 88, rather full; tongue white, but moist; bowels open; no pain or tenderness of the abdomen. Not slept quite so well last night, but, upon the whole, appears to be going on remarkably well.

The patient upon whom Mr. Tyrrell operated on the 20th ult., is now almost convalescent.

EPILEPSY.

(*Emma Wayman—continued from page 638, No. 285.*)

Feb. 11. Had one slight fit at 4, A.M., and a severe one at 2, P.M.; complains of pain in the stomach, after taking milk; pulse 108, compressible. Powdered valerian root, half a drachm, with camphor mixture every six hours. Dry diet.

12. Slight fit, 6, A.M.; no headach; perfectly free from pain.

13. Has continued free from pain, but had a fit this morning; pulse 100, small.

19. Had a fit yesterday, and one to-day, but comparatively slight; bowels regular, and general health improved.

21. Had two fits.

March 10. The patient still continues in the Hospital, and has occasional returns of fits; but the attacks are feeble, and continue a much shorter period than at the time of admission; her bowels are regular, and general health tolerably good.

She is now taking two grains of ammoniated copper three times a-day, which is being gradually increased. The bowels are kept open, and tartar emetic ointment has been rubbed into the nape of the neck.

HOPITAL DE LA CHARITE.

CASE OF OBLITERATED ILIAC VEIN, WHERE CIRCULATION WAS CARRIED ON BY COLLATERAL BRANCHES.

C. B., *etat* 61, admitted on the 22d of July, on account of diseased hip, stated that from her 15th or 16th year, she had been subject to swelling of the left leg, and had, in consequence, been obliged to avoid all considerable exertion, especially continued walking. Having married in her 20th year, she was, during her first pregnancy, affected with oedema of both legs, but especially of the left; after delivery the swelling of the right leg disappeared; and that of the left diminished, but never completely subsided. Except occasional attacks of palpitation of the heart, her health had since this period been very good, till about five months previous to her admission, when she had, without any apparent cause, been affected with a violent pain in the left hip and knee, which had lately become so excruciating that she was wholly

deprived of the use of the limb. On examination, the left hip was found swelled, covered with varicose veins, and very tender on pressure, the whole limb was almost two inches shorter than that of the other side, the greater trochanter was much higher than usual, and somewhat drawn forward; the knee was very painful. A curious circumstance was remarked with respect to the venous circulation; a very large vein was seen running from the left crural vein over the abdomen towards the navel, where it turned round, and having descended on the other side of the abdomen, was inserted into the right crural vein; it had a very tortuous course, and at one place divided into three branches, which, however, soon reunited. When the patient was standing upright, it attained an extraordinary size, almost equal to that of the little finger; according to her statement, it had not been developed until the hip began to be affected; the blood circulated from the left to the right side, as was ascertained by pressure on the vessel. The patient, whose general health had suffered much within the last two months, died about a fortnight after her admission; on examination the left external iliac vein was obliterated for about four inches below its junction with the internal iliac, and surrounded by a cancerous mass, closely adhering to its parietes, which were changed into a ligamentous substance, and appeared, in some degree, to partake of the carcinomatous degeneration. The internal iliac vein and its principal branches were also obliterated, and involved in the cancerous tissue. Near the insertion of the vena saphena, the crural vein being enlarged, gave origin to a branch which formed the communication with the crural vein of the other side, as has been described above; besides it, a smaller vein went in a more transverse direction from the left to the right crural vein. The disease by which the obliteration of the iliac vein had been produced, seemed to originate from the bone, the concave surface of which was, to a large extent, denuded, and covered with unhealthy pus; the cellular tissue surrounding the vein and artery was infiltrated with purulent matter, and concretions of carcinomatous appearance; the artery was only slightly diminished in its diameter, as though from compression. The cotyloid cavity was found almost entirely destroyed by caries, and the head of the femur protruded into the pelvis. The examination of the other organs exhibited nothing of interest.—*Journ. Hebdomad.*

ENCYSTED ABSCESS IN THE CAVITY OF THE UTERUS.

C. B., a girl about 21 years of age, was, during last October, admitted under the care of MM. Boyer and Roux. Although she

had never menstruated, she had been in the continual enjoyment of good health, until her eighteenth year, when she began to feel a constant pain in the left lumbar region, which gradually increasing, at last became so intolerable, as to preclude almost any exertion. Two months before her admission an abscess had formed over the left anterior and superior spina ili, from which, when opened in the hospital, a large quantity of thick, healthy pus was discharged. This was followed by no alleviation; the pain continued, profuse suppuration ensued from the wound, hectic fever succeeded and the patient eventually died, after suffering a long time. On examination one of the lumbar vertebræ was found carious, communicating by a fistulous passage with the abscess; the iliacus and psoas muscles were for the greater part destroyed and changed into a reddish pulp, the crista ili was at its anterior part denuded and carious; the upper portion of the thighbone, particularly at the trochanter minor, was surrounded by a large quantity of purulent matter; the capsule of the joint was eroded at its anterior surface, and the head of the thighbone exhibited traces of incipient caries. The uterus was nearly as large as in the sixth month of pregnancy; and being opened, a membranaceous sac of considerable strength was found adherent to its inner surface, and containing about four ounces of yellowish-grey pus. The external surface of this sac was covered with a semi-putrid matter; its internal lining had the appearance of a mucous membrane; and communicated neither with the neck of the uterus nor the fallopian tubes; its posterior part only exhibited some ulcerations leading into the softened substance of the uterus. The fallopian tubes were very small, and no communication could be found between their cavity and that of the uterus; the ovaries presented some corpora lutea and evident signs of previous inflammation.—*Journ. Hebdomad.*

DEATH FROM DROWNING.

To the Editor of THE LANCET.

SIR,—If you think the following worthy a place in your valuable publication, an insertion will oblige

Yours, &c.

W. DUFTON.

I believe it is a fact now well ascertained, that, on immersion of the body under water during life, the person does not die in consequence of water passing down into the lungs, but that death is produced by suffocation; for when water or any foreign body approaches the glottis, it immediately sounds

the alarm, on account of its extreme sensibility; the larynx is raised, and the epiglottis is accurately and spasmodically placed over the glottis, which entirely prevents the descent of any extraneous substance on the person's respiring; consequently the water passes over it, and down into the stomach. The conclusions which may be drawn then, are, 1st, That if water be found in the bronchia, the person had not been immersed during life (provided decomposition has not taken place); if found in the stomach, that immersion had taken place during life, provided, also, decomposition had not occurred.

March 2d, 1829.

EXAMINATIONS AT RHUBARD HALL.

To the Editor of THE LANCET.

SIR,—Amongst the numerous difficulties which present themselves to the medical student in the acquirement of his professional knowledge, there is one in particular to which I wish to direct your attention. Every one, I think, will allow, that previously to attending lectures, the rudiments, at least, of the different sciences should be well understood. In order to acquire these fundamental principles, medical authors must, of course, be consulted. Now, as the pens of these gentlemen are for ever at work, and as they all discover some grand desideratum in the works of their predecessors, it is no easy matter to select from such a *hocus pocus*, a clear and concise system. Thomson's *Conspectus* affords, I think, the most comprehensive view of the *Materia Medica*; but here, after he has given the Linnæan name, he wanders into a labyrinth of classes, orders, and natural orders, which I strongly suspect he himself does not understand, inasmuch as he is not unfrequently incorrect in his terms. Now, Sir, I should esteem it a favour, if you or one of your numerous correspondents would inform me, through the medium of your valuable journal, whether this long rigmarole of Linnæan classes, orders, &c., is actually necessary for the satisfaction of the old ladies of Rhubard Hall, or whether the Linnæan name is sufficient without further preamble. I shall also feel obliged, if you or they would point out at the same time, (as far as possibly can be done,) some undeviating course for the attainment of those other branches of medicine and surgery, the knowledge of which is so essentially necessary to the welfare of the general practitioner, and the safety of society at large. By inserting these few remarks in the next Number of your journal, you will very much oblige.

X. Y. Z.

OBITUARY—MR. MARTINEAU.

To the Editor of THE LANCET.

SIR,—On the 1st of January, in this year, died, Philip Meadows Martineau, Esq., aged 76, the most successful lithotomist that ever lived. As it has not been recorded in any the Medical Journals, and as Mr. Martineau belonged to that class of the profession styled GENERAL PRACTITIONERS, I do not know where his obituary can be so well inserted as in the pages of your Journal.

Having been indebted to him at the commencement of my professional studies, for many opportunities of acquiring surgical knowledge, I shall feel obliged by your inserting the enclosed paragraph from the Norfolk Chronicle.

I am, Sir, yours, &c.,

W. SIMPSON.

Hammersmith, March 3d, 1829.

"We cannot insert in our obituary a record of the death of Philip Meadows Martineau, Esq., without feeling that a tributary mark of respect is due to the memory of one, who, by a long series of unremitting professional attention to the surgical department of a noble institution in this city, has founded the strongest claim upon public gratitude. Mr. Martineau was one of the first surgeons to the Norfolk and Norwich Hospital from its erection in 1772, and that charity continued to have the benefit of his talent and skill until within a few months of his decease. Pre-eminently successful as an operator, and most intimately acquainted with the theory of his profession, Mr. Martineau's name has not been confined to the comparative small sphere of practice in this district, but is celebrated in every part of England and throughout Europe, and may be said to rank with the highest of the same faculty. By the exertion of such men, the character of our hospital has been raised to that of the first class of surgical practice out of the Metropolis, particularly in cases of lithotomy, a branch of study to which Mr. Martineau had early directed the vigour of his mind with such distinguished success. To the esteem of the members of his own profession he united the respect of all classes by the general courteousness of his manners, and he may truly be said to die universally regretted."

TO CORRESPONDENTS.

Communications have been received from Mr. Meredith—Mr. W. Clark—Dr. Forster—Dr. Walker—Mr. S. Cooper—Mr. J. S. Thomas—Mr. Wilmot—Mr. W. Marsden

—Mr. M. P. Moyle—Mr. Liston—Mr. Pettress—J. B.

It is probable, that a hospital capable of containing at least 200 beds, will be erected on part of the foundation of the London University, in the course of the ensuing summer.

We did not insert, or take any notice, of the letters sent to us by Mr. Liston's name, because we regarded them as a weak attempt at a hoax. Can the man get twelve of his pupils to assert on their honour that the lecture, or at least, that the substance of the lecture on aneurism, was not delivered by him?

"G. P." The index to the contents of each Number has been omitted on the wrapper, in order to expedite the hour of publication; and it has been omitted in the last page, because we are of opinion, that the space can be occupied more beneficially to the reader, and because, as there is a very copious index to each volume at the end of every six months, we consider that an index to each Number is not required.

"Truth and Equity." The letter signed thus, cannot be inserted until it is authenticated.

Medical men, "when summoned to give evidence before coroner's juries" cannot enforce payment for their loss of time. This circumstance, we do not hesitate to say, is a disgrace to our law.

Mr. W. H. Thomas is deceived. The pupil whom he suspects has had no share whatever in the transaction. The Oyster is stale and offensive.

"E. X." will find two notices of the disturbances at the Theatre of St. Bartholomew's, in the body of the work. It does not appear to us that the pupils are so much to blame. If the physicians, surgeons, and lecturers, were all of them punctual to their appointed hours, we have no doubt that the pupils would be punctual also. The physicians and surgeons seldom reach the hospital at the prescribed time, and the lecturers often detain the students in the theatre, for twenty or thirty minutes beyond the hour. A student cannot listen to an important lecture with advantage to himself, beyond one hour; and no lecturer, as a general rule, is justified in exceeding that time.

ERRATUM.

In the report of the London Medical Society, for March 2nd, which appeared in our last number, the line "on the present occasion the Registrar officiated" was inserted in the absence of the copy, after an accident had happened to the type; it should not have appeared. And in the second line from the bottom, in the same column, for Registrar read President.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, MARCH 21.

[1828-9.

LECTURES

ON THE

DISEASES OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

LECTURE XX.

Of Encysted Accumulation and Dropsy of the Ovary.

As water may accumulate in the peritoneum, so also it sometimes collects in the ovarian vesicles—those small vesicles with which the ovary is filled, and which constitute the eggs of the human species. At first these vesicles contain but little fluid, only a few drops, or drachms, or ounces; but the disease proceeding, at length pints, and quarts, and gallons, and larger measures, may accumulate, and the ovary may become of a size enormously large. To the late Mr. Cox, a zealous and very diligent inquirer, and a great loss to surgery, we are all of us indebted for the obstetric curiosity here shown you, consisting of ovary, capable of containing several pailfuls, if I may be allowed to use a homely measure. In several cysts the accumulation may take place, and in all the cysts pretty equally, as in the preparation here exhibited; or the dropsy may be seated in one cyst only, as the principal, though it almost always happens that other cysts are more or less filled; it may be some few ounces only, while the principal cyst contains many gallons. It may be observed further, that where this dropsy consists of an accumulation of water in several cysts, it sometimes happens that the cysts are in communication with each other, so that the water flows out of the one into the other. The late Mr. Cline used to exhibit a preparation of this sort, observing that, if you tapped one of the cysts in this state of the parts, you would, of consequence, empty all the rest at the same time;

No. 250.

but this is the only case which it has been my lot to witness, for in many-cysted ovarian dropsy, it far more frequently happens—in nine cases out ten at least, and, probably, in larger proportion—that the cells are not in communication with each other, the tapping of one cyst producing a partial relief merely. Further, in ovarian dropsy, the inner surface is not always equable, but is, we are told, now and then covered with those excrescences which have, by Burns, been compared to the cotyledons in the uteri, of the ruminating animals; and I would the rather notice this in giving you the morbid anatomy of the disease, because we have been advised to excite the adhesive inflammation, so as to occasion a colesion of the sides of the cysts to each other, and these irregularities must throw in our way an impediment to such a practice. In the anatomy of ovarian dropsy, it is important, too, to recollect, that the cysts vary considerably in the thickness of their sides; and sometimes we find them no thicker than a piece of brown paper, and sometimes, as when scirrhus concurs with dropsy, their thickness may equal or exceed that of the hand, a peculiarity of structure which must materially obstruct the operation of tapping.

When the enlargement of the ovary is cystic, there may be real variety in the nature and consistency of its contents, which may be fluid, viscid, or firm, like water, treacle, or conserve—a difference of no small importance in relation to the operation of tapping. Nor ought you to be led away with a notion that, in the first tapplings, the accumulation will be watery, becoming more viscid as these tapplings are repeated; for, in more than one instance, I have myself found viscus in ovaries, which have never been tapped at all; nor is the occurrence by any means infrequent. Add to this, that, in many-cysted enlargements, there may be much difference in the consistency of the contents of the different receptacles in the same ovary, nor, with the exclusion of tapping, do I know of any diagnostic by which the consistency of the accumulation may be determined, excepting that which is taken from fluctuation; for although, when the fluctuation is obscure,

3 D

we must not hastily infer that the contents of the swelling are not aqueous, we may safely conclude that they are of this consistency, when the undulation is found to be lively and distinct. Where a woman has been tapped frequently under this disease, I strongly suspect that extensive adhesions to the parts adjacent will be by no means infrequent; but if the disease have been unattended with much inflammation, it does certainly sometimes happen that the adhesions of the enlarged ovary are very slight, so that the whole mass may be taken away. The immense ovary here shown, probably the largest preserved in any museum, setting aside its healthy connexion with the side of the pelvis, was bound to the adjacent parts by one adhesion only, a part not bigger than two of my fingers, and which could have been easily cut, through the whole of the enormous ovary, excepting these two parts being perfectly detached. Now, when any of you hereafter are dissecting the hydroptic ovary, I would recommend you, in a view to extirpation, to observe how far the adhesions are of frequent occurrence; and where they do occur, whether they are circumscribed, or of extensive kind, and what are the symptoms which precede or accompany them, and which indicate their existence. In dropsy of the ovary, too, let it be remembered, that the disease is not always simple; with ovarian dropsy, scirrhus may be combined, whether this be seated in the ovary itself, or in the uterus; the combination of scirrhus and dropsy, in the same ovary, being by no means uncommon; add to which, that when the ovary on one side is affected with dropsy, the ovary on the other side may be affected with dropsy too.

Character.—When a woman labours under dropsy of the ovary, of longer standing and of greater size, she tells you, perhaps, that she has been ill for months or years together; and you examine the abdomen, and find that it fluctuates—if the cysts be thick, obscurely—if thin, as distinctly as in ascites, or a dropsy of the uterus, or an accumulation of water in the bladder, and therefore you should be on your guard. Further. On making inquiry, you learn that the tumour is lying more on one side of the pelvis than the other (a great characteristic of the disease); and unless, indeed, the tumour be large enough to fill the whole cavity, you find, moreover, that it occupies the inferior and middle, rather than the superior, part of the abdomen; and now and then, indeed not uncommonly, the surface of the cyst is tuberosae, as in the preparation here exhibited. Now, on examination, if you find an abdominal tumour of tuberosae surface, or even of surface round and equable, or if you find that the tumour inclines to the one or other side of the ab-

domen, and that it fluctuates more or less distinctly, and has been somewhat rapid in its growth, there can be but little doubt that the affection is a dropsy of the ovary, pure, or combined with scirrhus. Rapid growth, when it occurs, is an excellent diagnostic; for, though slow growth is no certain disproof of encysted accumulation, we may be almost certain that the ovary is enlarged from dropsy, scirrhus-dropsy, or, at all events, an encysted accumulation of one kind or another, if the growth have taken place in the course of a few months.

Again. When patients labour under ovarian dropsy of earlier formation, the whole ovary not being bigger than a child's head, as in the case of scirrhus, the tumour may fall down between the vagina and the rectum. In these cases symptoms similar to those before enumerated may be produced; and, on examining with care, you find a swelling which fills the pelvis, with the vagina in front, and the rectum behind, and a certain character of fluctuation obvious enough, if the ovary be thin; so that there are three characteristics by which the recto-vaginal dropsy of the ovary may be known: a tumour within the cavity of the pelvis, with the vagina in front, and the rectum posteriorly; a fluctuation more or less palpable, and an assemblage of symptoms more numerous in some cases, of smaller number in others, but most of them referrible to irritation, obstruction, and compression of the viscera within the pelvis.

In ovarian dropsy, of earlier formation, however, the enlarged ovary generally lies above the brim, and there, in the iliac fossa, to the right or left, it may usually be found forming a tumour, not inaptly compared to the fetal head, of tuberosae surface, or equable. A dropsy of this kind it may not be so easy to distinguish as the preceding, as the fluctuation may not be demonstrable through the abdominal coverings. Nothing, however, is easier, than to ascertain that the ovary is enlarged, and if at the end of a few months there be a great increment of bulk, we may be pretty certain that the enlargement is from effusion, whether watery, viscid, puriform, or of other character; for, as before observed, there is much variety here.

Where there is a dropsy of the ovary, the general health is not infrequently good, especially in the middle or earlier period of the disease; the woman sometimes becoming much reduced in the latter period, and suffering much from cachexia. In some cases, the quantity of the urine secreted may be considerably diminished, though a pretty free secretion is by no means uncommon. Nor is it to be forgotten, that in dropsy of the ovary, as in scirrhus, there may be an œdematous swelling of the legs,

or of one leg more than the other; and care must be taken that this do not deceive you into a belief that the woman labours under *anasarca* of the common kind. The *oedema* seems to be the result of pressure on the vessels above, and this is, perhaps, the reason why one side swells more than the other, namely, that side on which the tumour is principally seated. Women once tapped, often fill rapidly afterwards, but the first growth of ovarian dropsy occupies very different periods, varying from months to years, for I have reason to believe, that large collections of water may take place in the course of a few months only, and, in the latter case, the general health is more likely to suffer.

Treatment.—The treatment of this disease may be divided, I think, into three kinds, that which is proper in the way of palliating the affection; that, again, which is proper, with a view of radically curing the disease; and that which is required, if, indeed, any be required, where the cure of the disease is taking place spontaneously, for such cures do now and then occur. In medicine, I believe, you have no effectual means of palliating these encysted accumulations, and, in general, those may do best, who struggle least. The dropsy of the ovary cannot be cured, in the general, by diuretics, cathartics, emetics, mercurial action, or the like; and, therefore, you ought to be very cautious how you have recourse to any of these means, at least with violence, lest you should leave the patient in a worse condition than you found her. I will not venture to say you are not justifiable in making gentle attempts with these remedies, but experience shows, that from these medicines so little good is to be obtained, that, in attempts like these, the constitution ought not to be injured. The most effectual means of palliating the disease is by tapping, and, in the ordinary modes of practice, even this is to be delayed as long as may be, for if a woman is once tapped, she often fills very rapidly again; it may be years before she requires the first tapping, but she may require to be tapped the second time, in the course of a few days or weeks, or, at the most, of a few months, so that if we operate injudiciously, we are making bad worse. In performing this operation of tapping, where, it seems, from the large bulk of the tumour, to be absolutely necessary, I would recommend you in all cases to be careful to know whether the woman is pregnant, and whether the tumour arise from the retention of urine; for great scandal, if I may be allowed the expression, has arisen to our profession, from neglecting inquiries of this kind. Distended bladder has been mistaken for ovarian dropsy; nay, the uterus itself has been tapped, when the wo-

man has been pregnant, and, in dropsy of the ovum, more especially; and it does not follow, because you have once tapped a woman for ovarian dropsy, that, therefore, a second time the operation is to be performed, without previously inquiring whether the uterus or the bladder be full; for when the second tapping is proposed, the supposed ovarian dropsy may, in reality, be an enlargement of the womb or bladder: be on your guard, therefore. In all cases where circumstances lead you to suspect that there may be an accumulation of water in the bladder, a catheter introduced, with cautions formerly given, will give the diagnostic; and, in every instance, when the uterus is suspected, let a careful examination be instituted by the vagina. You should remember, also, where you are thinking of the operation of tapping the ovary, that the water is sometimes collected in several cysts, as in the preparations on the table, and that those cysts are not always, nor, indeed, generally, in communication with each other; these cysts, whether communicating or separate, are more especially to be looked for, provided the tumour in the abdomen have a tuberoso surface, as in the preparation here exhibited. Hydatids too, may, I believe, form in the ovary, but the accident is rare; and hence when, from the form of the tumour, many cysts are suspected, it may be proper to mention to the friends, though not to the patient herself, that there is a chance of your not being able to empty the ovary completely, so that disappointment may be prevented.

I have already observed to you, that in many cases where the ovary is hydropic, the cyst may be very thin, and tapped as easily as the common integument; but, further, when going to perform this operation, remember, that sometimes the front of the ovary is thick, and that if you do not push the instrument far enough, on withdrawing the trocar, you are surprised to find that not a drop of water is coming away, and this though you know the case to be dropsical; whereas if the trocar is pushed further, the water will flow, and readily enough; cases of this kind are not, on the whole, very uncommon, and they not only occasion more difficulty in tapping, but there is the more risk of a dangerous inflammation, provided the instrument is pushed through a good deal of diseased substance. All this should be well weighed before you operate; indeed, in these cases of schirro-dropsy, it may, I suspect, be better not to operate at all. When a woman has been tapped often, it is said that, after every operation, the fluid which issues may become thicker and thicker; thick as soap suds, thick as treacle, or of denser consistency than this; but though this may be true, you are not to suppose

that it is only after repeated tapplings that these thickenings occur; for, as before observed, the contents of the ovary may be viscid from the very first, and this becomes very probable, provided you find that the fluctuation, is very obscure. I remember once seeing a woman in the East of the town, labouring under a dropsy of this kind, for which tapping was recommended. On seeing this woman, I told the friends that the contents of the ovary were probably viscid; for, though the growth had been rapid, the fluctuation was obscure; nor did I regret this cautionary opinion, for when the ovary was tapped, there came away enough to show that encysted accumulation existed; but still the discharge was sparing, viscid, and the tumour remained unreduced. Mr. Abernethy afterwards saw this case, when the urgency of the distention led the attendant to operate again, with as little benefit as before; on observing this, Mr. Abernethy prudently dissuaded from further attempts, observing, as I was informed, that it would not do to go on boring holes in the belly, *agnosco hominem*, and ultimately the patient died. When you are going to tap, let it be further remembered that, after all your best care, inflammation of the cyst may occur, slight, or in that degree which may carry off the patient.

The late Mr. Chevalier once had occasion to tap an ovary containing seventeen gallons; in this case it was thought proper to proceed with caution, and the water was drawn off, not all at once, for this sudden collapse would have been dangerous, but at three or four different times, yet notwithstanding the prudent manner in which the operator proceeded, extensive inflammation of the cyst ensued, and the woman died hectic, at the end of a few weeks, with one or two gallons of puriform matter in the cyst. It is remarkable that no inflammatory tenderness accompanied this attack. When a woman is tapped, she may also sink in a few days from symptoms of exhaustion,—symptoms very similar to those arising from floodings, or cholera morbus. And this, I suppose, more frequently happens when the ovary fills again very rapidly, say in the course of a few weeks; instances of which I have myself seen. Some women sink in this manner after the first tapping, or thus many sink gradually after they have been tapped some five or six times, which may, perhaps, be an average number; in a few rare cases they may live to be tapped much oftener, and, indeed, there are cases which you should treat with peculiar attention, in which the constitution seems to suffer but very little, and where the woman may be tapped a surprising number of times, very great quantities of fluid being taken away,

and the general health and spirits flagging but little in consequence. A lady was tapped by Portal, eight-and-twenty times; and in a case related by Ford, the patient was tapped forty-nine times, 2649 pints being taken from her; by the late Mr. Martineau of Norwich, a woman was tapped eighty times, and from her thirty hogsheds were extracted. For a reference to these cases I am indebted to an excellent and laborious obstetric writer, I mean Burns. Although women do live now and then to undergo these frequent tapplings, and other instances have been communicated to me, yet they more generally sink; and hence, in ordinary practice, the longer the first tapping can be delayed the better, for there is nothing more unwise than to ground your general practice upon the exception to the rule, though the error is not infrequently committed. Make the best of it, and tapping, after all, is but an unsatisfactory sort of remedy; dangerous in scirrhopropsy—of partial relief in dropsy with many cysts—of no effect when the encysted material is viscid—obnoxious to inflammations—adhesions—suppurations—exhaustions—repetitions—and death, even in cases the most favourable; and the more I have seen of this operation, the more I have felt inclined to whisper to myself, when the surgeon has taken up his instrument—"I wish he could do something better."

FOREIGN DEPARTMENT.

EFFECT OF PRUSSIC ACID ON PLANTS.

By M. R. GOEPPERT.

THE experiments of M. Macaire-Priep, the results of which we detailed in No. 289, are, for the most part, confirmed by those of M. Goeppert, of which the following is a short account.

Plants, with their roots immersed in a solution of prussic acid, (five parts to 400 of distilled water,) died in a shorter or longer period, the maximum of which was five days, (*Senecio vulgaris*.) and the minimum six hours (*Fumaria capriolata*). In all plants the stalk became discoloured, contracted, and, at last, shrunk up; the effect on the leaves was rather slow, and first manifested itself in the veins, which became of a brown colour; graminaceous plants seemed to be the least susceptible of the poisonous action. In milky plants, as the *euphorbia*, *papaveracea*, &c., the juice ceased to flow from the lower parts, which were affected by the poison, while, in the

upper, it continued to escape as before; this difference being evidently not produced by the chemical action of the acid, (as was ascertained by mixing some acid with the juice,) the author infers that it depended on its destructive influence on the contractility of the lactiferous vessels. The vapours of prussic acid were found to be as deleterious as the solution; in either case, the poisonous action was not communicated from the leaves to other parts, although the poison being applied to the roots, the rest of the plant was always more or less rapidly affected. The leaves of those plants which contain prussic acid, as laurel, &c., being submitted to the action of hydrocyanic vapours, died as quickly as those of other plants; a small quantity of powdered laurel leaves, or bitter almonds, was sufficient to kill branches detached from the same trees, while no effect was observed to take place, if branches, recently separated from these trees, were brought into contact even with the most delicate plants. As to the means by which such a volatile substance as prussic acid is retained in the living plants, though emitted almost immediately after their death, we are perfectly ignorant of them. From some of M. Goepfert's experiments, it appears that elevation of temperature increases the action of the prussic acid; in no case was it found possible to restore the plants which had once exhibited signs of being poisoned: the carbonate of ammonia was often employed as an antidote, but without success. From chemical analysis of the poisoned plants, it appeared that the prussic acid was directly absorbed, and all parts of the plants seemed to contain nearly the same quantity of it; on carefully dissecting them, it was found that the cells were shrunk and contracted, and their green colour completely destroyed, while the spiral vessels had undergone no alteration whatever. This explains the circumstance of monocotyledonous being less affected than dicotyledonous plants, the former containing more spiral vessels and cellular tissue than the latter.—*Annales des Scienc. Natur.*

INTERMITTENT OPHTHALMIA CURED BY THE SULPHATE OF QUININE.

This case is related by Dr. Heuter, of Marburg. A labourer, about 68 years of age, of a robust and plethoric constitution, was, in August last, affected with a slight bronchitis, which was followed by coryza and violent headach over the right frontal sinus; at first, the pain was but slight; and as it never lasted for more than a few hours in the morning, hardly prevented him from continuing his work; but it gradually became more intense, and of an apparently

intermittent character; every morning, at eight o'clock, the patient was seized with shivering, followed by heat and profuse perspiration; at the same time, the headach became more violent and throbbing, and though, at first, confined to the right half of the forehead, gradually extended over the right side of the face, the skin of which became swelled, and covered with an erysipelatous redness; the right eye was extremely painful, and incapable of bearing the light, and the conjunctiva violently injected. These symptoms, which were confined to the right side, having lasted for about three hours, terminated in profuse secretion of tears, after which the patient was perfectly well for the rest of the day. General and local bleeding, as well as diaphoretics, emollient poultices, &c., having, for a long time, been employed without any effect, and the periodical affection of the eye becoming still more intense, the sulphate of quinine was, at last, resorted to, during the intermission; after a few doses, the attacks became less frequent and violent, and by continuing its use for a few weeks, the patient was perfectly cured.—*Journ. von Graefe.*

VOLUMINOUS VARICOCELE;

Successfully treated by Tying the Spermatie Arteries.

Nicol. Rigneri, a native of Greece, of a robust constitution, had enjoyed good health up to his fifteenth year, when he observed a tumour forming on the left side of the scrotum, which gradually increased, and at last attained such a size, as almost entirely to prevent him from walking. Several surgeons had been consulted, who recommended absolute rest and cold lotions; but, as the tumour continued to enlarge, he applied, in October last, to M. Amusat. Fifteen years had then elapsed since the first appearance of the tumour, which had now become of the size of a child's head, and, although free from pain, and unaccompanied by any general constitutional disturbance, rendered almost every movement so difficult, that the patient was anxious to have it removed by an operation. The nature of the enlargement having been clearly ascertained, M. Amusat resolved not to remove the testicle, but to place a ligature round the spermatic artery of the affected side. The incision through the skin having been made, as in the operation for inguinal hernia, M. Amusat experienced considerable difficulty in laying bare the artery, which was closely covered, and surrounded by the enlarged veins; but he at last succeeded, and tied all the arteries going to the testicle; the wound was simply dressed.

Shortly after the operation, inflammatory symptoms, and, on the following day, a considerable œdematous swelling of the scrotum ensued; but, after copious venesection, and under the application of hot fomentations, these symptoms subsided; and, on the fifth day, the wound presented a healthy suppurating surface. On the evening of the same day, however, an abscess formed on the left side of the scrotum, and, when opened, discharged a large quantity of very fetid, purulent, and gangrenous matter; a great portion of the scrotum became eventually gangrenous, but, fortunately, the deep-seated parts were not affected, and the large ulcer, resulting from the mortification of the skin and cellular tissue, was at last completely healed. The wound of the operation was cicatrised on the eighteenth day after it; the ligatures having come away a few days before. At the time of the report, (on the 21st of February,) the patient was perfectly cured, except that the left testicle had become atrophic; the spermatic veins were changed into hard and tortuous chords.—*La Clinique*.

YELLOW FEVER AT GIBRALTAR.

This formidable epidemy has at last ceased to rage; and, since the 16th of January, it has been deemed unnecessary to enforce any longer the quarantine, and the other sanitary measures. The number of patients who were affected with the yellow fever, amounts to 5,270, to which, it appears, no less than 1300 must be added, who were not entered in the official accounts; 1412 of the above number were soldiers, and amongst them the mortality was 1 to 3.41; amongst other patients, it was only 1 to 4.15; the absolute number of deaths was 1658.

M. Chervin, whose researches on the nature of yellow fever have been given in a former number of *THE LANCET*, was sent by the Académie Royale de Médecine of Paris to Gibraltar, in order to observe the epidemy. In his last communication to the Académie, he declares the disease at Gibraltar to be identical with the yellow fever of the West Indies; and asserts, that the most scrupulous investigations he made, during his stay at Gibraltar, with respect to the contagiousity or non-contagiosity of the disease, have only contributed to confirm his former opinion on the subject. M. Chervin was accompanied by M. Louis, who, soon after his arrival at Gibraltar, had a slight attack of the disease, from which he recovered within a short time. As soon as the official report of MM. Chervin and Louis has been laid before the Académie Royale, an extract of it shall be given to our readers.

ON THE EXPORTATION OF DEAD BODIES FROM IRELAND TO ENGLAND AND SCOTLAND.

To the Editor of *THE LANCET*.

DEAR SIR,—Had space permitted me, I intended to have concluded a late communication with a few observations on the exportation of dead bodies from Ireland to Great Britain and Scotland; a subject, I assure you, of equal, if not of greater, importance to the interests of the medical schools of Dublin, than the repeal of any old, or the enactment of any new, law, for the regulating of supplies for anatomical pursuits. This novel branch of Irish commerce, for such it may be designated, without any intention to exaggerate, has recently increased to such an alarming extent, that its evils are deeply felt, and its extinction anxiously desired by the medical profession, and the whole population of Dublin. Notwithstanding the injurious consequences already resulting from this traffic, for which the word nuisance affords but a faint definition, I confess I approach its discussion with diffidence, and for two obvious reasons. In the first place, it is impossible to consider this topic fully, without a disclosure of details, of which, perhaps, it were better that the public, impressed with its present feelings, should remain ignorant. Unfortunately, the study of our profession imposes on us the necessity of having recourse to measures for its attainment, the divulgence of which is calculated not only to awaken a still stronger sentimental hostility to our pursuits, but also to enable society to avenge the violation of its prejudices, by defeating those means which are essential to acquiring a knowledge of an indispensable art. In reforming, therefore, the abuse of these objectionable measures, it strikes me that care, if possible, should be taken to avoid this twofold inconvenience; and that, in raising the veil of a system for the repair of its machinery, we do not imprudently expose those parts of it which might subject the whole to popular destruction. In the second place, I am aware that any attempt on my part to prevent this practice, may naturally subject me, perhaps, to the odium of men in other places, who, in an irritable simile, might liken me to one who, having an abundance of provision, officiously steps forward to deprive a garrison in distress of the means of subsistence. I admit the force of this pathetic argument; and, as an admirer, at least, of science, I should regret being in any manner instrumental to the curtailment of its spreading illumination. No law, however, either human or divine, with which I happen to be acquainted, or-

dains that we should love our neighbour better than ourselves, and when it becomes a question of convenience between two parties, where one of them possesses the power of accommodating himself, even at the expense of the other, the moral duty in such a case has been long since defined by Cicero, in his illustration of the two men in danger of drowning on one plank, the stronger of whom he advises to save himself, though his companion should sink. I would, therefore, justify my interference on the selfish grounds of expediency, created by those evils that, I shall hereafter show, arise out of this custom, so inimical to the welfare of the anatomical schools of Dublin, which, to me, are nationally of paramount consideration; for though "I respect Cæsar, I love Rome still more."

Such are the reasons which would have induced me to decline the discussion of this theme, if they had not been opposed by others more cogent and convincing. To the abolition of the usage on its own merits, an objection has been started which deserves some attention, and it is this:—That the exportation of dead bodies is precisely as justifiable as the exportation of dead or live bullocks; or, in short, of any other commodity which Ireland imports into England or Scotland. To adding this novel item of dead bodies to the "day notes" of our custom houses, if honestly obtained in the way of business, there appears, at first sight, indeed, no valid objection as an abstract proposition. A very convenient precedent, too, for this argument, is found in the conduct of the proprietors of the schools, who are well known to purchase dead bodies, and to retail them to their pupils at a considerable profit. The great advantage, also, accruing to science, from an export trade of this description, has been adduced as an additional ground for its toleration. I am willing to allow the weight of these and all other reasons which have been advanced in favour of the commercial disposal of the dead; but the decision of the question in this manner, appears to me to be one of those unfortunate examples of false reasoning, in which the utility of a measure is judged of by its partial, instead of its general, consequences. Exporting dead bodies would, no doubt, be an excellent arrangement, if its good effects, alone, could be secured without its evils. It should, however, be recollected, that the exhumation of bodies, and the sale of them by the proprietors of schools, which are assumed as a sufficient sanction for the export traffic, are by all, even on this small scale, considered great evils; a circumstance which I deem it unnecessary to prove, as I have never met with one sceptical enough not to believe it. Admit a free exportation of this kind, and what

will be the general result? Simply a multiplication of these evils to an indefinite extent. For the supply of the Dublin schools at present, a few abandoned characters are competent. Allow the exporting project free scope, and you increase, to an unlimited amount, the number of those dissolute men, to the manifest danger of society, by familiarizing their minds with scenes and actions which exercise the worst moral influence on the human heart. The local evils of this moral deterioration of character are now, in a great measure, kept within safe bounds; the resurrectionists are checked by the vigilance of a responsible order of men, to whom, as servants, they are amenable for their conduct; but in the export trade, no such salutary control could be exercised over them, the parties concerned residing at a distance of several hundred miles. A new race of resurrection men would undoubtedly be created by such an arrangement, without any respectable body to watch their conduct. The home and foreign branches of this species of commerce differ in this important respect, that the former is conducted under the inspection of moral and educated men; the latter would fall into the hands of a band of ruffian speculators, who might indulge their dangerous propensities without fear of punishment or detection. Were the trade, indeed, conducted by philosophers, as one might suppose that the advocates of it intended or thought it would be, from their unassuming opinions, there would be very little ground for such apprehensions; but, carried on by its present agents, or by persons of their description, (and by such men certainly would it be transacted, for, as society is at present constituted, no reputable character would embark in it,) the worst consequences, I fear, might be justly anticipated. Not the least injurious of those consequences would be the lowering of the medical profession in the eyes of the public, who would inevitably confound the cultivator of science with the spoliator of the grave, the "receiver" being, proverbially, "as bad as the thief." If circumstances, therefore, render the exhumation and the sale of bodies necessary in a given place, I think the exigencies of that particular place should be the measure of the evils of the system; and that it is too much to expect that any people would permit the extension of these evils for the accommodation of the inhabitants of another country, who would thus have all the advantages, without any of the inconveniences, of such a system. It is, consequently, unfair to view this question as a mere mercantile transaction, from which it differs in all essential features but the one common to both, viz., value given and money received.

Having thus disposed of the objections

which might be urged against the discussion of this question, and of the arguments advanced in favour of the system, I shall proceed to describe the nature of this traffic as conducted in Dublin; its pernicious effects, and the means which should be adopted for its total extinction.

Anterior to the introduction of steam navigation into the Irish Channel, I am not aware that this traffic was practised to any considerable extent. The facility of conveyance by steam vessels—the vast increase of medical pupils in these countries of late—the expense and scarcity of subjects in England and Scotland—and the abundance and cheapness of them in Dublin; all these concurring circumstances pointed out the exportation of bodies from this city as a lucrative speculation. But whatever may have been its origin, it is now reduced into a regular system; and if we may judge of the quantity of bodies which reach their destination, by the number of those which are intercepted on their passage, the amount exported must be beyond credulity, for there scarcely passed a week during the present medical session, in which the quays of Dublin did not witness some disgusting disclosures of this description. The principal character concerned in the business, and who enjoys the well-earned infamy of its invention, is a Mr. Wilson Rae, a Scotchman, I believe, by birth, and, as it would appear from his worse than Simoniacal pursuits, one also by disposition, a member of the London College,* one of his Majesty's half-pay surgeons, and a resident of Irish-town, a small marine village, about three quarters of a mile from Dublin, and most happily situated for smuggling and body-snatching. By the aid of bribery, this carcass-merchant has seduced out of the employment of some of the proprietors of our anatomical schools, a band of resurrection men, whom he personally accompanies in their incursions on every church-yard in the vicinity of the city; and makes up for any accidental deficiency of plunder, by purchasing bodies from the servants of the private teachers, which, by engagement, should be delivered into their respective establishments, in which some of these men are paid weekly throughout the whole year. For the reception of this partly-pilfered and paid-for prey, he has had a succession of depôts, until a cargo is completed, or a convenient mode of conveyance has offered, which he has generally found in one of the steam-boats on the Glasgow station, the captain of which is well known to share in the disgraceful profits of this traffic. The name of this

vessel, and of its accommodating commander, I forbear at present to state; as (despicable as this other mercenary Scotchman is,) I should not wish to be the instrument of making himself and his crew the victims of popular indignation. From the reckless manner in which the miscreant Rae conducts this business, both in securing and disposing of his plunder, the indignation against anatomical pursuits has extended through all ranks of society in Dublin. So perfectly indifferent is he to every other consideration, except the gain of his infamous avocation, that he and his men leave the graves which they have robbed, open; and have the audacity to send their plunder down to the vessels at noonday. A scarcity of subjects, at an advanced price, a general alarm in the public mind, and a guard to protect deceased friends, by all who can afford it, are the consequences of this indiscriminate invasion, and injudicious disposal, of the dead. Before the existence of this execrable trade in Dublin, exhumation was attended by few or none of these disagreeable circumstances. Every attention was paid to conducting it with decency and secrecy; public prejudice was rarely offended by exposure of the dead; subjects in abundance were to be obtained, according to size, at from ten shillings to a pound; but since the wholesale vampire, Rae, embarked in the trade, all these facts have been reversed.

From this short account of the practice, any unprejudiced person will see, I conceive, sufficient reasons for its abolition. It raises the price of subjects on the native student, who is certainly entitled to the accidental advantages conferred by his locality. It oftentimes already inconveniences him, by rendering scarce those materials of his study, which would be otherwise abundant. It is highly injurious to the interests of the anatomical schools of Dublin, by abstracting from them the support of their reputation, if not their very existence. It excites so strong a prejudice against dissection, by the frequent disclosures to which it is accessory, that I have no doubt but the public will take such precautions as, in time, may render this mode of obtaining subjects abortive. It will create a new class of desperadoes, whose uncontrolled pursuits offer at once an inducement and an indemnity for the perpetration of the worst of crimes. It is, in itself, a detestable traffic, and cannot be continued without affixing a dangerous and offensive stigma on the character of the profession in Dublin.

Such are a few of the positive evils of this practice. I doubt much if they are counterbalanced by the speculative good of the system, as assumed by its advocates and promoters in England and Scotland. It ap-

* We hope our friend is in error here, as we do not find the name of *Wilson Rae* in the last list of members of the College.—*Ed. L.*

pears, indeed, but poorly calculated to diminish the inconveniences in which it originated, and for which it is proposed as a remedy. No bodies, for instance, exported from Dublin, allowing for the unavoidable delays of conveyance and procuring them, can possibly reach Edinburgh or London earlier than a fortnight or three weeks after death, unless, indeed, they are murdered here *per contract*, and served up "hot and hot" to the teachers of those two cities, as they were to that eminent anatomist, physiologist, and pathologist, Dr. Knox! Bodies kept for such a length of time, and submitted to the influence of high temperature in the hold of a steam-vessel, must surely be fitter for interment on their arrival in these places, than for the purposes of anatomy. But in whatever state they reach these cities, the recent disclosures at Edinburgh prove, that exportation is no remedy for the deficiency of subjects in that city. The existence, therefore, of this traffic is not justified even by the accomplishment of its own objects. The scheme, in fact, is an inversion of the rule which should be observed in the case; for, to all unsophisticated mortals, it would seem a more rational proceeding for the living to go to the dead, than for the dead to march for the convenience of the living. It would surely be better in this case for "Mahomet to go to the mountain, than the mountain to move to Mahomet." By such a common-sense view of the matter, Scotch or English students might dissect in Dublin at one-tenth of the expense which they have to pay for putrid carcases at home.

It only remains to add a few words on the means of preventing this traffic, which has hitherto baffled the exertions of the profession in Dublin. The prevention of the practice is certainly a matter of some difficulty; for, as the law now stands, the proprietors of the schools would, undoubtedly, become the victims of their own prosecutions, should they undertake to punish the individuals engaged in this disgusting traffic. A consciousness of these consequences has deterred the teachers of Dublin from actively opposing the system, but they should no longer be intimidated by such apprehensions. Even the impartiality of justice will make some distinction between the cases of the mercenary robber of the grave, and the cultivator of science. Meetings of the lecturers of the public and private schools of the city should, therefore, be held; and resolutions, expressive of their horror, and explanatory of the nature of these proceedings, be adopted. These resolutions should be published in every newspaper in Dublin, and seconded by placards in all parts of the town, stating the name, haunts, residence, and personal ap-

pearance of the ruffian at the head of this business, until the miscreant saw in every face an enemy, and, at every corner, a reflection of his loathsome identity. Every means of this kind should be taken to stimulate society to disgorge itself of this foul monster; the apprehended injury of exposure would soon die away with the removal of this walking nuisance, upon whom the punishment imposed by Mezentius on the soldiers of Aeneas should be inflicted, by coupling him to one of his own corpses, and parading him through the streets, until his carcass and its companion were amalgamated by putrefaction. It is idle to talk of moderation with such a fellow: he who violates the best feelings of society, and preys on the remains of all that is dearest to it, should experience no mercy at its hands. This gentleman, half-pay resurrectionist has not the plea of poverty or of ignorance to excuse his damning pursuits; he has voluntarily descended from a respectable profession, to unite himself with the very dregs of vice; converted the sources of competency into the means of indulging in the excesses of dissipation, or of gratifying the still more disgraceful love of lucre, by speculating in a detestable traffic; thus bringing to the aid of the reckless impulses of crime, ignorance, and penury, the oftentimes injurious assistance of wealth, education, and an enlightened intellect. No measures ought to be kept with such a compound of dangerous qualities, who counts his profits by the echoes of the tomb; converts the lamp of science into a dark lantern, for the more effectual direction of his guilty pursuits among the dead; and disgraces its temple by the invention of a new and detestable species of servitude. Should such a character be tolerated as the menial, sutler, or purveyor, even of the loathsome materials out of which the splendid structure of our science ascends? Ought not a portion of the glorious and beneficent light of that science to be reflected back on its sources, if not to ennoble the humility of its origin, at least to save its meanness from the contamination of crime?

Sincerely yours,

ERINENSIS.

P.S.—Since the preceding observations were written, which you may perhaps publish, though unfit to meet the public eye, being thrown together in a hurry, I have learned that this Mr. Rae has been committed to Newgate, for want of bail, by one of the police magistrates, on a charge of having disinterred, and in his possession, dead bodies for exportation. The intended cargo, for which he has been just committed, was packed in a pianoforte case, and brought, in the noon-day, down to a steam-boat, in care, too, of a

respectably-dressed female, who, it is presumed, was no other than the wife of this scoundrel, whom he employs in these odious avocations. The two facts of his being unable to procure bail, even to a trifling amount, and the employment of his wife in this disgusting traffic, are more than sufficient to justify any severity I have used towards the ruffian, and the case which I have made out for the ejection of this, and every such succeeding, wretch who may embark in this trade, out of this city.

Dublin, March 14, 1829.

CASES OF INTERMITTENT FEVER, IN WHICH BLEEDING WAS EMPLOYED IN THE COLD STAGE.

By JOHN MACKINTOSH, M.D., Lecturer on the Practice of Physic, &c., in Edinburgh.

(Continued from page 493.)

CASE 13.—Stay in the hospital from the 2d July to the 4th in the evening.

François Pompei, æt. 19, was seized, on the 1st July, 1822, with an accession of fever, in consequence of a sudden chill which he experienced on entering a cool grotto when his body was covered with sweat. He was brought to the hospital on the 2d July, at six o'clock in the evening. Before he arrived he had a considerable epistaxis. He was in the following state:—Profound coma, eyes widely opened, directed to the right, fixed; expression besotted; general immobility; decubitus on the back; insensibility of the extremities; when pinched they were quite flexible. He did not answer the questions which were put to him; the direction of the eyes did not change, even when one approached him; he manifested pain when his stomach was compressed; skin burning hot; a white oedematous swelling of the face. His parents said that this tumefaction had come on since the disease, for previously he had rather a thin face. This access continued until Wednesday morning, the third July; he then took an ounce and a half of bark.

4th July, Thursday morning. The paroxysm returned, at the commencement of which he could still give answers to the questions put to him, but the coma went on increasing, and with it all the symptoms above described. The pulse was strong, vibrating, full, beating 84; the same direction of the eyes to the right, the same immobility of these organs, and of the extremities; respiration short; eight leeches to the ears. Died at ten o'clock in the evening.

Dissection.—Several ounces of blood flowed from the nose in the dead-room; in cutting the scalp, more blood escaped; the whole

might have weighed a pound. General engorgement of all the vessels which ramify upon the convolutions; the brain, still covered by the dura mater, gave a feeling which made us believe that there was a fluid in the interior, nevertheless there was only a little serosity in the ventricles; the substance of the brain was of the natural colour. All the intestinal tube, without any exception, presented, on opening the belly, a red appearance, which was owing to a general injection of all the vessels, even in their smallest ramifications. It would be difficult to inject so perfectly the vessels either of the intestines or of the mesentery, as they were in this body. The intestinal tube, although a little transparent, was penetrated with this congestion throughout its whole thickness; every thing indicated the first stage of a violent inflammation, that is to say, of a sanguineous congestion.

CASE 15.—Stay in the hospital from the 23d August to the 24th in the morning.

Thomas Adami, æt. 20, was brought to the hospital on the 23d August, 1822. He was delirious; they were obliged to secure him. After mid-day the delirium subsided. A profound and intense coma succeeded; the pulse strong, hard, 85; the extremities were flexible, but motionless; decubitus upon the back; pupils immovable; features swollen, and intensely hot; general insensibility. Body covered with a clammy sweat. In the evening the respiration was more hurried, and very much embarrassed; pulse not to be felt; froth was discharged from the mouth; he was insensible even when his skin was pinched. Died at one o'clock in the morning.

Dissection, eleven hours after death.—General inflammation of the arachnoid, of which the very smallest vessels were injected; no serosity; the cortical substance was of a deep red, compared with that of a subject dead from a shivering fever, (*la fièvre algide*), which we shall notice by-and-by, &c. &c.

CASE 16.—Stay in the hospital from 23d July to 25th.

Antoine Turianne, æt. 12, of a good constitution, was brought to the hospital on the 23d July, 1822, at four o'clock in the afternoon. He was in the following state:—Commencement of stupor, his answers are slow, and not quite correct; the questions put to him made him discontented and unhappy; agitation; he turns himself on all sides in his bed; eyes open and stupid; skin hot and dry. (Bled to eight ounces; lavement; tisane.) In the evening increase of stupor, in consequence of the accession of another paroxysm; coma profound, eyes open, pupils contracted and immovable; the fore-arms bent upon the arms; no pain

on pressing the belly. Sinapisms to the feet.

24th July, in the morning. Continuation of coma; pulse 124; head intensely hot; flexion of the fore arms; it is impossible to depress the inferior jaw; bled at the feet to eight ounces. In the evening, remission of the fever and of the convulsive symptoms; skin slightly moist. It was necessary to pinch his nose to make him swallow $\frac{3}{4}$ ij of bark.

25th, in the morning. Return of the fever, and the flexion of the forearms; continuation of the stupor; does not reply to questions; insensibility of the skin of the legs, that of the arms sensible; head intensely hot; decubitus on the back; eyes open. Boiling water applied twice to the feet; the patient did not feel it very acutely. Pediluvium during six minutes; snow applied to the head; the pulse fell to 82. Return of intelligence; he swallowed voluntarily the bark; but a little afterwards, violent agitation of all the body came on: the inferior extremities, which from the commencement were cold, were neither heated by the bath, nor inflamed by the application of boiling water and sinapisms. Of the four ounces of bark, which they made him take, he vomited more than two; neither could he retain the bark injections which were exhibited. He remained in this state till six o'clock in the evening; the coma returned, and he died at seven o'clock.

Dissection.—A very vivid injection of all the arachnoid; between its folds there was a membrane produced by the coagulation of effused blood; much serum between the convolutions, and at the base of the cranium; the cortical substance very red; the stomach natural; the small intestines contained a prodigious collection of worms; the inflammation was sufficiently intense in this part; the colon was contracted, its walls very thick, and the internal membrane much inflamed, of a dark-red colour.

CASE 30.—Stay in the hospital from the 21st till the evening of 22d of September.

Joseph Maoloney, æt. about 60, came to the hospital on the 21st Sept. 1822; he had been sick for five days. His answers were so confused that it was impossible to find out what had been his previous state, further than that he said he had vomited some bitter stuff; that he was tormented by thirst; that he had suffered great distress, and had pains in the epigastrium. In the evening, tongue dry, vividly red round the edges; constipation, nausea without vomiting, heat natural over the extremities and the thorax; a burning heat in the epigastrium; anguish; severe pain in the stomach under pressure; pulse small, frequent; lavement of barley water, gum water, fomentations to the belly;

during the night, vomiting, and had a stool.

22d, in the morning. Pulse more expanded; the ideas still confused; diminution of agitation; heat natural every where; tongue dry, thirst. Same treatment. About half-past nine o'clock, he had vomited the tisane, with mucus, bile, and several lumbrici. About half-past eleven o'clock, stupidity, pains in the epigastrium increased. At three o'clock p.m., lancinating pain of belly; pulse small, frequent; extremities cold, and bathed in cold, clammy perspiration; inferior extremities bent up to the belly. Bled from the arm; died in half an hour afterwards.

Dissection.—Injection of the vessels which ramify upon the convolutions of the brain; substance of the brain presented an infinite number of small drops of blood; three or four ounces of water at the base of the cranium; lungs natural; crepitating. In the belly there were fifteen or sixteen ounces of dark blood, running like oil; spleen ruptured at its inferior part, not by a fissure, as in the other cases, but presenting an opening the size of a dollar, out of which came a dark and putrilaginous substance; it was impossible to raise the spleen without breaking it, it was so diffuent; it separated in the hand into two portions, of which one, when placed on the table, became flattened like jelly, and the other portion remained attached to the diaphragm, which they were obliged to cut out to expose the spleen completely; it was not much increased in volume. The stomach was of a reddish brown, in the greatest part of its extent; inflammation of all the rest of the intestinal tube; rose-coloured within; bladder natural; liver gorged with blood.

CASE 33.—Malignant, shivering, intermittent fever. Stay in the hospital from the evening of the 29th to the evening of the 30th July. Autopsy; arachnitis; enteritis; splenitis; gastritis; pericarditis.

Angelo Galetti, æt. 18, of a good constitution, was brought to the hospital on the evening of the 29th July. The patients who were near him said, that during the night he complained continually of sharp pains in the belly. Took an ounce of bark; the whole of the body was as cold as ice.

30. Eight a.m. Legs, thighs, forearms, arms, cheeks of an icy coldness; the belly, chest, and forehead were of rather a lower temperature than other parts of the body; pulse insensible at the wrists; I could feel it but very feebly in the crural arteries, it beat 100; the patient trembled and complained continually; his most common position was on the left side, with the thighs bent on the belly. He understood what questions were put to him, but not suffi-

ciently well to give proper answers; he never entered into any detail, and died at half-past nine.

Examination three hours after death.—The small intestines, slightly distended with gas, were externally of a purplish red. The internal membrane was of the same colour, so that the violent injection of which they were the seat, had existed throughout the whole thickness of the substance of the intestine. This injection was recent. Inflammation of the upper half of the cæcum. The whole of the great intestine was white externally; on being opened, it presented an inflammation, the violence of which was greater towards the rectum, where the mucous membrane was so intensely inflamed, that some blood had been effused, which, mixing with the mucus, formed a thick coating, which adhered to the whole of its surface. The colour of all the interior of the colon, and especially of the rectum, was of a lively, intense red; in a word, the most violent degree of inflammation that can exist without disorganisation. The stomach was pale; after being washed, it presented, near the pyloric extremity, an infinity of little depressions, from half a line to a line in diameter, and some of which contained, in their bottom, a small spot of blood, which was easily removed. The folds of the mucous membrane were, besides, nearer each other, and more numerous than ordinary. The mucous coat itself was thickened; the liver was healthy; the spleen large, and pretty hard, but of a redness of the lees of wine. Slight adhesions of the right lung; the same between the whole surface of the heart and pericardium; they were easily destroyed. Injection of the arachnoid, engorgement of the vessels which ramify on the convolutions, and of those which compose the choroid plexus.

CASE 39.—Malignant, shivering, intermittent fever. Stay in the hospital from the 19th to the morning of the 24th August. Autopsy; arachnitis, gastro-enteritis, splenitis.

Vincent Crescenzi, æt. 60, of a thin but healthy habit of body, fell sick on the 19th August, 1822. He was attacked with fever, which set in with shiverings, followed by extreme heat, pain in the head and belly, vomiting of bilious matter. During the night, the paroxysm terminated in sweating. He was brought to the hospital of St. Esprit on the 19th August, 1822. The fever returned in the morning, preceded likewise by shiverings, and accompanied by the same symptoms as in the evening; the stomach was painful on pressure; the patient experienced a great heat in the inside; anxiety; depressed countenance, the features were as if flattened to the bones of the face; the colour of

the face was natural, the expression dull.—Half an ounce of bark on the decline of the paroxysm.

Evening. Decline of the symptoms; skin wet, with a cold clammy sweat; pulse small, frequent; general shivering; pain at the epigastrium; tongue red, but moist; no thirst. Half an ounce of bark.

Night. The skin remains moist and cool. The patient has vomited the bark.

20th August, morning. No fever; disappearance of the pain in the belly; quiet, aspect tranquil. Towards mid-day, return of the fever, preceded by rigours, and accompanied by heat greater than on the previous evening; the extremities remain cold; the skin was covered with livid spots. Saline draught, barley water.

Evening. Hands and legs wet, with a cold clammy sweat; the fit began to decline. One ounce of bark, which he vomited.

21st morning. Generally calm, no fever, but the extremities continue cold. Epigastric symptoms a little marked; pulse still small and frequent; towards mid-day return of the fever, always preceded by rigours; exacerbation of the preceding symptoms. The cold continues in the extremities, the patient is not sensible of it; he is as if benumbed, and in a torpid state. One ounce of bark to take at night.

22d morning. Skin less cold, but not yet at its natural warmth; pulse small and frequent; clammy sweat on the whole surface of the body; expression dull. Two ounces of bark.

Towards ten o'clock. Return of another paroxysm; pulse insensible at the wrist, 140 at the crural artery. Icy coldness of the extremities; the abdomen is flat, empty, and resting on the vertebral column; pain in the stomach, excessive sufferings; agitation; the patient, who has never lost his senses, is in a state of torpor, so that he can scarcely answer questions; colour of face natural. Twelve leeches to the epigastrium, blister to the arms; eight ounces of bark to take in the night, which he vomited.

23. Remission well marked. Towards nine o'clock, return of coldness, like that of marble; pulse almost imperceptible, 146. Pain of stomach more urgent; great suffering; anxiety; eyes hollow. The cold which had at first only attacked the extremities, had now reached the shoulders, and was extending towards the base of the skull. The head cool; the thorax and abdomen were below natural temperature, although not so cold as the limbs.

Evening. Same state; he was not sensible of the coldness of his legs, but could distinguish, when touched, that the person was warmer than himself; more violent

pain in the stomach; he lies supine. Cupping glasses applied to the epigastrium, sinapisms to the feet, blister to the thighs, nine grains of the sulphate of quinine, which he has not vomited. During the night, increase of all the symptoms. Dead. He was sensible to the last moment, which was about three in the morning. Eight hours after death the body was stiff, the limbs hard, as if they had been frozen, the belly hollow. The temperature of the air was above 20° Reaumur.

Dissection.—Slight injection of the arachnoid; engorgement of the vessels which ramify upon the convolutions; an effusion of yellowish serum between the foldings of the arachnoid; cerebrum and cerebellum, natural; heart and lungs healthy. Stomach grey externally, and contracted. Inner surface of a bright red, deeper still towards the pylorus. Foldings of the mucous membrane better marked than usual. Small intestines grey externally, and contracted. Internally their redness was brighter than that of the abdominal muscles, which afforded us a point of comparison. To give an idea of this inflammation, the colour of the large intestines could be compared to that which they would receive, were they soaked in black blood. This inflammation increased as it approached the S., and the rectum; liver healthy; spleen of a middling consistence, between the state of degeneration and health. This inflammation could be compared only to that of the 30th case.

ON THE USE OF SECALE CORNUTUM, IN DIFFICULT LABOURS AND UTERINE HÆMORRHAGE.

By JOHN KIMBELL, Esq., Surgeon.

No medicine has yet been discovered that will, in my opinion, be found more certain in its action, or more beneficial to the community, than the "*secale cornutum*," if administered in proper cases, and at proper times. My experience of its beneficial effects has thoroughly convinced me of its great utility in the most important and disagreeable cases of midwifery, and I am induced to publish the results of my observation and experience in this widely circulated Journal, through the medium of which I first became acquainted with the properties of this invaluable medicine. The cases I have to adduce will, I think, fully prove the truth of the following propositions:—

1st. That it will generally supersede the necessity of using the vectis, or forceps.

2d. That when the placenta is not attached over the os uteri, and there is a predisposition in the uterus to act, rupturing the

membranes, and administering the *secale cornutum* will, in almost every case, subdue hæmorrhage before labour.

3dly. That though many women, in spite of the caution and efforts of the accoucheur, will always have hæmorrhage after labour, the administration of this medicine before labour will generally prevent it.

CASE 1.—Mrs. N., a stout, healthy woman, requested my attendance. This was the sixth time of her pregnancy. In her two first labours, she had been attended by another medical man, who delivered her with the forceps. In the three following labours I had recourse to the same instrument, and, in every instance, I imagine the difficulty to have arisen less from the narrowness of the pelvis than the preternatural size of the head of the child. I saw her at about twelve o'clock in the day. I found the os uteri dilated to about the size of a shilling, the membranes protruding, and the pains natural, which slowly, but progressively, increased. At ten o'clock, P.M., the labour had considerably advanced, and the head was gradually descending into the pelvis; the membranes were ruptured, and the child remained wedged in the pelvis from that time till six o'clock on the following morning. At that period the patient became considerably exhausted, and the pains less violent, and I thought, from the existing circumstances, that it was time to deliver her. I administered the "*secale cornutum*," one scruple, in powder, with some warm milk; in thirty minutes the child was expelled; the after-birth came away, and both did well.

CASE 2.—Mr. —, on the 21st October, at seven A.M., requested me to visit his wife immediately, as the nurse considered her to be in extreme danger. On visiting her, I found her sitting on a chair, supported by two women, to all appearance dead; countenance pale, extremities cold, and no pulsation distinguishable at the wrist. I immediately caused her to be laid on the bed, and found the os uteri very little dilated. She had felt a slight pain previous to the commencement of the flooding, just sufficient to show that the labour *had* commenced. I ruptured the membranes, and administered a scruple of the powdered *secale cornutum* in a little warm milk, as before, and this I find to be the most efficacious mode of administering it. As the case appeared almost hopeless, and it was impossible to turn the child, I sent for a neighbouring practitioner, who immediately attended. As the first dose had produced a little contraction, sufficient to suppress hæmorrhage, it was thought advisable to repeat it. This was done, and for an hour the labour advanced; but the constitution had suffered so much, that there was little power

left for it to act upon. Nourishment was given her in small quantities, frequently repeated, and cold applied to the abdomen. At ten, P.M., she complained of pain; the dead child was expelled; the placenta came away, and the mother gradually recovered.

CASE 3.—In this case the patient was a healthy woman, whom I had attended in five labours, all of which were followed by alarming hæmorrhage. I arrived at the house at five, P.M., July 6; the labour appeared going on well; pains natural, and becoming strong. I ruptured the membranes, and administered a scruple of the secale cornutum. The child was expelled in twenty-five minutes; the placenta immediately followed, and no flooding ensued. The patient experienced no inconvenience, and the child did well.

These, Sir, are a few out of the numerous cases which I have met with. If I have ever been disappointed, the failure is to be attributed rather to myself, than to the medicine; for I consider it to be certain in its action, unless the patient has not been properly prepared, or the oil which it contains has been absorbed by remaining too long in the paper in which it has been enveloped. If there is a disposition in the uterus to act, and there is pressure on the os uteri, and the membranes are ruptured, the increase of action is certain, but if, on the contrary, the pains are spasmodic, and the membranes entire, no effect whatever is produced.

It has been alleged by many, that the secale cornutum is by no means certain in its effects, and that though in many cases they have been astonished by its efficacy, in others it has produced no alteration whatever. This, however, I attribute to one of the two causes above-mentioned.

In the first case I have related, I am of opinion that the secale cornutum superseded the use of the forceps, and I will venture to say that it will, very generally, have the same salutary effect. With regard to the second case, it may, perhaps, be objected that rupturing the membranes, and evacuating the liquor amnii, might have contracted the uterus round the child, so as to suppress the hæmorrhage. But the slight labour pains which were present, were materially increased by the secale cornutum, which, indeed, was the only medicine that could have saved the patient, for the constitution was so much exhausted by the discharge, that there was nothing left for it to act upon; but when nourishment had been given, and the system roused, two or three pains terminated the labour.

The last case tends to prove, not only that the secale cornutum administered before labour, will prevent hæmorrhage after, but also that no unpleasant inconveniences will ensue. The contraction, increased by the

use of the medicine, is so continued and so severe, as frequently to expel the child and placenta at one pain; and the action lasts so long (even for hours after labour, if not counteracted by opium), as to preclude the possibility of hæmorrhage. It may, perhaps, be said, that the increase of action produced by the medicine, will be attended with considerable danger, either from the rupture of the uterus, or the laceration of the perineum. With respect to the first objection, the walls of the uterus are so thick, that rupture is a case of very rare occurrence; and even should the pelvis be small, and the head large, the effect produced by the medicine may be easily counteracted by a dose of opium. As to the second, even in cases where the external parts are so rigid as scarcely to admit one finger; in a few minutes, the perineum appears to participate in the predisposition of the uterus, and gives way in a most extraordinary manner. I always administer the secale cornutum in powder, one scruple in warm milk; and though opium very speedily puts a stop to its action, it would, I think, be highly imprudent to administer it where the pelvis is small, or where there is a preternatural presentation.

There is one thing I wish to observe. In the regular and continual action which is so remarkable after the administration of the secale cornutum (and when, in addition, the regular periodical labour pains are increased), the placenta is sometimes retained, and will greatly embarrass the accoucheur. In these cases opium may be administered, and the uterus with soon expel it. Hæmorrhage, in this case, cannot possibly ensue.

Knowle, Warwickshire.

ON THE USE OF ERGOT OF RYE IN RETENTION OF THE PLACENTA AFTER ABORTION.

By MORGAN D. NUGENT, M.D.

THE patient, a woman of weak, spare habit, ætat. 35, in the fourth month of her pregnancy, had a *fausse couche*, in consequence of an accident. On the morning after the expulsion of the fetus, considerable hæmorrhage ensued, which was checked by cold applications to the abdomen, and did not recur till she attempted to walk on the third day following; from which period it continued at intervals to the fifteenth day, when the hæmorrhage was considerably augmented. In the evening of this day I was first consulted, and prescribed a dose of laudanum (sixty drops,) which for a time relieved the symptoms; but on the following morning the hæmorrhage returned with increased violence. I then ordered an infusion of the ergot of rye, two scruples to four ounces of water, half to be taken immedi-

ately, and the remainder at the expiration of an hour, if necessary. In about twenty minutes after taking the first portion she felt strong uterine pains, which lasted nearly half an hour, and were followed by the expulsion, to use her own words "of a false conception;" from that time she has had no return of the hæmorrhage, and is now in good health.

Cork, 15th January, 1829.

QUACKERY.

To the Editor of THE LANCET.

SIR,—Allow me, in common fairness and justice to myself, to request your attention to the following explanation, in reply to an article signed "M. D.," from Plymouth. The late Mr. G—K—, alluded to in that letter, became a patient of mine, at a moment when every hope of his recovery was declared to have been given up, as you may perceive from his letter to me as follows:—

"Sir,—Although you cannot give me at present any hopes of cure, I am anxious to place myself under your care, exonerating you, at the same time, from any blame in case of a failure, as the faculty have for some time given me up, my lungs being in a tuberculated state.

I am, Sir, &c.

G—K—."

This most amiable young man's life was considerably prolonged by my mode of treatment, and his father has acknowledged the fact in his letters to me. After he had been under my care for some time, I entertained strong hopes of his ultimate recovery; but from his having remained out for several hours on a very wet day, he caught a severe cold, attended with inflammation. Diarrhœa succeeded, the progress of which I arrested, and I had him in my house, not as an exhibition of my skill or success, but as a matter of personal convenience to himself, while under the influence of his recent disorder. While under my care, he expressed an anxious wish to visit his family, and undertook the journey home in the most severe weather, directly contrary to my advice, and that of his mother. He promised to return in a few days, and, on his arrival in Plymouth, he wrote to me the following letter:—

"My dear Sir,—I arrived here with less fatigue than I expected; but in case any thing unfortunate should occur, I think it my duty to declare, that the journey was undertaken without your advice, you not considering me perfectly cured. You will, therefore, be perfectly exonerated from any consequences.

Sincerely thanking you for your great kindness to me while under your care, believe me very truly yours.

G—K—."

Does your correspondent, M.D., mean to say that actual infallibility should distinguish my system in every case of the hundreds which come before me? Does he suppose that I should withstand the earnest entreaties of the friends of my patients, while any chance of life remained?

As to M.D.'s ungentlemanlike remarks about Mr. K. having been invited to my house as a guest, at a time when the diarrhœa was so severe that he could not venture home, surely he can attach nothing criminal to this mark of my attention and regard to a young gentleman whose amiable qualities obtained for him the kind wishes of all who knew him. Let M. D., if he be a man of honour or courage, show his unjustifiable attack on me to Major K., the father of the deceased gentleman, and let that honourable and grateful man tell my defamer, that since the death of his beloved son, he has written a letter full of gratitude and kindness, and acknowledges in it that his son had expressed to the last "his obligation to me for my attentions, and that every thing that could be done had been done for him." I want no favour from M. D.; all I seek for is the plain statement of facts, and I cheerfully and fearlessly challenge the impartial, and honourable investigation of the public and the faculty.

I am, Sir,

Your obedient servant,

JOHN ST. JOHN LONG.

41, Harley-street, March 11, 1829.

Mr. John St. John Long, should not write thus while he talks of "my mode of treatment," and while he keeps that treatment a profound secret. Had Mr. St. John Long any means of curing consumption, he would not hesitate to make it known. Concealment in such cases is a bad feature, and, to the well informed, a sufficient proof of HUMBUG.—ED. L.

REMEDY FOR CHILBLAINS.

To the Editor of THE LANCET.

SIR,—Being severely afflicted with chilblains, and having had recourse to the various remedies generally recommended, without benefit, I made a trial of the tincture of iodine. It answered my fullest expectations, for after two or three applications to the affected parts, it restored them to their natural state. As your Journal is widely circulated among the community at large, will you have the goodness to give publicity to this communication.

I am, yours, &c.

HENRY DAY.

FATALITY IN LITHOTOMY.

To the Editor of THE LANCET.

SIR,—Having lately seen an account stating that M. Vincenzo di Kern, Surgeon to the Emperor of Austria; has operated 334 times in lithotomy, and with such success, that only thirty-one individuals sunk under the operation, and Sir James Scarlett* having stated in the case of Cooper v. Wakley, that the average number of failures in England was two out of every fifteen cases, I beg to state that the late Professor Dease, of Dublin, has performed the operation above one hundred times, and never failed in a single instance. This fact is well known to all the surgical faculty of Dublin.

I am, Sir,

Your obedient servant,
MEDICUS.

MEDICAL ASSISTANTS.

To the Editor of THE LANCET.

SIR,—Erewhile you had writers who advocated the cause of medical assistants, but they, alas! have retired into the shades, wanting principle, spirit, and energy, to enable them to prosecute a slightly arduous task. It is much cause of regret, that such writers sprang forth; for, having but an ephemeral existence, they served only to strengthen the hands of those who monopolise the profits of what is called "*a liberal profession*." Medical assistants, hereabouts, are nearly on a par with journeymen tailors, having, for their salary, 30*l.* to 35*l.* per annum, whilst they are worth 7 or 800*l.* a year to their employers. I know of some assistants in this neighbourhood, whose earnings for their employers are from 7 to 300*l.* a year, and yet their employers have the audacity, the baseness, and meanness, to offer them 30*l.* each for their services. This is downright oppression, Sir, and we earnestly ask what are we to do? We long for your speedy success in the cause of medical reform, we laud your endeavours, and acknowledge our obligations to you. If I were not trespassing upon your pages, I would say more, but I know the value of your columns, and therefore lay aside my pen, after having merely called your atten-

* Our correspondent should recollect that Sir James Scarlett's calculation referred to the fatality in the practice of a "*Newey's surgery*" at Guy's Hospital; and we think the worthy knight was rather under than over the mark. Mr. Lawrence has lost but two patients out of fifty, and Mr. Green has been nearly as successful.—ED. L.

tion to the subject, hoping, nevertheless, that my humble statement may rouse the energies of some of my fellows, with whom I will gladly co-operate, for the purpose of raising to a more worthy and respectable grade, that persecuted but useful class of beings, the English medical assistants.

I am, Sir,

Your humble servant,
A MEDICAL ASSISTANT, AND CONSTANT
READER.

The Potteries, Feb. 27, 1829.

We continue to receive a great number of letters on the distressed and degraded condition of Medical Assistants. The writers all complain bitterly of the wretched manner in which their services are rewarded; but no adequate remedy for this evil (for it is an evil, and a very great one,) has, so far as we can perceive, been yet suggested. The subject is one of great difficulty; and, for ourselves, we know not how to treat it, so as either to do justice, or to give satisfaction. The supply evidently exceeds the demand. A correspondent, ("*Disciple of Esculapius*,") suggests that Medical Assistants should hold a public meeting, in order that their grievances may be fairly and fully discussed.

SUBSTITUTE FOR HOPS.

To the Editor of THE LANCET.

SIR,—In THE LANCET, No. 287, (Feb. 28, 1829,) it is stated that Mr. Yozz made a communication to the Medico-Botanical Society, respecting the use of the common buck-bean, or marsh trefoil, as a substitute for hops, and for which they presented him with their silver medal. I can attest as to its proving an excellent succedaneum in this respect; for, about the year 1820, when hops were at an exceedingly high price, I prepared a considerable quantity of extract from the plant, of which I sold a great deal.

If I be correct in my remembrance, a small pill box full, containing nearly two drachms, was considered equal to one pound of hops. What tends, in some degree, to establish the approval of the article in the process of brewing is, that they were private householders only who purchased it.

I am, Sir,

Your obedient servant,
L. TOWNE.

March 10, 1829.

THE LANCET.

London, Saturday, March 21, 1829.

Mr. WARBURTON has obtained leave to bring in a Bill to legalise and regulate the supply of subjects for anatomical dissection, and his motion received, as we had anticipated, the unqualified support of Mr. PEELE. We observed last week that, as the Edinburgh murders had occurred since the Home Secretary expressed doubts as to the practicability of devising a legislative remedy for the evils of which the medical profession has so long complained, the Right Hon. Gentleman would no doubt see sufficient cause for changing his opinion, and be ready to acknowledge that the time was arrived when dissection must either be put down altogether, or be permitted to be practised under such legislative provisions as might ensure the safety, if they could not be wholly reconciled with the feelings or prejudices, of the community. With respect to the first branch of the alternative, namely, the suppression of the practice of dissection, Mr. PEELE declared that,—

"He considered it an unnecessary waste of the time of the House to use arguments for the purpose of showing that there existed a necessity for the promotion of the science of anatomy. This was a point which he conceived to be unquestionable, and, if such a necessity existed, it followed that the want of bodies to accomplish the objects of teaching anatomy must be supplied. At the present moment the laws did not permit that want to be supplied from any legitimate source, and the consequence was, that the professors of anatomy were compelled to procure a supply from persons who carried on their traffic amidst the most outrageous violations of decency, of the finest and most powerful feelings of human nature, and oftentimes by the perpetration of the foulest crimes."

These are undeniable truths, but they are truths which have been week after week, and month after month, pressed upon the attention of the Government, during the last five years, and it is to be regretted

that the necessity of applying some remedy to the evil has not been acknowledged, until the Government has been awakened to a sense of its own supineness by the discovery of the dreadful atrocities committed at Edinburgh. That the Edinburgh murders have wrought a decided change in the opinions of Mr. PEELE regarding this subject, and that they have, as we anticipated, accomplished for the anatomical question, what the Clare election has effected for the Catholic question, may be inferred, we think, from the following passage in the Right Hon. Secretary's Speech:—

"After the experience—the more than melancholy experience they had obtained of the nature of the crimes to which the high price of bodies gave rise, he would ask, whether it had not become absolutely necessary that something should be done for the security of the public, and for the preservation of those feelings which he was inclined to treat with the highest respect? Something, it was acknowledged, must be done, and it appeared to him that nothing had yet been devised which seemed less objectionable in principle than the measure proposed by the Honourable Member for Bridport."

The object of Mr. WARBURTON'S Bill is to give legality, in certain cases, to the practice of dissections; and the principal features of the measure are to be, first, a provision declaring it to be lawful for persons duly authorised to practise as physicians and surgeons, to receive subjects for dissection in those cities or towns where there are universities for the taking of degrees, or where there are hospitals large enough to receive fifty patients at a time; and, secondly, a clause making it lawful for the overseers and managers of poor-houses and work-houses, and for the governors of hospitals to give up to surgeons and teachers of anatomy the bodies of those persons who, having died in such poor-houses, work-houses, or hospitals, are not claimed within a specified time by some friend or relation. As soon as this Bill is printed, we shall be enabled to lay a copy of it before our readers; at present it would be

premature to enter fully into the inquiry, how far it is likely to operate as a remedy for the existing evils; but there are two points on which we are desirous of making one or two observations, because Mr. WARBURTON has been wholly silent with regard to one of them, and has expressly stated that his measure will not embrace the other; we allude to the repeal of the clause which makes dissection a part of the punishment for the crime of murder, and the adoption of some penal enactment for the more effectual suppression of the practice of exhumation. We have repeatedly stated that we believe the first of these points to be of such importance, that no legislative measure for facilitating dissection can ever be rendered effectual, so long as the clause which subjects the bodies of murderers to dissection remains upon the statute-book. If that clause remain unrepealed, dissection will continue to be, in the eye of the law, a punishment, and the Bill proposed by Mr. WARBURTON will be neither more nor less than a Bill for subjecting poverty to the same penalty which is inflicted upon crime—a Bill for inflicting the punishment of dissection on the destitute and the friendless. We are not prepared to say that it is no hardship upon the poor of this country, that after their lives shall have been worn out in the service of the most selfish, overbearing, and heartless aristocracy in Europe, their bodies shall be delivered over to the knife of the anatomist. We are not prepared to say that it is no hardship upon the poor of this country to pass a law, declaring that even the termination of their lives shall not be the limit of their persecution, and that their bodies shall be deprived of that repose in the grave, to which they have hitherto looked as a sad but certain refuge from “the oppressor’s scorn, the proud man’s contumely.” We cannot suffer our zeal for the promotion of anatomical science to shut up all the avenues to human feeling; nor are we prepared to say that the principle of giving up

unclaimed bodies for dissection, though it is one which we were among the first to recommend to the adoption of the Legislature, and which is liable to fewer objections than any other which could be taken as a basis of legislation, will not, at the same time, bear hard in its operation upon the poor. But if the Legislature subjects the bodies of friendless paupers to dissection, at the same time that it sanctions the infliction of dissection as a stigma and a degradation upon the bodies of executed murderers, the measure, proposed by Mr. WARBURTON, would not only involve that degree of hardship upon the poor which is inseparable from the difficulty of legislating on this subject, but it would be a measure of injustice and cruelty to the poor. Dissection is either a fit punishment for crime, or it is not. If it be a fit punishment for crime, with what decency can friendless poverty be declared equivalent to crime, by a solemn Act of the Legislature? Every body knows that, in this country, poverty is, practically, a crime of the deepest dye, and that there is hardly any crime, which, supported or covered by wealth, may not, practically, cease to be criminal, but it would be a new era in legislation, if this doctrine were gravely set forth in an Act of Parliament. On the other hand, if dissection be not a fit punishment for crime, why hesitate to repeal the clause which makes it a part of the punishment for the crime of murder? As to the ground upon which the clause has been defended, namely, that the dread of dissection tends to restrain from the commission of the crime of murder, we have endeavoured on former occasions to demonstrate the absurdity of this argument. The argument is founded upon the supposition, that the dread of hanging without subsequent dissection would occasionally fail to restrain men meditating the crime of murder from its commission, where the dread of dissection as well as of hanging, of the hanging *plus* the

dissection, would operate as an effectual restraint; a supposition of which the absurdity must be manifest to any man who allows himself time to reflect upon it. We feel satisfied that even if Mr. WARBURTON'S bill should pass the legislature, no practical good would come of it, if the clause in the Act of Geo. II. remain unrepealed. Public opinion would be too strong for the enforcement of a measure which should attempt to put the poor upon the same footing *pro tanto* with criminals, and subject their bodies to a process hitherto exclusively reserved by the law for executed murderers. Mr. PEEL, indeed, endeavoured to show that the proposed measure would make no difference as to the class of persons from which bodies would be taken for the purpose of dissection, since the bodies of the poor were at present uniformly resorted to, and those of the rich were generally secured in such a manner as to render them inaccessible to the depredations of the resurrection-men. This argument, however, is evidently fallacious; for it is notorious that the resurrectionists have no respect for classes, as the Home Secretary might have learned from the testimony of Sir ASTLEY COOPER, who declared before the Committee that "there was no person, be his situation in life what it might, whom, if he were disposed to dissect, he could not obtain." The effect of the proposed measure will undoubtedly be, to throw upon the poor an *onus* which is now shared by all classes; the least, therefore, that the legislature can do, in order to render that measure as palatable as may be to the public, is to repeal the absurd enactment by which they have declared dissection to be a stigma and a degradation.

Mr. WARBURTON has expressly stated, that it is not his intention to impose any penalties or prohibitions; the practice of exhumation, therefore, if the natural operation of the proposed Bill be not sufficient to put an end to it, will remain unsuppressed. This is an omission which may defeat one of the objects in which the public feel,

at present, the deepest interest, and for which we are the less able to account, as the discovery of the atrocities practised at Edinburgh seemed to point out the absolute necessity of suppressing the traffic between resurrectionists and anatomists by some strong penal enactment. To omit such an enactment, is like leaving the door of a house unlocked the very night after we have suffered from a burglary. It is not enough to say, that by providing a legitimate source for the supply of subjects, all temptation to the commission of such atrocious crimes will be removed. After the appalling experience we have had of the atrocities men are to be found capable of committing, so long as the disgusting traffic in human flesh is not discouraged by the severest penalties, as well against the purchasers as the vendors of dead bodies, nothing should be left to chance. The possession of a dead body for the purpose of dissection, under any other circumstances than those sanctioned by the legislature, ought, we contend, to be made an offence punishable with *fourteen years' transportation*. Had the receiver of the bodies of the sixteen unfortunate creatures butchered at Edinburgh, some of which bodies, those of the remarkable person of Daft Jamie, for instance, and of young women of the town, dressed in *silk stockings*, and the flaunting costume of their unhappy calling, could not have failed to excite the attention of the purchaser, though no questions were asked by him—had the receiver of these sixteen strangled bodies been punishable as well as the murderer, the crimes which have cast a stain on the character of the nation, and of human nature, would not have been committed. Supposing the legitimate source for the supply of subjects to be sufficient to put an end to the practice of exhumation, there can be no objection to an enactment increasing the penalties against an unlawful traffic in dead bodies, for such an enactment would, in the natural course of events, become

a dead letter. But if the legitimate source should not be sufficient, or if unexpected difficulties should arise in carrying the provisions of the new measure into effect, the omission of a strong penal enactment against exhumation and the abetting of it, would expose the public to all the danger from which it is the bounden duty, and we trust will be the object, of the legislature to protect them. We admit, with Mr. PEEL, the necessity that exists for practising dissection, with a view to the successful cultivation of anatomical science, and we insisted on this necessity, when Mr. PEEL denied it; or, what was worse, when he admitted the necessity in theory, but declined affording the practical means of acting upon it; but though we admit this necessity with a view to the prosecution of anatomical studies, and the successful performance of a few operations, it is, in our judgment, a relative, not an absolute necessity; it is not such an overwhelming necessity, but that it ought to yield to the paramount importance of discouraging crime and immorality, and protecting the public against assassination. Let exhumation be suppressed, as we trust it will be, by the substitution of a legitimate source of supply for the dissecting-rooms; but, at all events, we say, let exhumation be suppressed.

That provision in Mr. WARBURTON'S Bill, which is to give a legislative sanction to the practice of dissection in all the large towns, is one which we are, perhaps, entitled to regard with the more satisfaction, as it is evidently founded upon the evidence which we gave before the Committee on anatomy, and as it is directly aimed against the monopoly of the College of Surgeons. We stated to the Committee, as will be seen by a reference to the evidence which follows this article, that the difficulties of obtaining subjects for dissection, were mainly attributable to the regulations adopted by the College since the year 1822. We showed, that before these regulations

were made, dissections were practised any where, and certificates were received, without any specifications as to the time or place in which, or at which, the dissections were performed; every body that could be obtained, was invariably applied to the purposes of dissection, and eagerly sought after by the professional men, not only of London, but of every part of the kingdom. We showed, that the regulations wherein the COURT of EXAMINERS had, for the sake of securing a monopoly to themselves, declared that they would grant no diplomas to persons who had learned anatomy, or performed dissections elsewhere than in London, or at any other times than during the winter season, had had the effect of producing a great scarcity of subjects, by bringing a vast influx of students to the metropolis; and we further showed, that the College of Surgeons, caring nothing for the interests of science, but every thing for their own base lucre, persisted in requiring certificates of attendance on courses of dissection in London, and refused to grant certificates if the dissections were performed elsewhere, at a time when in London *there were no subjects to dissect.*

The provision intended to be introduced by Mr. WARBURTON will have the effect of restoring the system which existed previously to the infamous regulations of the College, and will strike at the root of the College monopoly; for it will be impossible to maintain that monopoly in the teeth of an Act of Parliament, or to continue the present odious prohibitions and restrictions, after the Legislature shall have declared, that anatomy may be taught, and dissections performed, in all parts of the kingdom. It is worthy of observation, that Mr. WARBURTON made no mention of the College of Surgeons, in detailing the heads of his Bill, nor was the slightest allusion made to that corrupt body in the course of the discussion. So far so good; but care should be taken not to give to hospital surgeons the

power of appropriating to themselves such a proportion of the subjects to be applied to scientific purposes, as would, in effect, confirm their monopoly. It would be well, perhaps, to establish a general receiving-house, to which all unclaimed bodies should be taken, and where an officer, appointed by the government, should register the subjects so conveyed, and distribute them in a certain fixed proportion, to such teachers as might be authorised to receive them. We strongly recommend also, that no money should be allowed to be received for the subjects. Let there be no buyers or sellers of the remains of our friendless countrymen. Let the detestable traffic in human flesh at once be suppressed, and the supply of subjects for anatomical purposes will then be placed on a better, instead of a worse footing, in this country than in any other country of Europe. We are aware that this will not be a palatable proposition to hospital surgeons and monopolists. They have declared that they do not wish to see subjects cheap; still less do they wish to see the traffic in subjects completely put down; all they desire is, that the traffic should be rendered safe and profitable to themselves. Thanks, however, to the enlightened spirit in which Mr. WARBURTON has entered upon his task, their base and mercenary purposes are likely to be defeated.

There is another omission which it may be worth while to notice. Not a word was said, in the course of the discussion, about the burial of the bodies, after they shall have undergone dissection. Is it intended to dispense altogether with this ceremony? Nothing is more likely to put to hazard the success of the measure, and to excite the popular feeling against it, than the manifestation of indifference on the part of the aristocracy, as to the performance or neglect of this ceremony, as applied to the bodies of the poor. It is true, that the doctrines of Christianity do not enjoin the belief, that the rites of burial have any influence over

our condition in a future state; but the vulgar seldom distinguish with much accuracy between the ordinances of churches and the revelations of Scripture, and are accustomed to look upon Christian burial as a part of the Christian religion. Even philosophy dictates that, though we may be indifferent as to the burial of our own bodies, the feelings and customs of mankind, as connected with this ceremony, ought to be respected. "*De humatione*," says Cicero, "*unum tenendum est, contemnendum in nobis, non negligendum in nostris; ita tamen mortuorum corpora nihil sentire intelligamus. Quantum autem consuetudini famæque dandum sit, id curent vici.*" At the present moment, when there exists a strong impression among the uninstructed classes of the community, that a blow is aimed at the religion of the country by the great measure now passing through Parliament, it would be indiscreet to allow it to go forth, that the Legislature was at the same time passing a bill to deprive the bodies of the poor of the rites of burial.

Since the foregoing article was written, we have received from our esteemed correspondent ERKENNIS, the communication inserted at page 774, on the subject of the exportation of dead bodies from Dublin.

FROM THE REPORT OF THE PARLIAMENTARY COMMITTEE ON ANATOMY, MAY, 1828.

Mr. THOMAS WAKLEY called in, and examined.

* * * * * 1351. Will you point out in the regulations of the College of Surgeons, dated the 15th of January, 1828, which are the regulations that you consider tend to increase the difficulties of obtaining a supply of subjects for dissection?—I will read them.

I. "The only schools of anatomy and physiology recognised, are London, Dublin, Edinburgh, Glasgow, and Aberdeen."

IV. — Regulation. — "The following certificates will be required of candidates for the diploma of the College:—"

1st.—“Of having been engaged six years, at least, in the acquisition of professional knowledge.”

2d.—“Of having regularly attended three or more winter courses of anatomy and physiology, and two or more winter courses of dissections and demonstrations, delivered at subsequent periods.”

Section 5.—“And of having attended, during the term of at least one year, the surgical practice of one or more of the following hospitals, viz. St. Bartholomew's, St. Thomas's, the Westminster, Guy's, St. George's, the London, and the Middlesex in London; the Richmond, Stevens's, and the Meath in Dublin; and the Royal Infirmary in Edinburgh, Glasgow, and Aberdeen; or, during four years, the surgical practice of a recognised provincial hospital, and six months, at least, the practice of one of the above-named hospitals in the schools of anatomy.”

1352. Will you state in what way you consider these regulations to interfere with the supply of subjects?—If I were to do that, it would be only offering my opinion; perhaps you will allow me to state the facts as they have occurred since 1819 or 1820. In 1815, and from that period to about 1822, there were very few difficulties experienced in this town with regard to obtaining an adequate supply of subjects for dissection. In 1823, the College of Surgeons, in Lincoln's-Inn Fields, enacted a by-law, stating, that certificates of dissection would not be received by the Court of Examiners, unless the dissections were performed during the winter season; this by-law had the effect of drawing the pupils from every part of England, for the purpose of cultivating the science of anatomy to that extent which would enable them to undergo their examination for the diploma. In consequence of the extraordinary flow of students into London, at that period, the dissecting-rooms became very much crowded with pupils; as there was an increased demand for bodies, an increased price was asked by the resurrection men, and, ultimately, the price became so exceedingly high, that a number of individuals, who before had not embarked in the practice of exhumation, entered upon it; bodies were raised and procured for a time in the most indecent manner; and at last the churchyards, and every description of burial ground, in the neighbourhood of London, were so watched, that to obtain any subjects for the purpose of dissection, was next to impossible. In 1824, the College enacted the by-law No. IV. section 5, in which it was further stated, that “no certificates, in testimony

of attendance on dissections, would be received by the Court, except from the appointed professors of anatomy and surgery in the Universities of Edinburgh, Glasgow, Aberdeen, and Dublin, or from persons who were physicians or surgeons to the hospitals in the recognised schools, or from persons unless recommended by the medical establishments of those hospitals.” This regulation had a most extraordinary effect upon the private schools in this town, and I have the authority of Mr. Brookes for stating that it was nearly his ruin. I have further the authority of Messrs. Brookes and Carpue (whom I have seen since I received the summons of this Committee) for stating, that previously to 1823, (comparatively speaking,) they experienced no difficulty in obtaining subjects; but the College of Surgeons having limited the space from which subjects should be procured to London, and the time in which dissections should be performed, to seven, or at most eight, months in the year, the difficulties of procuring subjects had increased to such a degree, that their rooms were often unfurnished with the requisite materials for prosecuting the study of anatomy. I have the authority of both of these gentlemen for stating, that, in the summer, they could always obtain subjects for dissection with greater facility than in the winter. The ascribed motive of the College for enacting the law restricting dissections to the winter season, “in consequence of the manner in which dissections in the summer endangered the lives of the students, does not appear to be the real one; as Mr. Brookes has lectured during the summer season, from fifteen to twenty years, without having had a single pupil die from the practice of summer dissection; and, during the whole of his experience, he has lost but one pupil from dissection, and that pupil died at Christmas. Mr. Carpue also has practised summer dissections nearly twenty years, and he has not lost a single pupil. It will have been already perceived that the by-law passed in 1823, and that passed in 1824, had the direct tendency of throwing all the fees which could arise from teaching of anatomy in this country, into the pockets of the London hospital surgeons, and their immediate dependents and relatives; and it is not a little singular that the members of the Court of Examiners, by whom these by-laws were enacted, were themselves, at least seven of them, London hospital surgeons. These laws, continuing in operation at the present time, produce the same mischievous effects with regard to the cultivation of anatomy, as at the period when they were first enacted. Before they were enacted, dissections were practised any where, and certificates were received without any speci-

cations as to the time or place in which, or at which, the dissections were performed; every body that could be obtained was invariably applied to the purposes of dissection, and eagerly sought after by the professional men, not only of London, but of every part of the kingdom; and students as easily answered the questions proposed to them in their examinations at the College at that period as at present. Certificates not being received by the Court of Examiners from any part of England, except London, all the pupils necessarily resort to this place; consequently, the chances of an adequate supply of subjects to meet the increased demand, have, of course, been, and really are, very much lessened. The Court of Examiners appear chiefly to rely on the certificates of students as the most important proof of ability; but, at the period when the last by-law was enacted, and subsequently to that period, there was scarcely a subject to be procured for dissection in the anatomical schools of this metropolis; yet the Court of Examiners required from the pupils certificates of dissections which had never been performed. To show the fallacy of relying on certificates as a proof of the quantity of dissections accomplished, I may instance an occurrence which happened to myself. When about to apply for examination at the College, I was asked by a fellow-student what number of certificates I had to take with me, and I told him very few; on which he said that was a pity, because the examination was generally proportioned to the quantity of certificates produced by the pupil. I mentioned to him that I had entered to one lecturer at a distant part of the town, when I first came to London; but finding it inconvenient, after three or four mornings, I relinquished the attendance; of course, I said, I could get no certificate from him. "You had better try," he replied; "I think you can." Accordingly I did apply, and received a certificate from the lecturer, stating that I had "regularly and diligently attended one course of his lectures on anatomy, physiology, and surgery, and one course of his dissections, although I had attended but four or five of his lectures, and no dissection whatever. The effect of the by-law to which I have already alluded, directly tends to destroy the value of certificates, because from the manner it has crowded anatomical theatres and dissecting rooms, it is utterly impossible for the lecturer to know whether the pupil has been attentive to his studies or not. Subjects, up to the period of 1823, before the winter courses of dissection were required by the College, could be procured almost without difficulty, and to any extent, at four guineas each; but since that period, many of the dissecting rooms of this town have

been weeks, and even months, without a subject; yet in the summer, when the lectures are altogether prohibited, or at least not recognised by the College, subjects are procurable with the greatest facility, and at the same price as formerly.

1353. Have you any further observations to make upon the regulations you have pointed out?—A petition now lies on the table of this Honourable House from the great body of surgeons, praying for the repeal of the regulations in question, on account of their injustice towards country surgeons in the large provincial hospitals, as they have had the effect, or nearly so, of entirely putting a stop to the teaching of anatomy in the country; that petition was presented to the House the year before last.

1354. Have you any observations to make upon article 5. of by-law No. IV.?—That clause recognises the attendance of pupils on the practice of the hospitals of "St. Bartholomew's, St. Thomas's, the Westminster, Guy's, St. George's, the London and Middlesex, in London; the Richmond, Steevens's, and the Meath, in Dublin; and the Royal Infirmary in Edinburgh, Glasgow, and Aberdeen, or during four years the surgical practice of a recognised provincial hospital." The manner in which this regulation is calculated to crowd the hospitals of London, and to draw off the pupils from the provincial institutions, where they have equal, if not greater opportunities of acquiring professional knowledge, may be understood by the fact, that although one year's attendance is deemed sufficient at the Westminster Hospital, four years' attendance in a provincial hospital is required; yet the Westminster Hospital contains only eighty-two beds, while some of the provincial hospitals contain upwards of three hundred; still the required attendance at the Westminster Hospital is only a fourth of the period required at the others; but two of the four surgeons of the Westminster Hospital are on the Court of Examiners, and the whole four are members of the council from which the Examiners are elected.

1355. Is not the winter, of necessity, a period more fit for dissection than the summer, on account of the rapidity with which the subjects become unfit for examination?—I think not, to the extent generally believed; because, with proper care and attention, subjects can be preserved with antiseptics, for all the purposes of dissection, nearly as well in the summer as in the winter season. I have this morning seen a subject at Mr. Carpue's, with the muscles still on the bones, which has been dissected upwards of one year, and I cannot say that it is offensive even now.

1356. Before the college passed the by-law admitting only attendance at winter

courses of lectures, did as many pupils attend the summer courses in London?—There is a difficulty, in answering that question, because so many of those lecturers who lectured in winter did not lecture in summer.

1357. But although the same lecturers did not lecture in the winter and the summer, was the attendance upon the summer lectures as great as upon the winter lectures?—Greater, at least with Mr. Brookes; but that gentleman and two others were, I believe, the only lecturers in the summer.

1358. Was the number of lecturers who lectured in the summer less than the number of those who lectured in winter?—Far less.

1359. Therefore, upon the whole, the number of pupils who attended summer lectures was less?—It was less.

1360. When it was equally open for pupils to receive certificates for their attendance at summer as well as winter lectures, to what do you ascribe the greater number attending the winter courses?—It was a matter of greater convenience. The medical sessions commenced in October, and terminated in May, and for many years there was only one lecturer to any extent in the summer, and that was Mr. Brookes, whose theatre was always full. While I was at St. Thomas's Hospital, Sir Astley Cooper, at the end of his course, invariably recommended us to go to Mr. Brookes's during the summer season, "if we wished to learn anatomy."

1361. Were the other lectures which are usually attended by students upon materia medica and physiology, given in the summer months?—In summer and winter also.

1362. You stated, that the pupils receiving certificates from various lecturers formerly passed their examinations at the college as easily as at present; does not the facility with which they pass depend as well upon the strictness of the examiner as upon the qualifications of the examinee?—Unquestionably; but with one or two, or three exceptions at most, the same examiners formed the court then as at present.

1363. Do you apprehend the examinations were as strict then as they are now?—I have no means of knowing; *they cannot be less strict*. I had no question whatever in anatomy proposed to me when I was examined.

1364. In what year was that?—In the beginning of the year 1817.

1365. Were you required then to procure certificates?—Certificates of this kind (*producing one*), as to lectures and dissections, without stating *where* the former were attended or the latter performed. This is the certificate, Mr. Carpie informs me, which he was in the habit of giving at that time.

1366. It does not state how many courses, or the length of each course?—No.

1367. Do you not consider, that in one respect the present regulations are better than they were formerly, inasmuch as they require to be specified the number of courses of lectures on anatomy and dissection that the candidates for diplomas have attended?—No; *I think they are much worse, because they compel the student of talent to devote as much time to the study as they do the student of extreme dulness, who may require a period five times as long.*

1368. If the committee correctly understand the nature of your answer, you would not recommend that the time during which the pupil has attended dissections should be any qualification; you would desire that the knowledge of the pupil should be ascertained at the period of his presenting himself, by a more strict course of examination?—Certainly; I would neither require that the time the pupil had attended, nor the place where he had attained his information, should be specified; I conceive that *every thing should be made to depend on an efficient, PRACTICAL, PUBLIC EXAMINATION.*

1369. Are all the private lecturers, who now give lectures on anatomy or a course of dissections in London, accredited by the medical establishments of recognised hospitals?—That is a question I cannot answer. *The by-laws have been altered ANNUALLY these five years last past.*

1370. I do not observe in this copy of the regulations, dated the 5th of January, 1823, the same limitations which are found in the copy dated February 1826. It is not stated in the copy, bearing date the 5th of January 1828, "That certificates of attendance at lectures on anatomy, physiology, theory and practice of surgery, and the performance of dissections, be not received by the court, except from the appointed professors of anatomy and surgery, in the Universities of Dublin, Glasgow, and Aberdeen, or from persons teaching in a school connected with or accredited by the medical establishment of a recognised hospital in one of the schools of anatomy, or from persons being physicians or surgeons to any of such hospitals?"—No, it is expunged; and the certificates of a gentleman who is present, are now received by the Court of Examiners; although they were refused by the Court of Examiners in 1823, 1824, and 1825.

1371. Then you believe the certificates of private lecturers, although not accredited by the medical establishments of the hospitals, would be now received?—Yes.

1372. You stated, that this morning you saw a subject which had been dissected a year ago, and by the use of antiseptics, the muscles still remain on the bones; is that mode of preparation generally known?—I believe not; but the only means used to preserve it, is common salt. It was at Mr.

Carpue's. He had one subject also dissected about a fortnight, and in that the muscles and other parts were quite perfect, and almost free from smell.

1373. Do you think, that if subjects could be procured in a sufficient quantity from the Continent, and if prepared in the manner just described, they would be fit subjects for anatomical purposes?—Yes; but I think we can obtain, without difficulty, much better subjects *here*, and without violating any of the feelings or prejudices of the public. I believe that not more than from 500 to 700 subjects are wanted in London for the purposes of dissection in any one year, and I consider there are more than 1000 unclaimed persons who die in our public institutions, such as hospitals, workhouses, and prisons, during the same period. If we were to rely upon a foreign source, in the event of a war, the supply would be instantaneously cut off. If, on the other hand, we were to have the bodies of *unclaimed* persons for dissection, we should be certain of an abundant supply, and there would be no outrage to public feeling, because people are quite indifferent, as long as the subjects are not their own relatives or friends. The *great prejudice* which exists in this country against the practice of dissections, appears to arise from that enactment of the legislature which consigns the bodies of **MURDERERS** to dissection; also from the disgusting and filthy practice of exhumation, which employs, I believe, nearly 100 men, who are continually violating both law and decency.

1374. Since the number of pupils attending the winter courses, has at all times been considerably greater than the number of those attending the summer courses, should you anticipate much diminution of the scarcity of subjects now existing, provided certificates of the summer courses were admitted?—Certainly *not*, if London is still to be the only school of anatomy recognised in England.

1375. Should you anticipate any considerable diminution of the scarcity, if certificates from provincial lecturers were admitted more freely?—Certainly, a *very great diminution*, if the period of attendance on the provincial hospitals were reduced to the same standard as that on the hospitals of London.

1376. Under the present regulations, is the period of attending the provincial courses required to be double that required to be in the London schools?—Certificates of attendance on provincial lectures on anatomy, are not admitted at all; but the period of attendance in country hospitals on surgical practice, is *four times* as long as that required in the London hospitals.

1377. In the regulations dated February, 1826, this passage occurs; "Of having di-

ligently attended, during the term of at least one year, the surgical practice of one of the following hospitals;" and then follows a list of the London, Dublin, Edinburgh, and Glasgow hospitals, "and twice that term in any of the provincial hospitals, as above described;" the above hospitals, meaning such hospitals as shall contain, on an average, 100 patients?—Strictly speaking, that regulation amounts to an *exclusion* of the Westminster Hospital, although you will perceive in Regulation 5, it is recognised.

1378. How is it that the period of attendance as described by you to be required in the provincial hospitals, is *four times* the period that is required in the London hospitals?—I cannot say; but the demand is contained in the *last copy* of the regulations, dated the 5th of January 1828. The regulations were altered in 1827. They then stated, that certificates of a *two years'* attendance in a provincial hospital would be received by the court, provided the pupil had previously attended two courses of lectures, and two courses of dissections in *one* of the recognised schools, London being at the time the *only* recognised school in England.

1379. Do you happen to know how many patients there are in the hospital at Leeds?—I do not; but I should think from two to three hundred; at Manchester there are about three hundred.

1380. Are you aware of any reason why so much longer a period should be required for walking the country hospitals?—None whatever; unless it be that it is to *FAVOUR* the EXAMINERS THEMSELVES. Indeed it is generally considered that where there are only a *few* pupils, they have a better opportunity of acquiring information than where there are many.

1381. You think, then, that a *shorter time* would be requisite in the country than in London?—I do.

1382. Are you aware of the following being the by-laws of the College of Surgeons in London, as long ago as the 25th of February, 1819:—1st. Candidates must have certificates, first, of having been engaged for five years, at least, in the acquisition of professional knowledge; 2nd. Of having regularly attended two courses at least of anatomical lectures, and 1 or more courses of surgical lectures in London, Dublin, Edinburgh, or Glasgow?—I am aware of some such regulation having existed.

1383. What is the reason for the different footing upon which Aberdeen and Dublin are put from other country hospitals?—I cannot say; the Royal Infirmary of Aberdeen is *very inferior* as a school of surgery to many of the non-recognised provincial hospitals.

1384. Are the hospitals of Aberdeen and Dublin on the same footing as those of London?—Yes.

ON THE FETAL CIRCULATION IN THE HORSE, ASS, COW, &c., AND THE MANNER IN WHICH THE FETUS IS SUPPORTED.

By R. VINES, Esq., Mr. Coleman's Assistant at the Veterinary College.

IN the early part of my anatomical studies, on looking into the different veterinary works for information on the subject of the *fœtal circulation*, I found so little stated respecting it, that I was induced to well investigate the manner by which it is effected; and as, I believe, no author or lecturer has hitherto correctly described it, I beg leave to lay the result of my researches before the profession, through the medium of your Journal. Mr. Blaine, in his "Veterinary Outlines," and Mr. Boardman, in his Dictionary, have only briefly alluded to the subject, and appear to have taken what little they say, from writers on human anatomy.* But Mr. William Percivall, one of the latest of our veterinary compilers, has not even mentioned this interesting subject in his "Elementary Lectures on the Veterinary Art." Hitherto the *foramen ovale*, in the fœtal heart of the horse and ass, like that of the human subject, has been described as being formed by an opening through the partition between the right and left auricles of the heart, and that a valve is so constructed and situated, that it allows the blood to pass from the right to the left auricle, but not from the left to the right.

Now, in the fœtal heart of the horse, ass, and likewise that of the calf, we certainly find something of this kind of appearance, but it is only when examined previous to its being injected; and if the auricles and ventricles be injected through the medium of the posterior cava (the *vena cava ascendens* in the human subject,) and the connexion between the auricles then completely divided, no *foramen ovale*, or opening, of any kind, is to be seen, and if the posterior cava be examined close to the auricles, it will be found to open into the left, as well as into the right auricle, thereby showing that the blood which is brought from the placenta and posterior parts of the body, enters partly into the left, and partly into the right auricle of the heart, and consequently the blood

of the placenta, which enters the left auricle, unites with the venous blood that is returned from the lungs by the pulmonary veins, and by thus uniting, becomes of the arterial character, it then enters the left ventricle and aorta of the heart. That portion of the blood of the placenta which enters the right auricle, unites with the blood of the anterior cava, (the *vena cava descendens* of the human subject,) and which likewise thus becomes of the arterial character; it then enters the right ventricle, from which it partly goes to supply the substance of the lungs by the pulmonary artery, while the other portion, escaping into the aorta through the ductus arteriosus, or opening formed between the pulmonary artery and the aorta, becomes united with the blood of the aorta, to supply the various parts of the body, as in the perfect animal. The blood of the pulmonary artery, after having given off a supply to the substance of the lungs, is returned to the left auricle of the heart by the pulmonary veins, to be renovated by combining with the blood brought from the placenta by the umbilical vein, and posterior cava.

The blood of the aorta in the fœtus, when circulating through the body, like that in the perfect animal, assumes different appearances, which vary according to its degrees of vitality; in the strongest parts it appears of a red colour, but in the weaker or finer parts it is white, from possessing a lower degree of vital power; the red, or stronger kind of blood, is returned to the right auricle of the heart by the anterior and posterior cavae, as in the perfect animal; and the white, or less vital blood, is returned by the veins usually termed lymphatics and lacteals. (See THE LANCET, No. 284, p. 591.) The blood of the aorta, which is sent to the placenta by the umbilical arteries, is for the purpose of supplying the membranes which envelop the fœtus, to form the liquor amnii, and also to carry on the circulation of the vascular system of the placenta. The umbilical arteries have several terminations, 1st, in the minute ramifications of the umbilical vein, through the medium of the chorion and amnion; 2dly, on the surface of those membranes, and, 3dly, in the cellular substance of the maternal and fœtal portions of the placenta.

The umbilical veins, on the other hand, have different origins, first, from the minute ramifications of the umbilical arteries of the membranes; secondly, from the surface of those membranes; and, thirdly, from the cellular substance of the maternal and fœtal portions of the placenta.

In stating that the arterial and venous systems of the fœtus both terminate and arise from the cellular substance of the placenta, I am fully aware that it is contrary

* M. Bianchini, in his communication to the Medico-Physical Society of Florence, the latest writer I have met with on this subject, (see THE LANCET, No. 247, p. 231,) states, that the blood-vessels of the mother and fœtus have an immediate and direct communication with each other; but my experiments have led me to entirely differ from him.

to the generally received opinion, which is, "that neither the umbilical arteries or veins terminate or arise from the cellular substance of the placenta, but that the umbilical arteries ramify minutely through the membranes, and the fetal portion of the placenta, and terminate wholly in returning veins, and that these ultimately unite and form one trunk, the umbilical vein; and, also that the uterine arteries and veins both terminate and arise from the cellular substance of the placenta; that the uterine arteries deposit blood into the cellular substance, which is absorbed by the uterine veins; that the umbilical arteries and veins ramify minutely through this cellular substance, and come in contact with the maternal blood deposited in the cells; that the blood of the umbilical arteries is dark in colour, similar to the blood of the pulmonary artery of the perfect animal; and that on being received into the minute ramifications of the umbilical vein, assumes a brighter colour, similar to the blood of the pulmonary veins of the adult lungs; and that this is produced by the absorption of oxygen from the maternal blood of the placenta through the coats of the fetal vessels."

On minute examination, from numerous and repeated experiments, both by injecting the parts, as well as by careful dissections, I have found that the cellular substance which forms the bond of union between the external membrane of the fœtus, and the internal membrane of the uterus, "which is described by writers as being divided into fetal and maternal portions," to be composed of a minute cellular texture; that the cells communicate freely with each other on both sides, that the use of it is to give origin and termination to the arterial and venous systems, both of the mother and fœtus of this part; that the vessels of the fœtus, and those of the mother, have no direct or immediate communication with each other, but that the umbilical arteries and veins both terminate and arise from the placenta, and that, on the other hand, the uterine arteries, as well as the veins, both terminate and arise from the fetal, as well as the maternal portion of the same placenta. From the fact, then, of these vessels not communicating, I infer that the action of the arterial and venous systems, both of the mother and fœtus, are independent of each other, that the uterine and umbilical arteries deposit blood into the cellular substance of the placenta, and that the maternal and fetal blood, after combining, is absorbed by the minute extremities of the umbilical and uterine veins, and thus the mother imparts blood to the fœtus, and the fœtus to the mother; the mother also absorbs blood from the fœtus, and the fœtus from the mother; the blood of the mother likewise

combines with the blood of the fœtus, and that of the fœtus also with that of the mother, though not by a direct, but an indirect, communication of vessels, viz., through the medium of the cellular substance of the placenta.

The blood of the umbilical vein does not, therefore, derive its brightness of colour by the absorption of oxygen from the maternal blood in the cells of the placenta through the coats of the vessels, but by the direct absorption of the maternal arterial blood from the cellular substance of the placenta, by minute origins of the umbilical veins. *The blood of the mother thus both excites and supports the action of the vascular system of the fœtus; and the vascular system of the mother is both excited and supported from surrounding objects, as the various kinds of food atmospheric air, &c., which, by entering into combination with the fluids of living animal bodies, produce a live animal matter, termed blood, and which, ultimately, both excite and support the vascular system of the fœtus. The excitability or vital principle of the ovum, previous to its impregnation, exists in the mother; but, by the absorption of the semen of the male, it then becomes possessed of an excitability or vital principle, independent of the mother, and this excitability is both acted on and supported by the arterial blood of the mother, to form the various important organs of the animal, as the brain, nervous system, &c.*

The fœtus, therefore, derives its support by absorbing the maternal arterial blood of the placenta through the minute ramifications of the umbilical vein; this, on entering the liver, posterior cava, and, ultimately, the left and right auricles of the heart, and there combining with the venous blood from all parts of the body, again obtains the arterial character, and restores it to a proper state to again circulate through the body, to nourish and support the growth of the various organs, in the manner already stated.

Royal Veterinary College,
Feb. 9, 1829.

P. S.—As a *ductus venosus* is not found in the horse or ass, and as the umbilical vein terminates in the *vena portarum*, the blood from the placenta consequently unites with that of the *vena portarum*, previous to its circulating through the liver.

ST. BARTHOLOMEW'S HOSPITAL.

LITHOTOMY.

JAMES MARSH, æt. 55, was admitted into Darker's Ward, March 5th, labouring under calculus of the bladder, for the purpose of submitting to the operation of lithotomy. This is the half year during which all patients coming to this Hospital, afflicted with stone, fall to the care and management of Mr. Vincent. The present patient was unacquainted with any of the surgeons of the Hospital, but was recommended, by a gentleman in the neighbourhood in which he lived, to put himself under the care of Mr. Lawrence. Mr. Vincent was accordingly applied to, to permit Mr. Lawrence to receive him, and to allow him to be under Mr. Lawrence's care. After a short interval both applications were complied with, and he became the patient of the latter gentleman.

The patient is six feet in height, immensely fat, and must weigh above twenty stones. His complexion is fair, and his general health appears to be, as he states it has always been, excellent. He came from the neighbourhood of Dover, and performed the journey in two days, in a carriage lent expressly to convey him, by the gentleman who wished him to be treated by Mr. Lawrence. He has a wife, but no children. He has laboured under symptoms of stone for about three years; those symptoms have gradually become more urgent, and for the last fourteen months he has been bed-ridden. He was sounded in the country, and assured of there being stone in the bladder. The principal pain he describes to be at the commencement of the urethra, and this is much aggravated on every attempt at micturition. He voids his urine in small quantities, and frequently. He seems to be a man of intelligence and respectability; and considers himself rather unfavourable for the operation, but is desirous of having it performed, either that his existence may be made a little more comfortable, or that he may be entirely freed from the woes and ills of this life. Notwithstanding his inordinate size, he declares himself to have been, for a long period, one of the poorest livers; that he has never taken any thing for breakfast, except a little gruel, eating afterwards, in the course of the day, only a small portion of dry bread, with occasionally a little bacon, and never indulging in the use of wines, malt or spirituous liquors. Except his general healthy appearance, he exhibits nothing to encourage a hope that he will recover from the operation, especially should the stone prove to

be of magnitude, or should any difficulty arise in the performance of the operation.

9. Feels as usual; bowels not very open; tongue rather white. Ordered, five grains of blue pill every night, and half an ounce of castor oil every other day; extreme irregularity of pulse of both arms. Has always been informed by his medical attendants that that irregularity existed. Never recollects having been the subject of illness, with the exception of slight attacks, until his present disease arose; never experienced any particular palpitation of, or unpleasant sensation about, the heart.

10. Has a slight attack of coughing at times, in the course of the day, but feels no particular inconvenience from it—never has it at night; sleeps soundly; tongue continuing white, but moist. Has been bled in the course of his life from the arm, with a view to relieve him from headach. Has expressed a slight desire to have the operation performed soon, should Mr. Lawrence think right to perform it at all. Mr. Lawrence, therefore, not regarding the state of the tongue, nor the slight cough, as necessary to delay the operation, has appointed Thursday, (12th.) at half-past one, for its performance, and ordered him to lose sixteen ounces of blood from the arm.

11. The arm was so thickly covered with fat, and the vein, when reached, so small, that the dresser could scarcely get any blood to flow. Continues as usual. The cough is not more troublesome; and but little can be judged from the condition of the pulse. The sixteen ounces of blood to be taken by cupping from between the shoulders.

12. Was cupped yesterday, as directed. Is in good spirits, and perfectly prepared, as far as his mind goes, to submit to the operation. This morning his bowels have been cleared, by an enema. Mr. Lawrence, aware of what is before him, has got made a knife, (Blizard's,) a staff to correspond, and a pair of forceps, all of extra length, and considerably longer than the longest that have been hitherto used in this Hospital.

Operation.

Notice that this operation would be performed to day was posted yesterday at the door of the anatomical theatre, where all notices of operations ought regularly to be posted. Many practitioners who had heard of this patient, (remarkable for his extra depth of perineum and plethoric condition,) as well as the pupils, being intensely anxious to witness the operation, long before the patient was brought in the theatre was crowded to an unusual degree.

At twenty-eight minutes past one, the patient was placed on the operation table. Four minutes were occupied in tying and sounding him, and in preparing to make

the incision. At twenty-eight minutes before two, Mr. Lawrence commenced the external incision with a double-edged scalpel, which was four inches long, and extended deep into the fat below the skin; with the fourth cut of the instrument, he reached the staff, which was held by Mr. Earle. Blizzard's knife was then introduced into the wound, carried forward to the staff without delay, conducted into the bladder, and this was followed by the usual gush of urine mixed with blood. The operator then withdrew the knife and staff, and introduced the fore-finger of his right hand, with the extremity of which, and with the utmost difficulty, he was just able, distinctly to touch the stone in the bladder. Withdrawing his hand, he carried forward the longest common straight forceps belonging to the hospital, with which he used great efforts to enlarge, by dilatation and laceration, the opening that had been previously made; he was, however, as he declared at the moment, utterly unable to lay hold of the calculus with them, even when introduced to their fullest extent. He withdrew them. Pausing for about 10 or 12 seconds, he introduced the long straight forceps, which he had got made expressly for the *dernier resort*. After they had entered the bladder, the operator turning them round and round, in a semicircular form, and opening and shutting them with apparently great force, considerably enlarged the wound, and was then able, by urging them forward as far as they would possibly go, to lay hold of the stone. Continued great force, if not violence, was kept up in the extraction of the calculus. Almost immediately on laying hold of it, it slipped out of the forceps. Again it was grasped; and when it appeared to have been pulled a considerable way along the wound, unfortunately the forceps slipped off it again. A third time, and without the least delay, the operator caught it, and at length it was extracted, the operation occupying, from the commencement of making the incision to the extraction, seven minutes and a half. The bladder was then injected through the wound with warm water, as a few pieces of the stone were found to have been broken off, which brought away a very few fragments. The scoop was next introduced, but nothing removed by it. The patient was then instantly unbound, and a small quantity of wine and water administered; he shook hands with Mr. Lawrence, expressed his warmest thanks and gratitude, and was carried to bed.

From the commencement of the operation profound silence prevailed, broken only by the expression of Mr. Lawrence alluded to above, and a few ejaculations on the part of the patient. The perfect self command, un-

shaken nerve, regular, bold, systematic proceeding of the operator throughout the operation, secured to him the greatest admiration; the ultimate extraction of the stone created universal satisfaction, and its enormous size, corresponding with the size of the poor man from whom it had been taken, occasioned the utmost astonishment. The bringing out of the stone resembled more the extraction of the head of a fetus by the use of the forceps, than of a calculus from the bladder. In shape it greatly resembled a large lemon, rather flattened at the side on which it had rested in the bladder; at one end it had a projecting point, similar in size and appearance to that which is sometimes found at the extremity of a lemon, but which projection was afterwards unfortunately broken off in being handed through the theatre. Measuring the long circumference, it was exactly eight inches and a half, and the short, six inches. It was stated to have lithic acid for its base, with a considerable deposition of triple salt forming around it. After the projection was broken off, and without the small pieces that were afterwards taken out of the bladder, it weighed four ounces seven drachms. It exhibited indistinct marks of having been adherent to the bladder. All present seemed to agree in regarding the manual dexterity of the operator on this occasion as unequalled, but thought the violence used in dilating the opening, and pulling out the stone, extreme, if not unjustifiable. Mr. Lawrence, however, observed in the ward to which the patient had been returned to bed, that it was impracticable for any operator to have removed that stone with a less degree of force; and that a comparison of the dimensions of this enormous stone, with those of the inferior aperture of the pelvis, would immediately satisfy any person on that point. He stated, that the incision in the prostate and neck of the bladder, whatever instrument is used, and however freely it is employed, will not allow the extraction of stones, even of ordinary magnitude, without more or less of dilatation and laceration, and that larger stones cannot be extracted through the perineum without great force. In proof that the dilatation of the wound by the forceps, by which this object is effected, is not necessarily very injurious, he mentioned to the pupils that the late Mr. Martinau, of Norwich, who enjoyed the highest reputation as a skilful lithotomist, always operated with a *blunt gorget*, pushing it on into the bladder, after he had cut into the groove of the staff, then carrying in the forceps on the gorget, and trusting to dilatation by the forceps alone for making a sufficient aperture to allow the extraction of the stone.

The patient was ordered two grains of

crude opium, which he took, and a common linctus to keep his mouth moist.

13. Two o'clock, P. M. Is lying on his right side. States that he slept well during the night, and a great part of the forenoon. He says he feels as well as he could possibly have expected, after undergoing such an operation; "It was sharp work, Sir," said the poor fellow, shaking Mr. Lawrence by the hand; "It was sharp work, my friend, indeed," replied Mr. Lawrence; "but you now are doing very well." "Thank you, Sir," said the patient, "and I believe I shall do very well, if I am only allowed to be kept quiet; but there is a great noise in the ward, which hurts me." The pulse is still irregular, and much the same as before the operation. The tongue is white, (but not whiter than before the operation,) and moist. The water has flowed freely through the wound.

The sister was directed to keep the ward quiet, and not to allow any person to go to the patient's bed, except the dresser. If no symptoms come on requiring it, the patient is to have nothing given to him, except small quantities of nourishing food, should he wish to take any. Should any urgent symptoms towards night require it, then give castor oil, and five or seven grains of the soap pill, with opium.

Nine, P. M. At six o'clock the patient complained of uneasiness about the lower part of the abdomen, and in half an hour afterwards nausea, sickness, vomiting, and hiccup supervened, which have continued until now. The soap pill, with opium, has been given. Mr. Lawrence has been sent for to see him, and orders

Calomel, 4 grains,

Jalap, 12 grains, immediately.

And then two table spoonsful of the following mixture, to be taken every two hours:

Sulphate of magnesia, 1 oz.

Carbomate of magnesia, 1 drachm,

Mint water, 8 ozs.

Twelve o'clock. Part of the above medicine has been given; but the stomach continues to reject every thing. The unfavourable symptoms are proceeding. The house surgeon has ordered fifty leeches to be applied to the abdomen immediately, and two grains of calomel, with one-third of a grain of opium, to be taken every three hours.

14. Half-past five, A. M. Having continued in great pain, and suffered much, the poor man has just expired. No attempt to alleviate his distress proved in the least degree effectual. The bowels never acted. The last time they were relieved, was by the injection on the morning of the operation.

Examination of the body eight hours after death.

At half-past one the post-mortem examination was commenced by Mr. Lawrence, in the presence of Messrs. Earle, Lloyd, and a great number of practitioners and pupils. Mr. Lawrence first made an incision in the usual way from the clavicular end of the sternum to the pubes, through the skin and adipose substance, and then a transverse section immediately below the ribs. A bloody, purulent fluid, in small quantity, escaped from the cellular membrane connecting the muscles, and also from between the muscles and peritoneum. The convolutions of small intestine in the lower part of the abdomen presented very slight appearances of peritoneal inflammation, and the peritoneum lining the muscles was in a similar state in the same situation, but no effusion had taken place into the cavity. Several convolutions of the ileum were adherent to each other, and to the fundus of the bladder, by old adhesions of almost tendinous firmness; the extent and closeness of these preternatural connexions occasioned surprise that the functions of the parts should have been so well performed. The liver was connected to the diaphragm by old firm adhesions. There was considerable ecchymosis in the lower part of the sheath of the right rectus abdominis; a slighter degree in the adipose membrane at the sides and fundus of the bladder; and still slighter, and quite superficial patches of similar effusion were found under the peritoneum lining the lower half of the abdominal muscles, particularly on the right side. Excepting the slight increased vascularity and the old adhesions already noticed, the abdominal cavity and its contents were natural; the peritoneum was not even inflamed in the pelvis, nor where it covers the bladder.

An incision was now made along the right side of the scrotum to the anus, the symphysis pubis divided, and the bladder, with the wound made in the operation, and surrounding parts, removed, that the view might be as distinct as possible. In doing this a great quantity of purulent fluid flowed from the cellular membrane around the fundus of the bladder, and the different other parts cut through. Bruises and ecchymoses of the cellular membrane immediately in the neighbourhood of the fundus of the bladder, perfectly apparent. The bladder was long, corresponding in shape with the stone, and very narrow at its upper part. On laying it open, the mucous membrane, in two parts to which it is supposed the calculus had adhered, were torn, as if done in the act of pulling out the stone; three small fragments were found; the edges of the wound into the bladder were torn, contused, and ecchymosed.

The urethra next cut open, and this was gorged with coagulated blood. The prostate

not enlarged; nearly but not quite separated from the membranous portion of the urethra. The edges of the wound into it torn, bruised, and ecchymosed.

The kidneys were next examined. Externally they presented a light greyish appearance, somewhat like the kidney described by Dr. Bright to be generally found in dropsical subjects. Both rather small, but not morbidly so. On laying them open, the pelves, and excretory parts, were unusually large. The mucous membrane on the inside surface of the right kidney rather vascular, and slightly tuberculated; that of the left more pale and healthy.

The heart of an immense size. *In situ*, it seemed as large as a bullock's. When removed, the left ventricle alone was quite as large as a common heart. The orifice of the coronary vein was large enough to admit the little finger. The coronary artery perfectly healthy. The lining of the aorta of a rich creamy colour. The whole of the heart healthy, and exhibiting nothing to explain the irregularity of the pulse.

The right lung slightly adherent to the parietes of the chest; but both lungs, on the whole, healthy.

It was concluded, that the inflammation of the cellular membrane, at the lower part of the abdomen, had been the cause of death, that this had excited the partial peritoneal inflammation, and that the violent disorder, of which the commencement was disclosed by dissection, could not have ended otherwise than fatally.

The extent of the adipose substance of this individual was almost inconceivable. On dissection it appeared to a greater degree than was even expected. Over the sternum the fat was full two inches thick; thence downwards, and over the pubes, it measured five inches from the skin to the bone. The mesentery on being cut through, was full two inches. On the inner, as well as on the external, side of the rectus abdominis, the fat was amazingly deep. The patient was the most corpulent that had ever submitted to a capital operation at this hospital; the calculus the largest ever extracted; the instruments the longest ever used; and the interest, from the moment of his admission to the termination of the *post-mortem* examination, the greatest ever excited.

Some reason existed, when too late, to suspect that the patient had been labouring under unfavourable symptoms, on Friday, about mid-day, when Mr. Lawrence saw him, and when he said that he felt well, and was going on well; but that under a dread of having to take medicine, he suppressed the true state of his feelings.

HOPITAL DE LA CHARITE.

SINGULAR LESION OF THE EYE.

LOUIS B., *etat* 23, of a very strong constitution, was, on the 2d of January, accidentally struck by a whip over the left cheek and eye; although no external wound could be discovered, he felt a violent pain, and was immediately deprived of the sight of the eye, which subsequently became inflamed, so that it was impossible to ascertain the condition of the interior of the globe. Under an antiphlogistic treatment, the inflammation subsided, but when it had disappeared, three weeks after the accident, sight was not restored. He consulted M. Faure, who immediately observed a capsular cataract, and after having continued for some time the use of leeches and emollient poultices, took the patient to the Hôpital de la Charité, where he was examined, and the eye found to be in the following state: the cornea, conjunctiva, and sclerótica, were healthy, and offered no trace of any previous wound; the iris presented, on its external part, a transverse division, four lines in breadth, from the edges of which, membranous filaments were seen running towards the capsule of the lens. The iris was not at all changed in colour, but did not contract, even in the strongest light; the aqueous humour was perfectly limpid. The lens was of a milk-white colour, with mother-of-pearl coloured spots; its circumference was rather irregular, and reached almost to the external margin of the iris, between which and the cataract, a space of about half a line was uncovered, and formed a sort of artificial pupil, through which the rays could pass to the retina.—*La Clinique*.

OBSERVATIONS ON MR. VINES' THEORY OF THE BLOOD.

To the Editor of THE LANCET.

MR. VINES, in No. 272 of THE LANCET, having denied the hypothesis that the blood is a compound fluid; I beg to know through the medium of this Journal, in what manner that gentleman imagines the various secretions of the body accomplished, or from what source he thinks they are derived. If we admit Mr. Vine's theory to be true, we must blot out the long received opinion, that the secretions are derived immediately from the blood. He further states the blood to be "living animal matter, capable of assuming either a fluid or solid form." But, I

presume, while in its proper vessels, and while the natural heat and circulation are combined, the blood never exists in a solid form. Again he says, "I consider the base of the blood to be originally white, and that it derives its colour and coagulating properties, from the combination of atmospheric air, whilst circulating through the lungs." It is admitted that the blood is rendered red when circulating in the lungs, from the action of the air, but it is of a dark colour before, and not white. As to its deriving its property of coagulation from the same cause, I shall say nothing, as I hope Mr. Vines will, at a future time, explain more fully, in what manner this is effected. He continues, "I consider that its different colours indicate its various degrees of vitality, for in the strong parts of the body it appears red, from possessing a high degree of vital power; while in the weak, or finer parts, it is white, from having only a much lower degree of vitality." In what sense of the expression is vitality to be understood? By vitality, is generally understood the life or nourishment of a part or parts; but surely it cannot be advanced with reason, that the parts, in which colourless blood circulates, are not equally nourished with those which receive the same support from red blood. If strength be meant, the objections will appear evident.

HENRY DAY.

CALCULI.

A PATIENT of Mr. M. P. Moyle, of Helston, has lately passed from the urinary bladder several fragments of a calculus, one of which was nearly two-thirds of an inch in length. This fragment was retained for a short time in the urethra, and was, at last, expelled by a violent gush of urine. The penis and scrotum were much swelled and inflamed. The age of the patient was 78.

TO CORRESPONDENTS.

As the report sent to us by Mr. Thomas Proctor is not exactly suited to the pages of this Journal, we have forwarded it to the "VETERINARIAN."

Thanks to J. B. for his communication on Tic Douloureux; but the case which he has related is not so interesting as that of Dr. Pemberton, the particulars of which have already been inserted in this Journal. Several cases of tic douloureux have been reported as cured by electricity, subcarbonate of iron, and sulphate of quinine.

We do not believe that Mr. Day's theory establishes the position he wishes to prove. The doctrine of ocular adjustment in most respects is very erroneous. Mr. Day may receive his paper on sending to our office. His note did not arrive sufficiently early to be noticed in our last number.

We cannot insert reports of cases, or any statements of facts, from anonymous correspondents.

We do not send any parcels from our office. J. R., of Liverpool, must obtain his supply through the regular channel. LANCERS to be forwarded by the coaches, may be obtained at the office, at two o'clock on every Friday. Mr. M., of Leeds, will probably deem this notification a sufficient reply to his note.

A Pupil of St. Bartholomew's, complains that a patient about to undergo amputation, was on a recent occasion kept on the operation table upwards of a quarter of an hour before the surgeon made his appearance. This is too bad.

"H. C." on reflection will perceive the injustice of inserting an anonymous criticism on the authenticated statement of Mr. P.

"H. M." It is not necessary to produce articles of apprenticeship at the College of Surgeons. A certificate of having been engaged in acquiring surgical information six years is, however, necessary.

The following note was accidentally omitted at the bottom of the letter of "X. Y. Z." page 767, of our last number. "The old ladies deem the Linnæan name sufficient." We shall be happy to reply orally to the other question.—ED. L.

"Senex." A few of the medical booksellers we believe supply the weekly medical periodicals with great regularity; but it is a trade which is attended with considerable inconvenience to them; hence they do not court it. The inferior journals are generally taken to the medical booksellers, by men called Hawkers, who receive an additional allowance from the publisher. But as we do not think proper to make any such allowance, this work is supplied in London almost entirely by the newsmen, who are remarkable for both expedition and punctuality. "Senex" may send his order to our office.

[Other correspondents must stand over.]

ERRATA.

Page 729, col. 1, line 37, for globe, read socket.

Page 740, col. 2, line 6, from the bottom, for 1327, read 1822.

Page 752, col. 2, line 13, for he has, read they have. Line 19 for he is, read they are.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, MARCH 28.

[1828-9.

LECTURES
ON THE
DISEASES OF WOMEN AND CHILDREN.
DELIVERED AT GUY'S HOSPITAL BY
DR. BLUNDELL.

LECTURE XXI.

Cure of Ovarian Dropsy—continued.

UNDER ovarian dropsy, as observed at the close of the former lecture, most women sink at last, and this reflection it is which leads me to consider whether any thing can be done for the radical cure of this fatal and not infrequent disease. In the Physiological Researches, you will find, together with some other memoirs, a paper on the subject of abdominal surgery, in which I have put together the principal facts which were then come to my knowledge, all concurring to prove that it is possible to lay open the abdomen more or less extensively, not without danger, for this I would never assert, publicly or in private, but without necessarily destroying life in the way that some of our established surgeons seemed to imagine, especially in this country; and this principle has now received further corroboration from further observations on the human body, in cases where the abdomen has been laid open, more or less extensively, and where the patients have not died. A case occurred in which Mr. Lizars, an able and intrepid surgeon of Edinburgh, operated upon a woman on the other side of the Tweed, removing from her a dropsical and scirrhus ovary, of which he has given drawings. In this operation he laid open the abdomen from the *ensiform cartilage* to the *crista* of the pubis, the woman completely recovering afterwards; and this case I state in place of many, as an interesting illustration of the general principle—I mean, that it does not necessarily follow, because there are extensive wounds in the abdomen, that death must ensue. This woman came up

from the north, and remained a considerable time at my own house, when I took occasion to present her to my professional friends, who made their own inquiries respecting the circumstances of the operation and its results, and had an opportunity of inspecting the scar—nor is this the only instance in which Mr. Lizars has laid open the abdominal cavity to a considerable extent, the patient surviving notwithstanding. To lay open the abdomen, therefore, not being of necessity, nor perhaps generally, fatal, it becomes important to consider whether, in a desperate disease like dropsy of the ovary, we may not divide the coverings, and remove the cyst, more especially after we have reduced the size of the tumour by a previous abstraction of the water? Now, in some few cases, I have no doubt that this operation might be performed with success; but I wish to state it, as my own opinion, that those cases are few, and require selection; otherwise, if you go to work at random, you may inflict these extensive wounds upon the abdomen, and may find, after all, that the diseased mass cannot be taken away. In this, as in all other capital operations, we must, of course, consider whether the system is favourable for the use of the scalpel, nor must other points be neglected—some of the more important of which I may here touch; and, first, when you are thinking of extirpating the ovary, let it be recollected that sometimes the ovary is not alone the seat of the disease, for the womb, the ovary on the opposite side, and the vagina, too, may be affected, the two first not uncommonly; and if you have reason to suspect that other parts are involved, such cases, in the present state of knowledge, may be regarded as very unfavourable for operation. It is to be recollected, also, when you are thinking of this operation, that the cyst may have formed extensive adhesions, and that these adhesions may foil you. If the adhesions do not exist, or if they are slight, and may be broken easily, then, indeed, the cyst may be easily drawn forth and abstracted; but should it so happen that the adhesions were extensive, it would, I conceive, be impossible) so far as we know at present) to extirpate the cyst

with that degree of safety without which the operation would be unjustifiable. It is, too, to be remembered, that when the dropsy chances to be associated with scirrhus, the basis of the ovary may become broad and large, and its removal may become proportionally difficult—a large internal wound remaining in the abdomen, unless the means of contracting it can be devised, the danger of the operation must be greatly increased of consequence. Nor must we forget, when thinking of this operation, that much importance attaches to the bulk of the tumour; if the tumour is very large, I will not say that you ought not to remove it, provided you can take the whole away; indeed, the dexterity and intrepidity of Mr. Lizars, a very able surgeon, seem to have set the point at rest; but in the present state of our knowledge, I think it must be admitted that the tumours the most favourable for extirpation, are those which contain only a few quarts. Again, before we determine respecting the extirpation of the dropsical ovary, it becomes us to weigh against each other the danger of the operation, and the danger of the disease. Ovarian dropsy is generally fatal, it is true, but not always, nor immediately; it may enlarge slowly, it may bear repeated tapplings; this more especially, if the general health is not much impaired. As the extirpation of the ovarian cyst must, of necessity, in the present state of surgery, be an operation of great danger, it ought, I conceive, to be reserved for those cases only in which the enlargement is in rapid progress, and the health is decidedly on the decline. In obstetrics, every where, to intermeddle is bad; in obstetrics, on all occasions, our operations are an evil; and hence in this, as in every other case, it becomes us to ponder duly, whether the remedy or the malady is to be regarded with the greater apprehension. When an extirpation of the ovary is under consideration, it behoves us to ascertain, clearly, whether ovarian enlargement really exist, and to decide, moreover, whether the enlargement is, on the main, of the encysted kind, or a combination of dropsy, with a massy scirrhus. Now, in many instances, the disease is so obvious, that the merest novice may detect it; but in some it is so obscure, that much and careful investigation is required; nor is it, I conceive, too much to assert, that of practitioners, the obstetricians alone are the best judges of this, nor certainly are even these to be depended on, unless they possess the requisite knowledge, dexterity, and experience. I have heard of a case in which, on laying open the abdomen, no tumour could be found—cases, and repeatedly, I have seen in which the inflation of the intestines has been mistaken for an hydropic ovary; these,

however, be it remembered, are in most, if not all instances, the mistakes not of the art but of the artist—the mistakes of those who are negligent, or of those who are as yet inexperienced in this part of practice—in some cases the mistakes of those who are at once too vain to give their attention to obstetrics, and too forward to refrain, when asked, from giving opinions on points respecting which they ought to know that they are really incompetent to decide; the blundering mistakes of some of your revolting and reviling surgeons—of your “thank-God-I-know-nothing-of-midwifery men”—(excuse a Sanscrit adjective)—of men whose mistakes here might be pardonable enough, in consideration of much valuable knowledge which they possess in the other parts of the healing art, were it not for an immoderation and exorbitancy of vanity and insolence, which have not hitherto received, before the public, the castigation which they very richly deserve. But to return. When, with a view to extirpation, we have to decide respecting the condition of the ovary, it will be of no small help to us to tap the ovary first, making our observations afterwards through the abdominal coverings; for myself, I have now been repeatedly called on to make observations of this kind, and from all that I have been able to observe, I should infer, that they may be instituted with facility. So that, to sum up our observations on this important point, if we have reason to believe that the system is favourable for operation, and that the patient must soon perish if nothing be done—that enlargement of the ovary really exists beyond all doubt, and that there is no grave disease in the parts contiguous to the ovary, or no disease which may not be removed—that the ovary is wholly detached from the adjacent viscera, or in good measure, and that it is not affected with a massy scirrhus, likely to give rise to a broad basis—we may be justified in operating, provided it be the wish of the patient; but where these conditions are wanting, it may be better to abstain. The school maxim is excellent here—*cogita tum fac*. If women have been tapped often, or if they have suffered much inflammatory pain in the ovary during the progress of the enlargement, the case will, I fear, be found very unfavourable for our operations, as adhesions are very probable.

I have sometimes thought, that in ovarian dropsy of single cyst, and with encysted accumulation of aqueous consistency, a considerable palliation might, in some cases, be obtained, by merely cutting out a piece of the cyst, so as to enable it to evacuate its contents into the peritoneal sac. Suppose I could not extirpate the ovary, provided I found the vessels were not large, I could

easily remove a small piece of it, say to the extent of a crown piece, and after this there might be a reasonable hope that this aperture would not close up again, but that the water would be effused through it, so as to come under the operation of the peritoneal absorbents, with the prospect of an occasional cure. A lady, the subject of ovarian dropsy, was advised to improve her general health, and in this view occasionally took the air in an open vehicle. In one of these excursions she was thrown from the carriage, and fell upon a large stone on the side of the road. She was taken up, carried home, suffered a large discharge of water through the kidneys, and was entirely freed from her ovarian dropsy. Cured as she was of this disease, she married, and, in the earlier months of pregnancy, she died of a retroversion of the uterus, which could not be replaced, when it was found, upon an examination, that she had laboured under an ovarian dropsy; that the cyst had been burst, and had discharged itself into the peritoneal sac, and that the inflammation had produced such a change that no further effusion had taken place; or, if any, that on entering the peritoneum, the fluid was absorbed.

There is yet another practice which may be *thought of* in these distressing cases, and this consists in the very early extirpation of the ovary, for though, in ordinary practice, we ought to delay the tapping as much as possible, yet it may hereafter be worth consideration, whether early tapping before a large cyst is formed, might not have its advantages, performed with all due caution, and all the necessary knowledge. Why is it that the abdomen fills so slowly in the first instance? Perhaps the first growth of the dropsy may occupy six or seven months, or even six or seven years; but if you tap a woman with an ovary of large size, in the course of three, four, five, or six weeks, she may require the operation again. Now there are, as it appears to me, two principal causes to which the slow filling may be attributed—one, the pressure on the exhalant vessels, and the other the small extent of ovarian surface in the commencement of the disease; for its superficies at first may be of a few square inches only; but a large ovary, recently tapped, may present a surface of many square feet. Now the wide extent of ovarian surface, and the removal of pressure from the exhalant vessels, may, after a first tapping, give rise to a rapid effusion; and hence, if in cases of hydropic ovary we could always tap, when the tumour is no larger than a child's head, we should, perhaps, have to tap it often, but the patient might not suffer so much, as if the ovary were allowed to grow to a great size. But how can this be done? Why, if

the tumour be lying between the vagina and rectum, I think we might easily accomplish it; nor, supposing our knowledge to be sufficient, and our caution great, would it, perhaps, be impracticable to effect all this, even when the tumour lay above the brim of the pelvis, in the hollow of the ileum. For this purpose, might not an opening be made in the abdominal covering, large enough to admit the fore finger, like a canula, and might not the point of the finger be placed upon the surface of the ovary, so as to ascertain that no intestine was interposed, and then, when sure that the intestines and bladder were not interposed, might we not pass a very small trocar through the opening, and into the ovary, so as to evacuate the contents in the very commencement of the disease. Understand, however, clearly, that it is not here my design to recommend this operation at present; I throw it out as a hint merely, for further consideration. In rash hands, such an operation might produce fatal consequences. In cases ill chosen, it might be at once dangerous, and of no use; yet, after all, perhaps, it may admit of improvement; and in a disease so frequent and so fatal as the ovarian dropsy, every hint which promises to give greater efficacy to our treatment, may deserve from us that unwearied and pertinacious consideration without which, in these perplexing and very deplorable cases, nothing effective can be accomplished; for, on this occasion, as on many others—

- - - "Seggendo in piuma
In fama non si vien ne sotto coltre."

Here, then, are the different modes of treatment recommended in ovarian dropsy—the abstraction of the water, with the cautions before prescribed—the extirpation of the ovary in the earlier and in the later periods of its growth—the removal of a circular piece of the cyst, so as to lay open the cyst into the peritoneum—and the prevention of the dilatation and growth, by early paracentesis. In the present ill success of our practice, all these operations are well worth your consideration; and if you can bring one of them to such perfection as to cure some of the many unhappy individuals who now fall victims to the disease, you will, indeed, be conferring an invaluable good on the fairest and the least offending part of our species.

Allow me now to offer a few remarks respecting the spontaneous cure of ovarian dropsy, the rather deserving of our attention, as the spontaneous cure may be supposed to contain within it the principle of an effectual remedy for this disease. I have already observed that by accidental rupture of the cyst, a cure may be obtained, when no other known remedy will remove it. The lady who fell from the chaise, and whose case has just been narrated, was effectually

relieved by rupture of the ovary. A woman at New York, attended by a practitioner well known to my friend Mr. Gaitskell, happening to suffer a severe fall, (for women are very liable to this accident when the abdomen is large,) she ruptured the cyst, and recovered, at least for some time; hence a question arises whether there are no means that we could employ occasionally to burst open the ovary by pressure, however applied; nor is it unreasonable to suppose that, in some cases, if the substance of the ovary were thin, it might be ruptured, though to suggest the means of effecting this, is no easy task. A well-known surgical lecturer, as I have been told by one of his pupils, relates a case which he conceived to be dropsy, and which he imagines to have been removed by mere absorption, excited by mental perturbation, but which I look upon to have been nothing more than an ovarian accumulation, cured by rupture of the cyst. In this case (as he tells the tale) an old lady passing over London bridge, alarmed by the cry of "mad bull," made the best of her way into one of the recesses on the bridge, and jumped hastily on to one of the benches; the bull passed; she descended, her alarm continued—she got home—a free secretion from the kidneys followed, and the dropsy disappeared. Of this case, it may be said, that the mind was exceedingly disturbed, and that the absorbents were excited in consequence; but I think it far more reasonable to presume that the substance of the cyst was very thin, and that by leaping upon the bench in the recess, a rupture was produced.

There is yet a second mode in which this disease may relieve itself more or less effectually, and that is by spontaneous opening into the intestines. When I was attending the wards of this hospital, a woman, of the name of Myers, came here with an exceedingly large abdomen; this enlargement was occasional, and the woman got better, repeatedly, after large spontaneous eruptions of water by vomiting and purging. Now I have no doubt that in this case the dropsy was ovarian, and in all probability the cyst occasionally opened into the intestines by ulceration or rupture, a sort of natural tapping being performed.

It is said, too, that the ovarian dropsy has sometimes disappeared spontaneously, without any obvious cause to which the disappearance of the disease could be attributed. The patient very large, for a while, has, at length, been agreeably surprised to find that she became less and less, week after week, till at length she has shrunk away to her healthy dimensions. Now, some of these cases, I fear, have not been dropsy of the ovary at all; they may have been dropsy of the peritoneal sac, or mere intestinal inflations; but

Burns has referred us to cases in which it seems uncandid to doubt the fact, provided the veracity of the author can be relied upon. In these cases, it has been said that the water has been removed by the absorbent action of the lymphatics of the cyst; but I think it more probable that the cyst has been of membranaceous kind, and that laceration and effusion into the peritoneum has been the real cause of the cure.

In concluding my observations on ovarian dropsy, let me add the following miscellaneous remarks:—A flat trocar and canula diminish much the pain of paracentesis. Adhesions of the cyst to the abdominal coverings are, I believe, frequently indicated by soreness felt after moving the abdominal coverings over the cyst, and by a sort of crepitus, sometimes very distinct, arising, probably, from ruptured, adhesive fibres: of course the less there is of this disturbance the better. With ovarian dropsy a peritoneal accumulation, to the amount of two or three gallons, sometimes occurs. The pressure of the ovary is apt to occasion an overcharge of the intestines, to be relieved by cathartics, and by laxative injections into the bowel. On dissection, I have observed feculent accumulations, in quantity far greater than had been suspected during life, and these may occur though the bowels act every other day. Be careful not to confound the large masses of the loaded bowel with those tuberosed enlargements of the ovary which are the result of dropsy or of scirrhus. The encysted matter in the ovary sometimes becomes more attenuated as tapping proceeds. In the twentieth operation, I have found this matter of more aqueous consistency than in the first. Sometimes on tapping the dropsical ovary, large quantities of pus, or of some puriform substance, are discharged, especially, I suspect, if inflammatory symptoms have preceded. Inflammation of the diseased mass, after tapping, is always to be regarded with apprehension; it may destroy suddenly, or by hectic cachexia; yet we are sometimes surprised to observe how little the constitution sympathises with the inflamed part—the inflammation of this diseased mass, and the peritonitis of puerperal, exert, indeed, very different effects upon the constitution. It is said that ovarian dropsy has been known to disappear after electrification. In so forlorn a case, the remedy may be worth trial, but my faith is weak. Astringent injections into the cyst are, I believe, highly dangerous; but this opinion may require revision. General inflammation of the cyst in hydrocele (as I learn from an eminent surgeon, and a very excellent man, Mr. Green) may suppress further effusion, even where adhesions fail. The cases before narrated, seem to prove that

the same change may be produced by inflammation in the effusive surface of the ovarian cyst; and I would fain persuade myself, that hereafter we may be able to produce this inflammation at pleasure, by means, on the whole, tolerably safe. Stimulant injections, and a canula, or something analogous, left in the wound, have been tried, but hitherto, I believe, with the worst success—beware, therefore. In Mr. Chevalier's case, gallons of matter were produced by adhesive inflammation. Would the patient have recovered had this been drawn off by tapping? I suppose not; for when the ovary has suppurated, and the matter has escaped spontaneously, death has, at least sometimes, ensued, and you may see a case in point, in Burns' Midwifery. The existence of more than one cyst in most ovarian dropsies, is a great bar to this method of cure. Dropsy of the tuberos kind is very unfavourable for the trocar, and in these cases more especially, tapping ought, I presume, to be delayed till the last; it is the *remedium anceps potius quam nullum*. Extensive adhesions may exist, although a woman have never been tapped; but I suspect that repeated tapplings tend to produce such adhesions.

Other diseases, and not without their interest, sometimes assail the ovary; but of this hereafter. Inflammation more or less acute, suppuration, connected or not with the puerperal state, enlargements of the ovary, with formations of hair, bones, teeth, extra-uterine gestation, scrofula, spongoid tumour, sebaceous and other substances may all occur; and the fallopian tubes may be dropsical, scirrhou, affected with extra-uterine gestation, and so on; but the principles here laid down will, I conceive, with a little modification, apply also to these cases, so far as they admit of remedy. Extra-uterine gestation has been considered already; ovarian inflammation may be considered hereafter; the rest may be dismissed without further remark. In elementary instruction, too much minuteness bewilders—*ars longa; vita brevis*. A man does not last so long as one of these glass bottles, and had need make the most of his time.

[Here Dr. Blundell showed various preparations.]

RUSSIAN MEDICAL SERVICE.

WE are authorised to state, that the vacancies which had been found to exist in the Medical Departments of the Imperial Russian Army and Navy, having been filled up, foreign medical gentlemen will not be received hereafter into the Imperial service.

FOREIGN DEPARTMENT.

CASE OF POISONING BY CHEESE.

Dr. WESTRUMB of Eimbeck, in the kingdom of Hanover, was, on the 10th of November, 1826, called to a family, consisting of a middle-aged man, his daughter, a girl of ten years, and a female relation, about sixty years of age, who, an hour after having eaten of a cheese lately bought, had been suddenly seized with symptoms of poisoning, as violent colic pain, vomiting, diarrhoea, tenesmus, &c. On his arrival, he found them with the abdomen swelled, very painful on pressure, especially in the hypochondria, the pulse very small and frequent, the pupils dilated, and complaining of violent headach, vertigo, great debility, and sickness; the rejected matter had the smell of cheese, and was apparently of an alkaline nature. An emetic, and aperient injections, were immediately ordered, when Dr. Westrumb was sent for to another family, consisting of four persons, who, a short time after, having eaten some cheese bought at the same place, had been simultaneously affected with similar symptoms, but in greater intensity. Besides the remedies used in the first cases, very strong coffee, and a solution of boracic acid were ordered. After this treatment had been continued for two days, five of the patients perfectly recovered; in the other two, in whom the symptoms had been most violent, the affection of the head attained to such a degree as to require the application of leeches, and cold affusion; after about a week, they were also convalescent. M. Sertuerner having been requested to examine the substance which had been the probable cause of the symptoms of poisoning, came to the following results: under the continued action of alcohol, two different substances were obtained, the one of a black colour was precipitated, the other of an oily consistence, brown colour, astringent, nauseous taste, and a very penetrating, rancid smell, collected on the surface of the liquid; it was found soluble in hot water and alcohol, changed the colour of litmus to red, and, when mixed with alkalis, formed a soapy mass. The black substance was liquid, insoluble in hot water and alcohol, and being submitted to heat, gave an extract of an acid nature, caseous smell, and containing an ammoniacal salt, the acid of which could not be ascertained. The maceration of the residuum in hot alcohol produced, at first, no change; but after some time a greyish white substance spontaneously precipitated from the alcohol, which melted at a slight degree of heat, and was also apparently of an acid

nature. The three substances, thus prepared, but especially the two former, were found to be very powerful poisons; fifteen grains of them injected into the stomach of a large dog, caused a violent inflammation of the intestinal canal, and the subsequent death of the animal.

Dr. Westrumb regards the deleterious principle in the cheese as belonging to the class of narcotico-acrid poisons, and attributes its production to the following causes:

1. The milk being furnished by cows, which have eaten of poisonous vegetables; this will, however, be but very seldom the cause, as, under these circumstances, the secretion of milk is greatly diminished, or even entirely suspended.

2. The preparation or conservation of the cheese in metallic vessels. In some cases of poisoning by cheese, traces of copper and tin were actually discovered in it, although but in very small quantities. The *Gazette de Santé*, of 1766, No. 22, contains a case of this kind.

3. Adulteration of the cheese, especially with the seeds of *hyosciamus*, which had inadvertently been mixed with it, instead of cumin seeds.

4. The formation of a poisonous substance by the chemical decomposition of the cheese. This seems to have taken place in most instances, and, as is shown by M. Serturner's analysis, did so in those just described.—*Horn's Archiv.*

THIRD CASE OF CHOREA,

Communicated by a Medical Friend to Dr. HARRISON, and by him to THE LANCET.

It was on the 2d of January, 1815, that I was first spoken to for the young lady, whose case I now send to you. She was then thirteen years old; and here I may mention, that it was not till more than three years afterwards, that the menses first appeared, and then without any particular circumstance. The symptoms of chorea had then been noticed for a fortnight, and they were so slight, that though I was attending her sister at the time, it had not been thought necessary to mention them to me. Indeed they were still comparatively slight, affecting chiefly the left arm. It appeared, too, she had had very desultory motions in both arms some years before, which had ended in nothing serious. She was at this time getting one of her lower molars, which I was led to remark, because the late Dr. Mouro used to reckon the getting of the second set of teeth among the exciting causes of chorea. In the present instance,

however, I was not able to trace the connexion.

At first, I was disposed to trust to *purgatives* alone, from the *free* exhibition of which, in chorea, as well as in several other spasmodic affections, I had repeatedly witnessed the best effects. But, in the present case, though it was found necessary to be giving *moderate* doses almost daily, and though their operation was frequently followed by a marked remission, yet I must add, that in no stage could I perceive either indication or encouragement to push them to any thing like the extent which Dr. Hamilton recommends, and which I had myself found so beneficial on former occasions. In fact, it soon became evident, that the cause was *deeper* seated, and the progress was rapid. So early as the 8th, mention is made of the *conjunctiva* of both eyes, but especially the left, being suffused with some puriform secretion, but no inflammation, or soreness, and the agitations very great, affecting the whole frame.

In this stage, recourse was had to leeches several times. Once she was bled to six ounces, and all with good effect. But the season when it would have appeared justifiable to be taking blood in any mode, soon passed away; and for about three weeks, the chief dependence was on a succession of blisters, applied, for the most part, to the head and neck; but once or twice to the arms and legs, though certainly with less apparent benefit in the two latter situations.

Although this sort of practice was repeatedly followed by a striking *temporary* effect; for instance, on the 10th, the agitations were excessive, and she *could not speak*; but after leeches, and a purge, and a blister to the head, she had a better night, and could speak, and remained considerably better all the next day. Nevertheless it was evident that the disease was fast gaining ground. On the 14th, it required two persons to prevent her being tossed out of bed in the night. From this time it became necessary to have her constantly secured by straps. Still it is added that the pupils contracted and dilated naturally. On the 16th, a worse night than ever, with moaning and grinding of teeth. Pupils considerably dilated, but can tell the hour by my watch, though she can hardly articulate.

At this period, for about a week, it seemed as if the symptoms were kept in check, or even giving way. She was more composed, and could speak better; but, in reality, nothing was gained.

24. Asleep now; skin very cold, but dry. Has complained of coldness, and has vomited. Had two stools in the night, without being conscious of them, but was quite sensible before falling asleep. Wine whey was ordered. The warmth was restored

without difficulty. For a few days she was much as usual again, only it seemed as if the vital powers were declining, while the disorder was more and more firmly fixed.

17. Grinds her teeth very much. Seldom attempts to speak.

18. Very fretful; does not give notice when she passes her urine.

29. Agitations stronger, and more uninterrupted. Does not give notice of either stools or urine, and can scarcely express any word. Very little sleep; still takes food well.

30. Very restless night, with loud moaning. It is difficult to give her food, her tongue being drawn to the top of her mouth. Appetite seems to be good.

N.B. The silver spoon used in feeding her was literally full of the impressions of her teeth. Indeed, to such a wretched state was the poor sufferer now reduced, with every muscle of the face and limbs in a state of almost constant catching, and with eyes that seemed nearly to have lost all animation, very much emaciated, and necessarily strapped down to a couch, yet still in some degree sensible of her own misery; that I believe there was not one of those about her, who would not have been thankful to see her released. But a crisis was at hand, such as none of us durst have looked for.

31. Spoke intelligibly in the night, desiring to be moved into bed, which was done, slept two hours, and was able to take a basin of boiled milk, and bread, this morning. Much inflammation on the sacrum, with excoriation. This last symptom had been observed for some days, but it was regarded and treated simply as a consequence of the violent agitations, and of her having lately passed all her evacuations under her. I expected it would end in sphacelus, if she were not carried off by the original affection, nor could I for the next two days see any encouragement to hope otherwise.

Feb. 1. More feeble; a very bad night; has taken but little food; belly open. N.B. This is the first time that the appetite had failed.

About two hours' sleep; very restless at other times. Two large stools, no way remarkable. Blister on head open. It was now that I prescribed half-grain doses of opium, the effects of which then appeared to be particularly beneficial; and as they happened to be timed, probably it was so. It will be seen, that after the first dose, the patient slept eight hours. But then the disposition to sleep had manifested itself before. Again, the report of the 31st must not be overlooked; and the events of the following days lead me to ascribe much more to Nature, and less to any sort of means, than I did at the time; however, the following

extract from my notes must speak for themselves.

3. Began to dose yesterday evening about six, and slept till eight. Took the first dose of opium on awaking, and slept till four, but considerable uneasiness till between two and three. Took a second dose at four, lay restless till six, and then slept till eight, but rather uneasily. *Speaks better* this morning, and takes food well. On pressing the inflamed part, pus came from one of the ulcerated spots in considerable quantity. Pergat.

4. Did not sleep so well, but speaks with less effort, and is, at present, lying nearly free from agitation.

5. Much better. Asleep at this time, and in bed, without any restraint. Catchings nearly gone from face. Was able to sit, with support, for an hour to-day. Very copious discharge from abscess on sacrum. N.B. The quantity of opium for the two last nights is not stated; probably it was two half-grains each night.

6. A very good night, from a single half-grain. Is at present supported, and listening attentively to her sister, who reads to her.

7. Not so good a night, though she took two doses of opium. The matter appears to come from a great depth.

10. No sleep till three, p.m. Took three half-grain doses. The agitation and catchings have not been so well since the discharge was less.

11. Slept till midnight without opium, then took a grain, and slept till morning. Speaks much better, and in connected sentences. Was able to work a sum in compound addition yesterday, her sister setting down the figures. Tumour on sacrum much subsided. Discharge appears to come from a considerable depth.

12. Is lying on the bed quietly, without being tied; speaks whole sentences almost as well as ever.

14. Speaks much better, but cannot put her tongue out.

17. A good night. No opium for two nights.

20. Can now nearly put her tongue out. Quite free from catchings, and can raise her hand to her head.

22. Is now so tranquil, that she can be left alone in the room on the couch, without being tied. Gains flesh apace.

24. Can use a needle a little.

25. Has walked across the room to-day without support for the first time, but awkwardly. Is now sitting in an easy chair without other support.

26. Is sitting up reading, quite erect, without any support. Walks surprisingly better.

28. Is sitting up sewing. Can walk from one room to another without help.

March 2. Is sitting at dinner, using a knife and fork.

Here end my notes of this interesting case for *that time*. She had several subsequent attacks, or rather *threatenings*, which it may be proper briefly to notice. She continued so well, that after Christmas she went to a boarding-school in the country; she remained there till the midsummer vacation; but about a week before coming home, which was more than fifteen months after the termination of my former attendance, she had some return of catchings, chiefly in the left side. This attack proved rather protracted than severe. There is a slight mention of it in October, nor had she ever been quite free from it in the meantime, but I know not that she was ever wholly confined by it. It was more like chorea, as it commonly occurs. She frequently walked in the garden, and once was at the play; but sometimes the agitations were rather severe, and her speech was a good deal affected in an evening. She was apt to get up in the night, appearing not to be quite collected; her temper also was irritable. There is mention more than once of her eyes being bloodshot.

She went to the same school again in January, 1817, where I visited her in March, and found her with headach at times, and face rather flushed, but quite free from chorea. She had, however, a slight threatening of it in April, after which she remained so well, that though she came home at midsummer, I had not once occasion to prescribe for her, and she returned to school after the vacation. In October, she had another slight threatening. In the course of the following month I was again called to her, and the complaint had taken a different turn.

November 13. Pain in the region of the heart, of a week's standing; soreness on pressure; ringing in left ear; aching in left arm. Here I may remark, that there is, in this family, a peculiar proneness to affection of the heart, pericardium, and great vessels, more or less acute, in two instances alternating with rheumatism. In the present instance, however, the symptoms speedily gave way, and, on the 20th, she had no complaint.

Only four days afterwards, *catchings* are again noticed, and this proved one of the most obstinate attacks, though never very severe. It resembled a good deal that of the last year, only that along with the agitation, I think there is, for about a month or six weeks, more frequent mention of headach, heat, and beating in the occiput.

December 19. Eyes are always bloodshot, when the blister is closed. By de-

grees, however, these indications appeared to be changed.

In the beginning of January, 1818, in consideration of the menses not having appeared, electrical sparks and slight shocks through the pelvis were directed, and continued on alternate days for more than a month, with no good effect.

February 13. Complaint has much increased. Liquor arsenical. min. v. ter indies. She took this two and three times daily for six weeks, with manifest good effect; but then a cough came on, and it was discontinued.

March 28. It is noticed still a little cough, catchings very slight. Has become much more free from them, on the whole, since she took the arsenic. None taken for a week.

From about this time, owing, in part, to my attention having been painfully directed to other cases in the family, and also to her being generally able to go about the house, and even to amuse herself by playing on the pianoforte, and to walk out occasionally, I have preserved very few more minutes of this case.

May 18. Menses appeared two days ago, for the first time.

December 29, 1819. Was not so well without the arsenic. Has returned to it again.

February, 1820. Took carbonate of iron with seeming advantage, and, in the same month, had a boil upon one of the lower dorsal vertebrae. Chorea seemed better after it broke.

Of late, I have seldom seen my young friend, and possibly she may still, at times, have some little of the catchings. Whenever I have made inquiries, she has told me she was quite well, and, indeed, she is by much the stoutest of the four surviving sisters.

August 15, 1823. I have this day seen Miss A. Her sister told me the family had thought they perceived some slight appearance of catching a little while ago, but she spoke doubtingly, and Miss A. said she had remained quite well; she certainly is in very good health at present.

N. B. I have since learned that she has lately discontinued an issue, which was set in her right arm upwards of six years ago.

Respecting the practice in these later attacks, I have little to add to what is above stated. Leeches, cuppings, and blisters, often gave very decided relief. Purgatives, too, seemed to be more particularly called for than on the former occasions. Ol. terebinthin. argent. nitras, and ferri carbonas, were given at different times, but without any visible benefit. Caustics and setons were often mentioned, but there were objections, or a blister had been applied on the very spot; or while they were in contem-

plation, she happened to get well without them. It has, however, been stated, that she had an issue in the arm, and I do not find any mention of the *eyes being bloodshot*, from the time that it was set. Indeed, upon Dr. Jenner's principle of derivation, upon which he cured even insanity, by rubbing unguent. *antimonii tartarizat.* on the arm, possibly an issue in the arm might answer as well as one in the neck. If it were not foreign from my present purpose, I could quote a remarkable instance, where this excellent practice cured a patient of my own, of a very painful and obscure visceral complaint, by an issue above each knee. I confess, however, my own views would have led me to prefer a seton or issue in the neck. And if the case were to come over again, I think I should insist most strongly upon it. But at present, my object is not so much to vindicate the practice, as to give a correct statement of facts.—N.B. I ought to have mentioned, in its proper place, that a blister applied to the sacrum produced no good effect.

23d Oct. Had a slight attack of hæmatemesis, preceded by syncope. Her sisters thought she had been subject to catchings for some time before the hæmorrhage. She was quite free at my visit, and had no return during my attendance.

February, 1824. Menses return once a fortnight. She looks pale. Is quite free from the catchings.

18th Dec., 1826. I found my old patient very well yesterday, nor has she had any catchings, or other symptoms of chorea, since my last report.

REMARKS BY DR. HARRISON.

The candid narrative of the ingenuous writer furnishes, I think, abundant proofs of the real source of this distressing malady. The attendances commenced on the 2d of January, 1815. The young sufferer had for a fortnight been slightly afflicted with chorea. It kept increasing from the third visit to the fourteenth. Her afflictions were then so distressing, that it had become necessary to confine her to the bed with ligatures. The violence of the disease continued to the end of the month, when it suffered an abatement which, as the writer justly observes, no one could have anticipated. She spoke intelligibly in the night of January 31, desiring to be moved into bed, afterwards she slept two hours. The next morning, she was able to take "a bason of boiled milk, and bread." We must not omit to mention, in this place, that inflammation had been observed for some days, on the sacrum. It had increased during the last night, and was already accompanied with excoriation. "I expected its termination

in sphacelus. For two days, I could see no encouragement to hope, though she was certainly easier, and slept better." The following morning, viz. February 3d, her sufferings were considerably relieved, and for the first time, on pressing the inflamed spots, pus came out of one of them, in considerable quantity. The medical attendant notices, "a very copious discharge from the abscess on the 5th." He stated, two days afterwards, "the matter appears to come from a great depth." On the 10th, the agitations and catchings have been more severe, "since the discharge was less." On the 14th, he says, "tumour on sacrum much subsided."

Ratio symptomatum.—We are led to believe, that suppurative inflammation within the lumbar, or sacral canal, was the exciting cause of the painful and diversified symptoms enumerated in this remarkable case, because the enclosed pus had scarcely begun to escape, before the choroid symptoms suffered a perceptible diminution, and after the discharge had continued only a few days, they wholly disappeared, leaving the patient comparatively easy and cheerful. It is worthy of remark, that on one particular day, the discharge being lessened, the agitations and catchings were more severe—a proof of some hidden connexion subsisting between the chorea and interior of the theca.

We shall, I think, be able to explain the phenomena which manifested themselves on this occasion, by pursuing the anatomical distribution of the spinal nerves, from their commencement in the back to their ultimate ramifications. The voluntary muscles derive all their nervous energy from the spinal marrow, and the involuntary are chiefly supplied from the same fountain.* Irritation affecting any portion of this delicate substance are occasionally propagated from it to every other. The nerves proceeding from thence, carry the impressions along their subdivisions, and agitate the muscular structure, in which they terminate. The chorea was, I think, excited in the arms through the axillary plexuses, and in the lower extremities, by means of the crural nerves. The same reasoning will explain the other phenomena, under which this patient suffered. One of the symptoms was a puriform secretion, with suffusion in both eyes. Afterwards the pupils were considerably dilated. Still she could tell the hour by a watch. In subsequent attacks, mention is made more than once, of her eyes being bloodshot. The same symptom is again noticed in the report for December, 1817.

One of the complaints afflicting Miss

* See Dr. Harrison's Essay on Spinal Diseases, &c.

Porch, whose case is already described, was inflammation of the opaque cornea. Though she had frequent returns, while walking about, the horizontal position was scarcely commenced before the ophthalmia left her; and though several years have intervened since her restoration to good health, it has never returned.

In another patient, with a large gibbosity between the shoulders, the eyes had been a source of uneasiness for several years. The sight was always weak. The eyes were often inflamed, and the palpebræ generally became glued together in her sleep. This young lady found her vision improve as the distortion abated. The inflammation also left her during the treatment, and the palpebræ no longer cohered.

I have already explained the nervous communication between some parts of the eyes and the spine. In order to account for the symptoms just enumerated, we must take into account that the eyes are supplied from different sources. One portion of the ophthalmic branch of the fifth pair unites with a ramification of the third, to form the ophthalmic ganglion. Numerous fibrils, called ciliary, issuing from it, run to the eyeball. Having pierced the sclerotic coat, they creep along between it and the choroid, to supply the iris. Other branches of the same nerve proceed to the palpebræ, tunica conjunctiva, and lachrymal gland. Hence it follows that, inasmuch as a direct intercourse subsists between the spinal nerves and the fifth pair, also mediately through the great sympathetic, the subciliary glands will be disordered in their secretions, the tunica conjunctiva will also, occasionally, inflame and suppurate, in spinal maladies.

"On the 16th, the pupils were considerably dilated, but she can tell the hour by my watch." Such is the complicated structure, and so various are the uses, of the eyes, that no fewer than five pairs of nerves are distributed upon this curious organ; each is endowed with its peculiar office; that of vision is performed by the second or optic nerves. As the sight was little impaired, I conclude that branch of nerves did not suffer in any considerable degree. Indeed, such an exemption might have been anticipated, because these nerves have no anatomical connexion with the spine, or great sympathetic. Not so the iris; it is furnished from the fifth pair, and therefore, when that becomes affected, the pupils are liable, from that cause alone, to be preternaturally expanded or contracted.

During the paroxysms of pain she grated her teeth, and gnashed them together, with force enough "to indent the silver spoon used in feeding her." As the jaws and teeth are supplied from other divisions of the fifth pair of nerves, the remarks for-

merly made in regard to the eyes will apply equally to these latter symptoms.

The writer adds to this melancholy train of symptoms, "every muscle of her face was in a state of almost constant catching." So extensive were her sufferings, that all the voluntary muscles were subjected to the uncontrollable influence of a powerful excitation.

Besides the parts of the face already mentioned, it is supplied with nerves from the 5th and 7th pairs. Having spoken of the former, we need not enlarge upon the details. A branch of the latter, called *pes anserinus*, or nerve of expression, anastomoses freely with the spinal nerves in the neck, and under the jaw; it is through this branch that the countenance suffers so distressingly in spinal complaints. Persons familiar with these deformities have little difficulty in ascertaining their presence, or in judging pretty correctly of their magnitude, by merely seeing the visage.

In early life I accidentally met with a young lady, who had a considerable gibbosity between her shoulders. Burke's chivalrous description of the unfortunate consort of Louis the Sixteenth was strictly applicable to what I beheld. "It is now sixteen or seventeen years," he observes, "since I saw the Queen of France, then the dauphiness, at Versailles, and surely never lighted on this orb, which she hardly seemed to touch, a more delightful vision. I saw her just above the horizon, decorating and cheering the elevated sphere she just began to move in, glittering like the morning-star, full of life, and splendour, and joy. Oh! what a revolution! and what a heart must I have to contemplate, without emotion, that elevation and that fall."

More than twenty years passed away before my second interview. Never can I forget the changes which disease had wrought in this fascinating beauty. Not only were the lilies and roses faded, the eyes had lost their lustre, and the face, which beamed with animation and enchantment, was become languid, contracted, and furrowed. The clear and bright tints of her complexion had been exchanged for a dull and muddy hue. She was moreover feeble, and almost worn out, at the early age of forty. This is by no means a solitary instance of the kind. These premature spoiliations are of frequent occurrence among the fair sex, and have been often noticed.

"30. Difficulty in giving food, the tongue being drawn to the roof of the mouth." It is alleged, in the report for Feb. 14th, that "she cannot put her tongue out of her mouth." This organ, so useful in modulat-

* Burke's Reflections on the Revolution in France.

ing sounds, and in deglutition, is supplied with its nerves from the 5th, the 8th, and 9th pairs. These several nerves, being each of them joined anatomically to the spinal nerves and great sympathetic, were made to accord, and to participate with them, on the present occasion.

29. "Stools and urine involuntary, and unconsciously discharged." The close connexion subsisting between the bladder, rectum, and spine, has been already explained.* Sometimes distortion of the loins occasions only deterioration in the fæcal and urinary secretions, but I have known it produce the entire loss of feeling, and of the expulsive faculty in both. Examples will hereafter be given of this most calamitous failure in these functions, and of their perfect restoration, by rectifying the spinal column.

WESTMINSTER MEDICAL SOCIETY.

Saturday, March 14, 1829.

Dr. SOMERVILLE in the Chair.

RESIDENCE IN A TAN YARD, AN ALLEGED REMEDY FOR PULMONARY CONSUMPTION.

Dr. DODD read his promised paper on the exemption of tanners from phthisis pulmonalis, and the efficacy of the aroma of oak bark in the cure of that complaint. It stated that his attention had for some time been directed to this subject, which he believed was, in great measure, new to the profession, though, vulgarly, the business of a tanner had long been regarded as particularly healthy. The result of his inquiries was, that tanners enjoyed a peculiar freedom from consumption, and that this exemption was to be traced to the nature of their calling. The following circumstance had first drawn his attention to the subject. He had had a patient, a weaver, twenty-five years of age, who was suffering under all the symptoms of phthisis pulmonalis; symptoms which were so marked, that he only thought of mitigating them, not curing the complaint. He treated him accordingly, but at the end of three weeks the man suddenly quitted his residence, and went he knew not where. Twelve months after, he met with him again, and then found he had become a tanner, because, as the man said, "Tanners were never affected with consumption." To the truth of this the man's appearance bore considerable testimony, for instead of a consumptive patient, he was then a strong, stout, healthy man. This case produced a considerable impression on his (Dr. Dodd's) mind,

and after weighing the importance of the facts, he proceeded to institute the following inquiries. First. Are tanners more exempt from consumption than other men? Secondly. To what cause is such an exemption to be traced? Thirdly. Can this cause be extended, as a remedy, to all consumptive patients? The answer at which he had arrived to the first inquiry was affirmative; for after most extensive observations of his own, aided by the concurring testimony of others, well qualified to furnish him with facts, he had not discovered one unequivocal instance of the death of a tanner from pulmonary consumption. As Bermondsey employed the largest number of tanners in the kingdom, his chief inquiries had been directed to that place. The testimony of Mr. Steney, a resident practitioner, was, that for thirty years he could not remember a death from this cause among the tanners; nor could Mr. Castle, during a practice of twenty-three years. Neither did the hospitals afford a single case. The tanners themselves said, the disease never occurred amongst them. There were about seven hundred tanners at Bermondsey; of these, perhaps, five in every hundred died annually, and, according to the usual calculations, three out of these five might be expected to die of phthisis pulmonalis. In Mr. Steney's practice that would have given him ninety deaths of this complaint; yet not one of the medical men knew of a case. He (Dr. D.) was persuaded the same held good in other places. He had met but with three instances to the contrary; one in Scotland, one in London, and one in Devonshire; and each of these was complicated with other diseases.

Dr. Dodd then proceeded to show that the families of tanners, especially the females, were not equally favoured,—that those who lived in the neighbourhood of tan yards were remarkably free from consumption,—that tanners being taken from the lower ranks, were as liable to disease as other operatives,—that their exemption from consumption existed in spite of the low, damp situation and exposure of tan yards,—and that their moral habits and mode of living were on a par with those of other men. As to the immediate cause of this exemption, he thought it was the aroma which arose from the bark, which aroma appeared to him to be a compound substance, of a pungent, acid nature, possessing antiseptic properties, with a tendency to heal pulmonary tubercles, and fortify the lungs against disease. But the most important part of the subject, Dr. Dodd thought, was the possible, artificial employment of this aroma for the cure of phthisis pulmonalis; and he had accordingly contrived an apparatus for communicating it to the lungs. It consisted of a cask with a close cover, having bellows beneath,

* See Dr. Harrison's Essay, &c., Case 9.

communicating with a tin tube, by which a stream of impregnated air might be evolved and breathed by the patient. This subject he now submitted to the consideration of the society, expressing his feeling, that if there were any just grounds for his views, the question was a most important one, and that in an inquiry into it, at least fifty unsuccessful cases ought to be thrown into the scale, before a final decision should be given against the facts in favour of this specific.

The CHAIRMAN inquired whether the wages of the tanners were such as to allow of their enjoying many comforts, and whether they were at all dissipated men.

Dr. DODD said that they earned fifteen shillings a week, and that they were rather dissipated than otherwise.

Mr. RIADORE expressed a strong opinion against the views of Dr. Dodd; during considerable opportunities for forming conclusions, he had not arrived at one single instance of benefit being obtained from exposure to the tanning process. He thought it very unlikely that an atmosphere so diluted with the astringent particles of the bark, could be of any use in the complaint. The fluid applied externally might be a specific for ulcers.

Mr. BINGHAM thought that the supposed effects might be due to the antiseptic qualities of the putrid skins. Butchers and gluemakers were very free from consumption. The occupations of tanners in the open air were favourable to health.

Mr. HUNT considered, that though the aroma might heal pulmonary ulcers, it might not cure the disease. He did not think butchers more exempt from it than other men. Did Dr. Dodd think the aroma prevented the development of ulcers, or cured them when they appeared.

Dr. JOHNSTONE thought that theorists very easily found facts to support their doctrines; but did not so readily discover those that were against them. No man, perhaps, was less likely to be bigoted to an opinion than Dr. Dodd; but human nature was the same in all ages and countries. He did not agree with Dr. Dodd's views, and thought them ill supported by facts. The average fatality of consumptive patients was one in four and a half, not three in five.

Dr. MILLIGAN could not agree with Dr. Dodd. There were other things in the occupations of tanners besides the aroma, sufficient to preserve them in health; he had, however, some public patients on whom Dr. Dodd might make some experiments with his apparatus, if he chose. There was, however, little hope for such persons, when tubercles or hectic fever had once appeared.

Dr. STEWART considered the general

occupation of tanners sufficient to account for their exemption from disease.

Mr. GREEN had impressions in favour of Dr. Dodd's theory, and related two cases in which the atmosphere of tan yards had been efficacious. The latter, which was elaborately detailed, and highly picturesque in the incidents, greatly interested the younger members of the society, and much amused the seniors. The subject of the case was a sylph-like young lady, with a pink blush, and all that delicacy of form and feature, which usually distinguish the consumptive patient. She had particularly excited the worthy member's attention, from her daily walks in a tan yard, into which the window of his back room then looked. Her appearance still forced itself upon his memory; and he was rejoiced to say she derived great benefits from these visits. (Much laughter.)

Mr. BURNETT ridiculed the idea of specifics in consumption, and especially satirized the attempts to cure it by exposure to the atmosphere of cows, as attempted by Dr. Beddoes. He thought Dr. Dodd's paper very deficient in facts—the only true basis of a theory. As for consumption, what Ovid had said of love, might as appropriately be put into the mouth of the consumptive patient: "*Hei mihi! quod phthisis, nullis est medicabilis herbis.*" Specifics were absurd. Public attention had been lately much drawn to a new one. He knew a case in which it had been tried. It consisted in an application rubbed on the chest; the patient went on using it for three weeks, then got worse, and then died. This was one of the many unsuccessful cases which had never been published.

Dr. GREGORY thought the statements of Dr. Dodd were very important; whence, however, had Dr. Dodd drawn his conclusions as to the deaths of tanners at Bermondsey? The records of benefit societies were the only proper source.

Dr. DODD, in general reply, reiterated his opinions, and alluded to a case in which a man, who took to the employment of tanning bark, was cured of consumption in three months. He also knew a gentleman who resided near a tan yard, who was invariably affected if he left the neighbourhood, but who, on his return, found relief, even as soon as he was within ten yards of the pits. His estimates had not been derived from the stewards of benefit societies, but from medical practitioners. He should pursue his inquiries, however; and the Chairman having hoped the subject would be renewed on the next evening, if there were no other topic of more importance, the meeting adjourned.

LONDON MEDICAL SOCIETY.

Monday, March 16, 1829.

THOMAS CALLAWAY, Esq., President, in the Chair.

Induction of a new President, and other Officers—The Non-Fever Case—Insufficiency of the Registrar's Minutes—Inaccuracy of the Report in The Lancet—General Meeting to take into consideration the Question of Reporting—Vote of thanks to the late Officers—Dissection—The Melanoid Cases.

THIS being the first meeting of the Society after the celebration of the fifty-sixth anniversary, Mr. Callaway, the newly-elected president, took the chair. It is the first time that the chair has been filled by a surgeon as president, since the formation of the Society. New members of the council, treasurer, secretary, &c., have been elected since the Society met, a fortnight ago.

The President, on taking the chair, addressed the members thus:—

Gentlemen,—It is impossible for me to take possession of this chair, without thanking you, in the warmest manner, for the honour you have conferred upon me, in electing me to fill it—an honour I appreciate, and trust I shall ever be sensible of. I fear, however, that, in thus electing me, you have overlooked many other individuals, who are much better qualified to fill it. This honour I feel the more, when I look around me, and see many individuals who were among my earliest and best friends; because, by that circumstance, the appointment is rendered the more flattering. As far as regards myself, I am convinced I shall be deficient in those qualities that have distinguished many, if not all, who have filled this chair before me; but whatever those deficiencies may be, I hope my attention and zeal will be as much as you can expect, and certainly as much as I can pay. With respect to the Society itself, I am happy to say it appears to me, there is but one point on which all its members do not seem agreed. Feeling that this Society, as the parent of such institutions in London, should be distinguished and supported in the best possible manner, I hope you will all render me your assistance in making and maintaining it what it ought to be. As far as I shall be able, I shall be, at all times, glad to do every thing I can, conducive to that object. I am convinced that nothing tends so much to benefit us in our views in our profession, as to have frequent meetings. Young as I am in experience, it has taught me, the more we meet the

better shall we support our Society, and the more shall we show our respect for our profession; whenever differences of opinion arise, frequent meetings, and frequent discussions, will assuredly lessen them. As far as I am personally concerned with this Society, I shall, I hope, imitate the example which so many individuals, who have filled this chair, have left me; but it would be wrong in me, now, to make professions, and therefore I can only hope, when I have the honour of meeting you at our next anniversary, my conduct shall have been such as to have secured your approbation, and that will prove my highest reward. (Much applause.)

THE REGISTRAR read the Minutes of the last meeting; he also read minutes of what took place respecting the transfer of offices, &c., last Monday, from which it appeared that Mr. Greville Jones delivered the oration at the anniversary dinner, and that Dr. Stewart was chosen to deliver it at the next anniversary.

MR. HOWELL rose to make some observations on the case lately brought before the Society by Dr. Johnstone. He had seen, in the last printed report of the Society's proceedings, that Dr. Ramadge had said, (in contradiction of Dr. Johnstone's statement,) that the patient, in question, really had fever, and that he (Dr. Ramadge) received information of this from Mr. Howell. Dr. Ramadge had also stated that Mr. Howell was present in the Society. He (Mr. Howell) wished it to be understood, that he knew nothing of Dr. Ramadge. He was not aware of any other Howell being in the Society but himself, and he could assure the Society, that he had made no communication on the subject, nor had he ever heard of the case until it was brought before the public in the manner to which he alluded.

MR. GOSSETT, however unwilling he was to complain, felt it his duty to object to the imperfect manner in which the Registrar had taken a minute of the cases he had related to the Society a fortnight ago. When he did himself the honour of relating the particulars of those cases, he regarded them as of some interest and importance; therefore he could not help thinking the Registrar ought to have given some report of them on this occasion to the Society, whereas, in fact, he had given none. What made the thing worse was, that he had taken a pretty full note of remarks made by Mr. Tyrrell and others against the cases. This was very little encouragement to Members to take the trouble of collecting and detailing facts; for, in doing this, they incurred considerable risk, as their cases were recorded in a garbled state, the opinions of others against them being given, while the real facts were withheld.

The REGISTRAR felt sorry for his omission; but the reason was, that the cases communicated to the Society by Mr. Gossett were read by him, at very considerable length, from written papers, which were afterwards retained in the possession of the author. When cases were read, it was not customary to take minutes so fully of them, as if the particulars were detailed orally.

Mr. GOSSETT considered this a very singular explanation; for, in this view, it seemed an easier matter to copy that which was said as it was read, than that which was delivered extemporaneously.

The REGISTRAR was willing, to the utmost of his power, to meet the wishes of the Society in his mode of taking minutes of the proceedings; but this he found not very easy, for one member wished a full, and another a very curtailed, note to be taken.

Mr. SHEARLY thought, that when members read cases to the Society, it would be much better for them to leave their papers with the Registrar, for him to take copies at his leisure.

The PRESIDENT was of opinion, that if all members were to follow Mr. Gossett's plan of communicating the particulars of their cases to the Society, it would prevent a great deal of time being consumed, by gentlemen rising to put questions, the necessity of which would be obviated, but which often necessarily followed oral statements.

The REGISTRAR, in a short time afterwards, found that he had taken a more full note of the particulars of Mr. Gossett's cases, than he had read, and which he then took the liberty of reading over to the Society.

Mr. GOSSETT immediately rose and said, that what had been just read so much resembled that which appeared in THE LANCET, that he should consider it either had been copied from THE LANCET, or that the report in THE LANCET had been made from it. In fact, the two reports were word for word, and were calculated to convey an erroneous impression. In the first place, it was said, that they were "cases of what he (Mr. Gossett) considered malignant tumours," as if he had had some doubt upon the subject. More especially was this made to appear, by Mr. Tyrrell having actually thrown out doubts as to the nature of the second case. In the next place, the subject of one of the cases was represented to be "a young lady," and afterwards she was "the girl," whereas the Society would recollect that he had styled her *Mistress*, ætat. 41. He felt it right to make this representation, in order to correct the error that had been fallen into, as it would be a very unpleasant thing for him to have it circulated, that he had been re-

moving eyes in cases in which it had not been necessary.

The REGISTRAR observed, that as fault had been found with the report of the cases in THE LANCET, as well as with his minute of them, he would only take the liberty of hoping, that when gentlemen next read cases, they would take the trouble of leaving their papers with him.

The REPORTER would not have addressed the Meeting, had it not been that the accuracy of his report in THE LANCET was called into question. For many years he had been in the constant habit of reporting; he was perfectly competent, if necessary, to report every word that passed in the Society; he had also been accustomed to report, in a condensed shape, the substance of meetings; he had no feeling but that of impartiality and accuracy, and he insisted upon the report in THE LANCET being substantially correct.

Mr. GOSSETT. Had he not had the papers still in his possession, from which he read the details of his cases, from the confident manner with which the gentleman who last spoke had addressed himself, he (Mr. Gossett) should have been inclined to doubt his own understanding. He had distinctly stated, that in one of the cases the patient lived eighteen months after the operation; that in the other, it was two years since the operation was performed, and that the patient, up to this time, was perfectly well; neither of these facts appeared in the report in THE LANCET, and this, with the other imperfections attending the report of his cases, much surprised him, recollecting the usual accuracy of the reports in that publication.

The REPORTER was about to make another observation, when

The PRESIDENT intimated that he thought, particularly as the subject of reporting was what he might call *sub judice*, it might be as well, that this discussion should not be prolonged.

The REPORTER was by no means anxious to prolong it. As to reporting, he was certain that Mr. Wakley would feel very glad to have the question set at rest; and he was authorised by Mr. Wakley to state, if the Society said reports should not be made, another syllable of its proceedings should never appear in the pages of THE LANCET.

Mr. SHEARLY thought the subject of reporting ought to be set at rest; it was due to all that it should be so, and he would take upon himself to move that a general meeting should be called for the purpose of having the subject fully discussed and settled.

Mr. KINGDON said that the subject was

left in the hands of the President by the Council, for him to dispose of.

Dr. RYAN surely thought it due to the Members of the Society, that they should have something definite on the system of reporting, either from the President, Council, or somebody else.

The PRESIDENT having looked at the rules, found it was competent for him to give notice, which he accordingly did, that on Monday next, at eight o'clock, a general meeting would be held, for the express purpose of taking into consideration the subject of reporting; as he was, and should continue to be, very anxious to put a stop to every thing like a digression from discussions on strictly professional subjects.

Dr. WALSHMAN moved the thanks of the Society to Dr. Shearman, for his late very able services in the office of President.

Mr. KINGDON had great pleasure in seconding this motion, and moved that thanks should be returned to him, for his very excellent conduct as their late Treasurer.

The resolution was carried unanimously.

Dr. SHEARMAN appreciated the honour, and only wished that he had been better able to discharge the duties which devolved upon him.

Dr. STEWART moved the thanks of the Society to Mr. Greville Jones, for the able Oration he had delivered on their anniversary, and that that gentleman should be requested to print it.

Mr. GOSSETT seconded the motion.

The resolution was carried unanimously.

Mr. JONES believed it was not customary to assent or dissent to the latter part of this motion, until it was again mentioned to the orator by the Council. In his oration, topics were introduced, not of a political nature, but upon which many of the most highly respectable heads of the profession entertained contrary opinions; and if he were off-hand, at the request of the Society, to publish this oration, the public would regard those topics as sanctioned, and the opinions as adopted by the Society. Under these circumstances, he begged to say nothing more until he should hear again from the Council on this subject, and should the request be again repeated, to have the oration published, he trusted the consequences would be previously well weighed. (Applause.)

The PRESIDENT drew the attention of the Society to a petition which laid on the table, for the signatures of members, to be presented to Parliament, on the subject of dissection; and, at the suggestion of Mr. Shearly, directed the Registrar to send it round to all the Members' houses, who had not signed it, for their signatures, at such

periods as would be most likely for them to be met with at home.

Mr. SHEARLY thought it highly important that the petition should be presented forthwith. If the bill Mr. Warburton lately brought into the House of Commons, had passed into a law, he (Mr. Shearly) should himself have been able during the last few days to have delivered over one body for dissection. He was decidedly averse to the disinterring of the dead.

Mr. GOSSETT made a few additional observations on his cases, and exhibited the preparations. He was still of opinion that the diseases were malignant, and that no exhibition of mercury would have removed them.

Dr. WILLIAMS introduced for discussion, in absence of a better subject, Febris Infantile Remittens, which underwent a desultory discussion, and the Society broke up.

CASES OF INTERMITTENT FEVER, IN WHICH BLEEDING WAS EMPLOYED IN THE COLD STAGE.

By JOHN MACKINTOSH, M.D., *Lecturer on the Practice of Physic, &c., in Edinburgh.*

(Concluded from page 781.)

CASE 40.—Malignant, shivering intermittent, with hiccup. Stay in the hospital from 7th to the evening of 8th July. Autopsy; arachnitis, gastritis.

Vincent Cola Paolo, of Rimini, æt. 40, of a good constitution, residing at Roma Vecchia, entered the hospital on 7th July. Had been attacked with a paroxysm of fever on the previous evening. On the morning of the 7th, his state was the following: hands colder than those of a dead person; pulse 108, small, contracted; hiccup regular in its returns, fourteen times in the minute; position supine; sighs drawn easily; answers pretty correctly, he experiences pain in the region of the liver. In the evening the fit declined, and the hiccup disappeared.

On the morning of the 8th complete return of senses, and natural expression, which, during the paroxysm, assumed that particular aspect which characterises those labouring under the fever; but the hands have always an icy coldness, which extends half way up the forearm. According to his own account, he is not aware of their being cold; but on placing them on his belly, he at once becomes sensible of their coldness; he speaks as in the state of health. At nine o'clock, his appearance became as if besotted; he replied with hesitation and reluctance. Has an inclination to sigh. He lay on the side, with the legs bent upon the

abdomen; the fit commenced, the cold gained upon the trunk, respiration became short, some tendency to hiccup; in short he died at three in the afternoon, with the eyes open. He took some bark during the apyrexia.

Examination after Death.—General injection of the arachnoid, which is thicker than natural, red, and as if doubled by a sanguinolent false membrane; the vessels distributed upon the circumsolutions of the brain are engorged; the stomach is much inflamed in its pyloric half, the rest of the intestinal canal healthy.

CASE 41.—Malignant, shivering, intermittent fever. Stay in the hospital from the morning of the 11th to the evening of the 12th July. Autopsy; arachnitis, gastro-enteritis, splenitis.

Angelo Donni, of Milan, æt. 35, weak, lymphatic constitution; preparer of macaroni. On the 5th July, 1822, he entered one of the grottos of Monte Testaccio, when he experienced a general sense of cold, which he attempted to shake off by drinking seven or eight glasses of wine; but could not, however, warm himself. He then felt a great weakness, which was the predominant symptom during the six days previous to his entering the hospital. His state had so little of a decided febrile character, that, according to his account, the medical man could not tell him if he had had the fever. He had a sense of general uneasiness; took an emetic and a purgative, and returned to his work; but the general state of disease and uneasiness increasing, as likewise the weakness, on the 11th of July, in the morning, he came to the hospital of Saint Esprit, on foot, supported by a man on each side of him. Being arrived in the first ward, where I first saw him, he seated himself upon a form, and appeared to feel ill. He let himself fall down upon the right side, but the expression of his countenance was not that of a person fainting. There was something in the motions of his head, of his eyes, resembling those symptoms produced by drunkenness, and not that want of power occasioned by the cessation of the motions of the heart. He was supported merely, and recovered; he was then enabled to ascend more than thirty steps, in order to reach the clinical ward. When in bed, the following was his condition; pulse frequent, weak; temperature of thighs, legs, hands, and arms, cold; tongue moist, and not red. He was able to give a history of his previous state, nevertheless he begged the physician to question his companion, who accompanied him to the hospital, for, although he had neither delirium, nor coma, nor syncope, he appeared so confused, so little master of his ideas,

that he declined to give any account of it. All he assured us of was, that he had never had the fever. He has not been to stool since the purgative; in the afternoon he was twice ill.

Evening. Pulse scarcely perceptible, great pain, extremities cold, the left hand more so than the right; it is of a livid colour. Temperature of the belly, of the chest, almost natural; face pale, delirium, agitation, inquietude. Decoction of bark, ℥viij.; extract of bark, theriaque, a a. ʒij.; laud. liq. anod. camph. emuls. a a. gr. xx.; blisters to the thighs.

12th July. At half-past one in the morning, sweat general, copious, but cold. In the morning at the visit, weakness always the same; pulse insensible at the arms, which are cold, as also the thighs; the belly is a little warmer, but it is also below the natural temperature; pulse at the temples 114. The blistered surface pale, no water under the epidermis, which remains only detached. He has lost no part of his judgment, but manifests a tendency to drowsiness; complains of no pain; the belly is not tender on pressure; the principal ailment is great weakness. Blisters to the arms; bark ʒij. in the wine.

A little later, return of the same symptoms, alternating with delirium and drowsiness; general sense of cold intense. Died at half past five in the afternoon.

Half an hour after his death, the body was warmer than during life.

Examination fifteen hours after death.—Stomach highly inflamed between its great curvature and the pylorus. Intestines presenting traces of inflammation in some points. Spleen soft and pulpy, liver healthy, old adhesions of right lung. Before opening the cranium, the head was separated from the trunk, when there escaped by the occipital foramen a great quantity of bloody serum. Injection of the arachnoid in its minutest ramifications, but a little more on the left than on the right side. Great engorgement of the vessels distributed on the circumsolutions, more marked on the left side. Grey substance of the brain, of a pale, rather than of a deep hue; choroid plexus pale; serosity between the circumsolutions; brain of a soft consistence.

If any other instances were wanting to prove the inefficacy of the ordinary plan of treatment in severe cases, they will be readily found in contemplating the following table of results, which befel one of the finest armies which Great Britain ever sent from her shores, and which went to Walcheren on the 5th July, 1809. The diseases were intermittent and remitting fevers. The men did not die from want of bark, and there never was a finer medical staff; the

members of which displayed the greatest zeal and talents, and many of them fell victims to their assiduity.*

From the facts already detailed, I think I may safely draw the following conclusions:—

1. I need scarcely say that bleeding in the cold stage will not necessarily produce death.

2. That this practice will sometimes cure the disease; at others it will prove beneficial by breaking the chain of diseased action, and rendering the subsequent paroxysms milder and milder.

3. That bleeding in the cold stage has in almost every case cut short the cold fit, and prevented the subsequent stages of the paroxysm, so that the hot and sweating stages are saved. It seems to operate by anticipating the natural efforts of the constitution, removing the internal congestion, and restoring the lost balance of the circulating system.

4. That it promises to be most serviceable in severe autumnal intermittents; and more particularly in the pernicious and malignant fevers, as they are termed, of Italy, Holland, and other marshy countries, which are well known to be very fatal under the

ordinary treatment. In these cases the reaction of the system cannot fully develop itself, in consequence of the extent to which internal congestion has taken place, and which this practice will remove.

5. That it may be used with safety in any climate where the cold stage continues long and threatens danger.

6. That bleeding in the cold stage is, at all events, more successful than in the hot stage, or than in the intervals; for although I have often seen bleeding used in such circumstances, and with advantage, by mitigating unpleasant symptoms, yet I have never known the subsequent paroxysm prevented by it.

7. The practice may be adopted in the first stage of all fevers.

8. If these cases possessed no practical merit whatever, they promise to be productive of great advantage to medical science, by destroying the very foundation of the erroneous system of Cullen. The doctrines upon which this system is founded have, to this day, bewildered old and young in the profession, who think and act only under the nod of authority. Cullen's system has been a great bar to all improvement in medicine, and is the principal cause of the backward state of pathology in this country.

	Officers.	Men.	Total.
* Embarked on 5th July, 1809	1,738	37,481	39,219
Of these, there were killed in action	7	99	106
Died on service	40	2,041	2,081
Sent home very ill	20	1,859	1,879
Deserted to the enemy	84	84
Discharged	25	25
Of these, there returned home with the army	1,671	33,373	35,044
Of which number were sick, on 1st Feb., 1810 ..	217	11,296	11,513

DIFFERENT EFFECT OF POISON ON CARNIVOROUS AND HERBIVOROUS ANIMALS.

PROFESSOR MAYER, of Bonn, found lately, by a series of experiments, that the extract of *coriaria myrtifolia* (myrtle-leaved sumach) has a poisonous effect on carnivorous animals, an effect similar to that of the acrid vegetable poisons, and particularly of *menispermum coculus* (*coculus indicus*.) It was only known by Sauvages and Pujade, that the berries of that plant, usually called the tree of tanners, from its use in the south of France, had a poisonous power. It was mentioned also in the *Journal de Chimie Medicale*, September, 1827, that the infusion of *folia sennæ parv.* (*senna*) with a few leaves of *coriaria myrtifolia*, produced the death of a man, who was drinking

a great deal of that infusion. The symptoms that Dr. Mayer observed in animals that have been intoxicated by the extract of that plant, are shortly, salivation, vomituration, (even if the extract is only applied externally,) vehement convulsions, which kill the animal by exhausting all his nervous strength, because, in the agony, the convulsions become slight; the pulse and the respiration very weak and interrupted, the animal grows quite cold, and dies quietly. It is yet remarkable, that a large dose of the extract of the above plant has no mortal, or even sensible, effect on herbivorous animals, e. g. on rabbits: the extract may be given to them to swallow, or may be applied by a wound of the skin. Dogs, and other carnivorous animals, recover by vomiting the poison introduced into their stomachs.

THE LANCET.

London, Saturday, March 28, 1829.

It has been objected to the measure which Mr. WARBURTON is about to bring under the consideration of Parliament, that, like the bill for the removal of Catholic disabilities, it is the result of intimidation. The Lord Advocate declared that, unless the Legislature adopted some measure for supplying the schools of anatomy with subjects from an unexceptionable source, no man could take upon himself to say, that there would be no renewal of the atrocities recently committed at Edinburgh; and Mr. PEEL, however disinclined to legislate on this subject before the crimes of Burke and Hare had been detected, zealously insisted on the necessity of providing an immediate remedy for the existing evils. Burke and Hare, therefore, it is said, are the real authors of the measure, and that which would never have been sanctioned by the deliberative wisdom of Parliament, is about to be extorted from its fears. We have no doubt that the dread of a repetition of the Edinburgh atrocities has had a powerful influence on the minds of many who are now for the first time disposed to support a measure for facilitating human dissections, and why, we should be glad to know, is so just and well-founded a dread of consequences to be stigmatized, as an unworthy element in the calculations of a legislator, or where would be the merit of insensibility to the danger? The fear which impels men to avert evil, is a wise and salutary fear, and it would have been well if this fear had been manifested and acted upon before sixteen human beings had fallen victims to the supineness of the Government and the Legislature. It required no extraordinary sagacity to foresee, that the worst consequences must inevitably result from the system of traffic between resurrectionists

and anatomists, which the executive government has so long suffered to exist. Government is already, in a great degree, responsible for the crime which it has fostered by its negligence, and even encouraged by a system of forbearance; for connivance at a violation of the laws is always pregnant with danger, and can never be justified, on the part of the state, by the plea of expediency, since, if it be expedient that a law should be evaded, it must be still more expedient that it should be altered. But, now that the dreadful consequences of this negligence and connivance have been made manifest, by how much would the responsibility of the Government be increased, if it were to neglect the means of preventing a repetition of crimes, against the commission of which there exists no sufficient security, so long as the dead body of a human being is made an article of mercenary traffic.

To prevent the murder of the living for the sake of the price at which their corpses may be sold, should be the first object of the Legislature in devising a remedy for the existing evils. This object may be effected either by suppressing dissection altogether, or by legalising the dissection of unclaimed bodies; and we are not aware of any other way in which it can be effected. Whether it would be possible to suppress dissection altogether in this country, is a question which it is the less necessary to consider; as it seems to have been conceded on all hands, in the discussion on Mr. WARBURTON'S motion, that such a question could not for a moment be entertained. Anatomy, it was admitted, must be protected and encouraged, and as dissection was necessary to the due prosecution of anatomical studies, it followed that the practice of dissection must be protected, and, under due regulations, encouraged. In the House of Commons no opposition has been made, or seems likely to be made, to the principle of Mr. WARBURTON'S bill; but the measure

has been strongly opposed in some of the public journals, on the score of the outrage which it is supposed to offer to the feelings of the community. We have already stated that we should consider the measure most objectionable in principle, if unaccompanied by the repeal of the clause in the act of GEO. II., which makes dissection a part of the punishment for the crime of murder; and we have admitted that the bill involves some degree of hardship upon the poor, which is inseparable from the difficulty of legislating on this subject. But, admitting that no legislative measure for regulating the practice of dissection, can be wholly reconciled with the feelings of the community, is it a sound conclusion that the practice of dissection should be suppressed? If the appropriation even of unclaimed bodies to the purposes of science be a measure too shocking to humanity to be tolerated, there is no alternative but the suppression of dissection. After the horrors disclosed at Edinburgh no man in or out of Parliament, we presume, is prepared to say that things may be suffered to go on as they are, or that it would not be highly criminal in the Legislature to neglect taking some decisive step, for putting an end to the traffic between resurrectionists and anatomists. We have never been wanting in zeal to promote the interests of medical science, and we are most anxious to see due facilities afforded to the study of anatomy, and to the practice of dissection; but we cannot take so ultra-professional a view of the question as to suppose, with some contemporary writers, that dissection is one of those necessities of the social system, of which the Legislature could no more cut off the supply than it could put down the practice of dining.

"Detestable and dangerous," says a writer in the *Westminster Review*, "as is the character of those men, (the resurrectionists,) detestable and odious as is their trade, still both must be tolerated, unless some better mode of obtaining subjects be devised. Dissection must be practised; the wants of the community imperiously demand it, and

always will demand it; society can no more go on without the supply of subjects for the anatomist, than it can go on without the supply of corn for food."

Arguments of this extravagant description never aid a cause; by attempting to prove too much, the writer proves nothing. It is not true, that the necessity which exists for the practice of dissection is a necessity of such a description as this writer represents it, nor can there be any doubt that it would be practicable for the Legislature, by dint of severe penal enactments against the purchasers, as well as against the vendors of dead bodies, to render the practice of dissection so hazardous, as nearly to effect its suppression. And if there were no other way of putting an end to the traffic between resurrectionists and anatomists—if there were no other means of putting down an organised gang of thieves and burglars, and protecting the lives of the public against assassination, can any man, whose view of this question is not distorted by a professional obliquity of vision, doubt that the Legislature would be justified in submitting to the lesser evil, for the sake of accomplishing the incomparably greater good? Happily, the substantial interests of the community are perfectly reconcilable with the progress of medical science, and with the encouragement which is justly due to the study of anatomy. If provision be made for the decent interment of all unclaimed bodies, which may be devoted to dissection, and if one of the most serious objections to the principle of Mr. WARBURTON'S bill, be removed by the repeal of the clause in the act of GEO. II., the measure, if not wholly palatable to the people, will at least, we trust, be acquiesced in, as one which is not only called for by the demands of science, but which, under existing circumstances, is best calculated to arrest the progress of crime. Non-professional writers, who contend that the demand for subjects is occasioned rather by the decline than by the advance of anatomical science; and that if

it were not for the indolence and ignorance of modern students, anatomy might be learned from written treatises, without the practice of dissection, should bear in mind that it is but fair to give due weight to the evidence of every artist in his particular craft or calling. *Cuique suâ arte credendum est*, should be a rule in controversy, as it is a maxim in law. Now all the members of the medical profession examined before the Parliamentary Committee, and all medical writers on the subject, have concurred in the opinion, that a knowledge of anatomy is not to be attained without the practice of dissection. Hence it is obvious, that if dissection were suppressed, or laid under great discouragement, many lives would be lost, which might be saved by the skilful performance of surgical operations. Cases may be imagined in which the feelings of surviving relatives would be wounded by the dissection of the bodies of paupers, which such relatives were not in a situation to claim; but such cases would surely not be entitled to so much sympathy as those in which the lives of the poor would be lost for want of proper surgical assistance, which must soon be of frequent occurrence, if the study of anatomy, and the practice of dissection, be generally discouraged. Legislation constantly presents only a choice of evils, and the wisdom of legislators is evinced in selecting that which is counteracted or redeemed by the greatest proportion of good. It may be a hardship on the poor to subject their bodies to the process of dissection before burial; but may it not ultimately be a greater injury to the poor to discourage a science, the decline of which would have the effect of consigning many of them to an untimely grave? Let it be recollected, too, that the supposed injury to the dead exists only in the imagination of the survivor; while, by cutting short the term of existence, a real and substantial injury may be done to the living. "A live drummer," said Napoleon, "is better than a dead emperor."

Admitting, with those who take an exclusively sentimental view of this question, that the dissection of the dead body is shocking to the feelings, is not the prolongation of human life a good for which it is worth while to pay the price of dissection? Would any rational man hesitate between the alternative of a shorter life and burial of his unviolated remains, and a longer life at the expense of dissection after death? or, would he hesitate in making an election for the prolongation of life at the price of dissection, in the case of those who were nearest and dearest to him? Now the evil or inconvenience which men would submit to for the sake of procuring a greater good in their own case, or in the case of their nearest connexions, the state may surely impose, without incurring the charge of inhumanity. We may add, too, that the horror with which the process of dissection is supposed to be regarded by the people of this country, has been greatly exaggerated. Was any such horror manifested, when a course of anatomical lectures was delivered two years ago, at the Mechanics' Institution, by Dr. Birkbeck, and when the parts of the human body were demonstrated, in the open theatre, night after night, on the dead subject? Never was a course of lectures, at that Institution, more numerous and regularly attended, or listened to with deeper interest and more profound attention. The experiment proved, in a most striking manner, how speedily the popular prejudices against dissection gave way to the interest excited in the minds of upwards of seven hundred mechanics, by a skilful exposition of the different structures of the human body.

We must again, with all deference, press upon Mr. WARBURTON's attention, the expediency of cutting up by the roots every species of traffic in the dead bodies of our fellow-countrymen. Let all unclaimed bodies, which are to be made available for the purposes of science, be conveyed to, and distributed by, an officer in the pay of Go-

vernment, whose functions may be similar to those of the *chef des travaux anatomiques* at Paris; and let it be expressly provided that no money be received for them. Such a provision would remove one of the strongest objections which has been made to the measure, namely, that it is a bill for *selling* the bodies of the poor for the benefit of the rich. Let the sale of dead bodies be declared unlawful, and the buyers of them subjected to the same severity of punishment as the sellers. At present, the anatomist separates his case from that of the body snatcher, by a defence similar to that conveyed in the words wherein King WILLIAM distinguished between a constitutional acceptance, and a tyrannical assumption, of the crown, *Recepi, non rapui*. "The plain English of this," said Dean SWIFT, "is that the receiver is as bad as the thief;" and common sense suggests to us, that, if there be no receivers of stolen or murdered bodies, the grave will be secure from outrage, and the living from assassination.

A New System of Treating Human Teeth. By J. PATERSON CLARK. London, Longman.

Of all the diseases to which the human frame is liable, there are none more common than the affections of the teeth, and their relative parts. The young and the old, the rich and the poor, are all, more or less, the victims of these maladies; which, when unattended to, or subjected to the manipulations of ignorant and illiterate pretenders, not unfrequently lay the foundation for some of the most appalling, malignant, and fatal diseases. It has been as unfortunate for the science of dentistry, as it has been for the health and comfort of the public, that this department of the healing art should often have been consigned to the care of a set of unlicensed and rapacious practitioners, whose consummate ignorance of the diseases un-

der consideration, can only be equalled by the unprincipled anxiety they have shown in the support and diffusion of quackery. We shall not state whether these remarks have been elicited from us in consequence of perusing Mr. Clark's work, or whether they have been suggested by the conduct of some of that class of practitioners to which the author belongs.

"But," says Mr. Clark in his preface, "as many persons have lately begun to announce the discovery of cements, for the cure of toothach, and as there are various processes which, good, bad, or indifferent, may be confounded with the one *pursued* by the author, in the following treatise, he conceives that it is but doing common justice, both to the public and himself, in taking this opportunity to state, that he first began to apply successfully an anodyne cement for the cure of toothach, towards the close of the year 1825. That shortly afterwards, while residing in King-street, and, subsequently, in Percy-street, he announced his discovery by repeated advertisements; that until the year 1828, no individual had ever applied the term cement to any substance used for stopping teeth; as, did occasion call for such proof, he could satisfactorily attest; that the anodyne cement is not, and never was intended as, a permanent stopping for teeth, but simply as allaying pain, and destroying the sensibility of tender teeth, and thereby permitting them to be cleaned and stopped with gold, or other foil, without pain."

Now, as Mr. Clark has not disclosed the composition of this wonderful anodyne cement, we may venture to predict that it is as useless to his patients as his book is worthless to the profession; and that the pretensions of the author, therefore, as pompously displayed in said work, may be fairly regarded as puff, puff, puff!

COLLEGE OF PHYSICIANS.

Monday, March 23, 1829.

POST-MORTEM EXAMINATION OF THE CELEBRATED DR. SAMUEL JOHNSON.

THE meeting this evening was very fully attended. Dr. ROBERTS presided.

A paper was read, the production of Dr. Charles Mansfield Clarke, on the efficacy of

dashing cold water on the faces of patients labouring under obstinate, nervous, and convulsive attacks. Many experiments had proved its usefulness.

The second paper, read by Dr. Wilson, was one of extraordinary interest. It was a paper found by Dr. Wilson, among his father's (Dr. James Wilson's) MSS., detailing the *post-mortem* examination of the celebrated Dr. Samuel Johnson. The particulars of the examination, conducted by Dr. James Wilson, Dr. Cruikshanks, and another, a few hours after Dr. Johnson's death, have never before been published, and the paper was listened to with great interest. From the document, it would seem that the learned Doctor was, in a great measure, the cause of his own death. He was afflicted much with the dropsy, and having been disappointed in seeing his medical adviser so soon as he expected, he procured a lancet, and opened his legs himself, but produced a rapid flow of blood, which in a few hours caused death. By the *post-mortem* examination, it appeared that one of the Doctor's kidneys had been so much diseased as to have caused it to shrink to the size of a bean. The other kidney was perfectly healthy. The Doctor was never known to complain of any pain in his kidneys. The second remarkable feature was a great reduction in one of the *testes*, which was considerably shrunk; the other perfectly healthy. The heart of the Doctor had considerably enlarged, and was much larger than that usually possessed by man, and in a state of perfect health. It is somewhat extraordinary that the *post-mortem* examination did not extend to the head.

The third paper was a detail of the operation of lithotomy on a horse, by a member of the Royal Veterinary College.

LONDON MEDICAL SOCIETY.

Monday, March 23, 1829.

GENERAL MEETING

To take into consideration the propriety of allowing or disallowing the Reporting of the Society's Proceedings.

THOMAS CALLAWAY, Esq., President, in the Chair.

THIS was a General Meeting, called expressly for the purpose of having the voice of the Society taken upon the subject of reporting. The meeting was to have taken place at seven instead of eight o'clock, but owing to some misunderstanding as to the time, very few of the members assembled till eight.

Before the business of the Society had pro-

ceeded far, a motion was made and seconded, that visitors should be admitted to hear the discussion of the night. Several spoke *pro* and *con* upon the question. Admission had never yet been given to visitors at general meetings, but it was competent for any member to take the sense of the Society upon this as well as upon any other question, at such a meeting. In the result the motion was lost.

Dr. CLUTTERBUCK's motion was to the effect, "That the Society does not recognise, nor in any degree sanction, the reporting of its weekly proceedings." The Doctor supported this resolution in a lengthened speech. He contended that reporting was against the rules of the Society (which, by-the-by, has the power of making within itself, any rules whatever, *ad libitum*). That the Society was originated for the purpose of having confidential statements made to it; that it was impossible for gentlemen acting as reporters, not to have a feeling on the subject before them, that they could not remain unbiassed, that the reports consequently could not be sent forth to the public fairly, fully, and impartially, and that under such circumstances if reporting were to be sanctioned and permitted to go on, the originally intended confidential statements would be withheld, and the Society injured.

Mr. PROCTOR warmly seconded the motion.

Dr. CHOLMONDELY was decidedly in favour of reporting. He admitted it was impossible to give a full report; and, indeed, he thought a full report, even could it be given, was not called for. A fair and impartial statement of what transpired, it was competent for a reporter to give, which he had always thought, and would continue to think, had been, and would go on to be, useful to the public, and advantageous to the Society. It was not likely that any thing of a confidential nature, and relating only to the Society or its affairs, could be injured by reporting. Reporting would tend to prevent many desultory, useless, and uninteresting conversations, hence the short time allowed for bringing forward subjects of importance would be husbanded, and in this, as well as in many other ways, the Society would be benefited by reporting.

Mr. GOSSETT agreed with the last speaker. Had the subject of reporting come under the consideration of the Society at its earliest formation, or at the commencement of reporting, he probably should have opposed it, but as circumstances now existed, he considered that if the reporting of the Society's proceedings were to be put an end to, the Society itself would, in all probability, very soon be demolished. He should give fair and impartial reporting his support.

Dr. SHEARMAN regarded the present system of reporting as holding out encourage-

ment for young men (which they availed themselves of) to bring forward to the notice of the Society, many cases in which there was nothing essentially interesting for the purpose of getting their names brought before the notice of the public, while more experienced individuals were prevented by this, from relating the results of their labours.

Mr. LORD was a foe to reporting. It might be that a medical man might give a mistaken opinion on a case during life, that this judgment might be corrected by a *post-mortem* inspection, and the whole being detailed to the Society, through the medium of the press, it might all come before the eyes of the friends of the deceased, and cause confidence in the practitioner to be lost!

Mr. KINGDON made a grave speech, against reporting.

Dr. JAMES JOHNSTONE had lost the opportunity of continuing to attend a family entirely through reporting. He considered that reporting might work mischief in more ways than this, and, therefore, should give his vote for any thing calculated to lead to its suppression.

Mr. SALMON scoffed at this apparent argument. He had actually just been in conversation with a gentleman on whose testimony he could rely, and who had assured him, that but for having read in *THE LANCET* the discussions of that Society on the happy use of the *secale cornutum*, six mothers must have perished (and probably their offspring too), but who, by the judicious use of that medicine, as recommended in some speeches in *THE LANCET*, had been saved. After this, he knew not how any gentleman, who had the preservation of life and health at heart, could vote against reporting.

Dr. Ramadge, Mr. Waller, Mr. Ashwell, Mr. Lloyd, Mr. Shearly, Dr. Blick, and some others, pledged themselves to support, to their utmost, reporting, looking upon it as both useful to the Society and the public.

Others having spoken against it, the ballot box was at length sent round.

One gentleman would not give his vote (a friend to the liberty of the press) because he had not had an opportunity of expressing his sentiments.

Another gentleman who meant to vote in favour of reporting, was too late in presenting himself, and, therefore, his vote was refused.

The PRESIDENT (who conducted himself throughout the rather noisy evening with the utmost impartiality, and very properly abstained from giving any opinion during the discussion of the question, so as to attempt to bias members one way or the other) having counted the ballots, declared the numbers to be

For Dr. Clutterbuck's motion - 22

Against it - - - - - 23

Loud cries now issued from every quarter of the room for the President to exercise his right, in giving the casting vote.

The PRESIDENT, then, without hesitation, having been assured that, by the rules of the Society, it rested with him to decide the question by his voice, said, that however unpleasant it might be for him to differ from Dr. Clutterbuck's views, yet he looked upon reporting as essentially useful both to the Society and the public, and consequently felt himself bound to give his vote in favour of it.

The subject was then desired to be taken into the hands of the Council, and the Society broke up.

REMARKS ON MR. SHUTE'S COMMUNICATION
ON A CURIOUS APPEARANCE OF THE
BLOOD.

To the Editor of *THE LANCET*.

Hæc scripsi non otii abundantia, sed amoris erga te.

ON a perusal of the last volume of your spirited and independent Journal, which, in consequence of some untoward circumstance, did not reach me till last month, I was not a little surprised, as well as amused, at meeting the following communication from the pen of your very intelligent correspondent, Mr. Shute, of Watford, p. 630.

A man came to him with pains in his head, chest, and back; he advised him to lose blood; seven ounces were taken, and Mr. Shute transmits the account in consequence of the "novelty of the peculiar appearances which followed its abstraction. Before the arm was tied up, the blood assumed a peculiarly white hue, obliterating altogether the appearance that blood had been drawn; for it resembled a basin of milk more than any thing else." This "odd appearance" induced Mr. Shute to take five ounces more, and then one ounce more, which had the same character. As the blood cooled, the *whiteness* increased, and the crassamentum assumed a type of inflammatory covering, and it became of a livid hue, less, in proportionate quantity, than the serum.

Now, Mr. Editor, to me it appears not a little extraordinary, that you, who, upon most occasions, have exhibited so great a degree of discrimination in the selection of matter for your periodical, should not have more carefully perused Mr. Shute's communication before you gave it insertion, unless you were influenced with the hope of receiving a reply from some of your numerous readers. Considering the number of celebrated physiologists that have

devoted their time and attention to the investigation of the properties of the blood—the most important fluid in the animal machine—that fluid which is the nourisher of the frame, and from which all the secretions are derived; it will not readily be credited that such a *soi-disant* philosopher as Mr. Shute could have discovered any phenomenon relative to the properties of this vital fluid, that was not previously well known to every tyro in the profession, of the most ordinary capacity. Your correspondent, after making some common observations on the coagulation of the blood, proceeds to state, that “as I never met with an instance of the kind before, and find *only two cases*, recorded by Hewson, as something similar, I intend to repeat the bleeding at the end of a week, in order to afford another specimen of so curious an appearance.” Thus, Mr. Editor, singular enough, does it appear to me that Mr. Shute, not quite satisfied at the recovery of his patient after the first bleeding, states his determination of performing a second and unnecessary operation at the expiration of a week, merely in order, as he says himself, to *afford another specimen of blood of so curious an appearance*. From what cause Mr. Shute was unable to find a number of cases on record in which the blood presented the appearances under consideration, I am unable to comprehend, unless I attribute it to his intellectual faculty for marvellousness having far outstripped his industry in the pursuit of medical research. On referring to Mr. Hewson's experimental inquiry into the properties of the blood, I find that this great man has devoted a whole chapter to this subject, in which, after having referred to a number of authors that have recorded cases, he relates six cases himself, and likewise says that he heard of the same appearance having been observed by the learned Sir John Pringle, Dr. Pitcairn, Dr. Hunter, Dr. Watson, Dr. Bromfield, Dr. Garthshore, and Dr. Fothergill of Northampton. I shall here, for Mr. Shute's information, refer to a few more authors where he may readily find some cases recorded, and at the same time satisfy himself that he has not the remotest claim to be considered the discoverer of this phenomenon—a phenomenon that has been noticed by authors out of number, from Hippocrates down to the present time. There are in Morgagni two instances,* in Tulph. one,† in the Philosophical Transactions some instances,‡ in Sekenekius's Observations two cases are related from other authors,|| in the twenty-fifth volume

of the London Medical Repository, four cases are mentioned, in the fourth volume of the Medico-Chirurgical Review some cases; and this white appearance of the blood is also mentioned by Dr. Venables, in his work on dropsy. In concluding the few observations I have felt myself called upon to make, in reply to Mr. Shute's communication, I would seriously entreat him to keep in mind the remark of the celebrated Hooker “that an uncultivated mind, like unmanured ground, will soon be overrun with weeds.”

I remain, Sir,
Your obedient servant,
NARRATOR VERUS.

ON THE EXPANSION OF THE HORSE'S FOOT.

By MR. G. CLARK, Veterinary Surgeon.

To the Editor of THE LANCET.

SIR,—My attention has been drawn to a letter that recently appeared in your pages, from the pen of a Veterinary Surgeon, who, as it were in despair, has had the boldness, I may say the effrontery, to deny the expansion of the horse's foot.

This assertion, and the “experiments,” as they are called, by which he attempts to substantiate it, would have deserved no reply from me, had it not been followed by another letter, (p. 685,) of very high pretensions to superior knowledge and success in practice; hence, lest any of your readers should suppose that his arguments are unanswerable, I shall offer a few observations respecting them.

In order to overthrow, or set aside, the clear proofs of its expansive powers, which anatomy and every-day experience afford to all who have investigated the subject, Mr. Caleb Morgan thinks it enough to report the results of certain equivocal trials made with the calipers, by himself and a mathematical friend, on the feet of some young horses. Nubia had stated, in the Sporting Magazine, that the foot would expand considerably under the weight of the horse, when quietly standing with one leg raised from the ground. Mr. Morgan states that this did not take place in the feet that he tried, and therefore denies the expansive quality *in toto*. Now, without refusing some degree of credit to both of those statements, we must remember that it is not every one who can make an experiment properly, and also that the result depends very much on the manner in which it is done, and that nothing is easier than to make an experiment not succeed when we wish a different result.

That this organ is naturally elastic there

* Morgagni Ep. xlix. Art. 22.

† Tulph. Obs. lib. i. cap. 58.

‡ Philosoph. Transact. Nos. 100 and 142.

|| Sekenekii. Obs. lib. iii.

can be no doubt, since we see, in its component parts, machinery expressly for this purpose, the frog being obviously given to fulfil this office; and in an experiment made with care, by Mr. Bracy Clark himself, in the presence of Lord Morton, this expansion was most apparent.

This is an experiment (requiring some degree of skill, and, if not well performed, very inconclusive), which would succeed when tried on full-grown and elastic feet; in the cart horse it might possibly fail, from the thickness and rigidity of the horn, and also in the young colt, from the imperfect development of the elastic parts, and, most curiously, Mr. Morgan has selected this sort of foot for the purpose of his experiment; had he known how to conduct it properly, and taken a full-grown foot, he would have found a different result.

With regard to the general question, I know not whether to attribute it to the dulness of his perceptions, or to the "mist" which he says "envelopes the subject," that he "never could discover this much talked of expansion, or opening and collapsing of the foot of the horse." I beg leave to ask this gentleman if he has never seen a horse come up from grass, without shoes, with feet half or three quarters of an inch wider than they were before? Has he never seen the heels of a common shoe rubbed bright, by the ineffectual attempts of the foot to expand in spite of the nails? And, above all, has he never applied his thumb and finger to the heels of a well-worn, expansion shoe, and seen the shoe and foot collapsing and expanding under the operation? If he has not done this, let him do it the first opportunity, and it will lead to a discovery which it seems he could not make before.

The above are evidences of the expansive nature of the foot, that have come under the observation of most men, and are easily comprehended by even the meanest groom's capacity. But there are others, drawn from a consideration of its anatomical structure, which I had almost forgotten to adduce, for his assertions are such as to make us forget that he is a veterinary practitioner, who has actually dissected the foot, and in so doing could hardly have avoided perceiving, when it had been once pointed out to him, the elastic principle that pervades it.

For example, could he not discover that it was cleft posteriorly beyond its centre, and was filled up by a highly elastic organ, rendered still more so by a series of arches forming somewhat the figure of an inverted *w* (*u*), all having the obvious office of expansion, and power of dilatation? Can he tell us for what purpose the frog was given, being an elastic substance, nearly as much so as Indian rubber, if it was not to expand under the weight? In fact, the foot is

fraught with proof sufficient of the existence and necessity of this indispensable principle in all feet; but as it is impossible, especially for Mr. Caleb Morgan, and those who are by inclination blind, to see this expansion when the animal is trotting or galloping, and equally impossible to calculate the increased force with which by such momentum it meets the ground, which must be many times that of the mere weight; so we are forced to draw such conclusions from the structure of the part, and the apparent intentions of nature. And how much greater is it then, than while standing in a state of perfect rest, when the weight alone, opposed as it is by the friction that takes place between level surfaces (that is between the flat hoof and the flat stone), which might not in all cases be sufficient to produce a very sensible effect, and which friction should be guarded against in making the experiment. But to return: we must not forget to consider the spirit, whether partial or impartial, in which an experiment is performed. Now Mr. Morgan reminds us of those reasoners who make all their facts bend to a predetermined opinion, for he tells us "These experiments, &c., were originally intended as an answer to some letters in the *Sporting Magazine*."

I shall not pretend to pursue this very candid writer through all his last desultory communication; it seems to have been written without any very consistent motive, except that of persuading your readers that he employs the best workmen in London, and has been enabled to keep the feet sound, and in the same form as nature made them. This is effected, he states, by the use of "a modified specimen of Mr. Coleman's original thin-heeled shoe" which has produced the "happiest results." Now as this gentleman has so great an antipathy to theory, or any thing that bears the appearance of reasoning, I shall not stop to prove, though it might be done in a few words, that if he employs a shoe nailed in the common way, it must produce the same effect in contracting the foot as the ordinary shoe of common farriers, whether made with thin heels or not. This question has been discussed in *THE LANCET* before, and need not be repeated here. It is trifling to inquire whether the assertions, for they are no other, which he makes about his success in shoeing with the thin-heeled shoe, are fallacious, or otherwise. Let Professor Coleman, and those who have tried and rejected it in the army, determine by what magical skill Mr. Morgan and his men can do what they and the college, and even the original proposer, Lafosse himself, have all failed in.

I shall confine myself to a single illustration, with which he has forgetfully furnished me. Any other fact he might dispute, but this is alone sufficient. He says, at the

conclusion of the first letter, p. 686, "I have often occasion to rasp the quarters to the blood, previously to turning out." Now for what purpose, and in what cases, may I ask, is he "so often" obliged to "rasp the quarters to the blood, and turn out;" the answer is, in cases of *contraction*! Every gentleman who has kept a stud knows, to his cost, that this is the last resource of the ignorant farrier who has ruined his horse, and a futile one it is. To "rasp the quarters to the blood, and turn out!" These are the "happy results" of the thin-heeled system above alluded to.

I am, Sir,
Yours, &c.

CHARLES CLARK.

Veterinary Infirmary,
Stamford-street, March 15, 1829.

GLASGOW ROYAL INFIRMARY.

COMPOUND COMMUNED FRACTURE OF THE CRANIUM.

JOHN MALCOLM, aged 46, was admitted on the 11th of February, under the care of Dr. Couper, with a compound comminuted fracture of the cranium. On the evening of that day, while at work, a stone had fallen from a height of fifty feet, and struck him on the head, directly over the sagittal suture. Both the parietal bones were fractured, and the pieces into which they were divided, depressed to a considerable depth. Notwithstanding the extent of the injury, the bleeding had been trifling; but his breathing, on admission, was oppressed and stertorous, the countenance ghastly, and the pupils dilated. The arms and legs were also affected with convulsive tremors, and the pulse small and frequent. A consultation was immediately summoned, and, in the mean time, till the arrival of the surgeons, warm baths were applied to the feet. Having met, Dr. Couper proceeded to enlarge the wound of the scalp, and remove the fragments with the elevator and forceps. A small opening was seen in the dura mater, having been perforated by a detached portion of bone. The edges of the wound being afterwards brought together, were retained by straps of adhesive plaster, and over these a compress and bandage were applied. Immediately after the operation, the pupils became more natural, and the breathing easier. He was ordered a purging bolus, to be taken early the next morning.

12. During the night he had slept a little. The bolus had produced a stool. The left leg and arm were partially paralysed. He complained of pain in his head, around the

wound. The pupils were natural; pulse 86, and full. He was ordered to be bled to sixteen ounces, and, three hours afterwards, two ounces of the infusion of senna were to be given, should it be required.

14. He had slept ill during the preceding night, and the pain in his head was more severe. His bowels were open, but the paralysis of his left side continued; his pulse was 100, and full. Sixteen ounces of blood were ordered to be taken from the arm, and, towards the evening, it was to be repeated, if necessary. Early the following morning he was to have six grains of calomel, and, three hours afterwards, two ounces of the infusion of senna.

15. As was directed, he was bled the day before to the extent of a pound; and it being again thought proper to repeat the venesection during the evening, a pound and a half more was taken away. To-day the pain in his head was considerably better; the dressings were removed; his pulse was 96, and soft. The infusion of senna was ordered immediately, and, three hours afterwards, a purging enema.

16. He was every way much altered for the worse; he had slept none, but continued raving during the whole of the night, and, at the usual visiting hour, was quite incoherent. The dressings were again changed; the wound looked healthy, and had adhered. The paralysis still continued, the eyes and muscles of the left being drawn over to the right side of the face. His bowels were open, pulse 90, and full. The bleeding was repeated.

17. Some slight relief was said to have followed the bleeding, but during the evening it was repeated without any benefit. To-day he is comatose, pupils dilated, and breathing laborious; his pulse 120, and feeble.

18. He died at half past twelve, P.M.

19. The body was inspected to-day twenty-four hours after death. The skull-cap being removed, the opening was seen to be of a triangular form. A portion of the internal plate of the right parietal bone was depressed, without any corresponding appearance on the external side of the skull. On removing the dura mater, a thick layer of pus was seen extending over the whole of the right, and, although not in such quantity, also over the left hemisphere of the brain. The lower surface of the cerebellum was slightly covered with pus, and between the cranium and base of the brain, there was an effusion of serum, to the extent of two or three ounces. The substance of the brain itself was healthy, nor was there any diseased appearance in the ventricles. Neither the chest nor abdomen was opened, nor were the students suffered to examine the diseased appearances, after Dr. Couper had left

the room; the skull-cap and brain being almost immediately afterwards wrapped up in a cloth. It is to be hoped this will not be repeated; if so, the students ought instantly to address the Directors on the subject.

ENLARGEMENT OF THE GLANDS OF THE NECK, AXILLA, AND GROIN.

John Macarthen, aged 55, was admitted by Dr. Couper on the 11th of February, with the glands of the neck, axilla, and groin, in a state of enlargement. In the neck, those which are situated under the right portion of the inferior maxillary bone, had attained the greatest size. From these a chain, in a similarly diseased state, extended up along the right and left side of the face. All were of considerable magnitude, but one in particular, which lay on the inferior portion of the right masseter, was, at least, equal to a small orange in size. The glands of the left axilla, and both groins, were found in a similar state. Those of the left groin were particularly large, and another enlargement, which extended from the left hypochondrium to near the umbilicus, was, unlike the others, the seat of severe dull pain, which became aggravated during the night, and acutely painful on pressure, or an attempt at full inspiration. The disease had begun about two years before his admission into the hospital, since which it had gradually increased. His health was not much affected; his appetite, however, was bad, and bowels habitually costive. His tongue was clean; and pulse 100, irregularly intermitting.

Before any active treatment was adopted, the bowels were cleared out by two or three doses of castor oil. On the 14th, he was ordered to take six drops of the tincture of iodine, three times a day, and to rub the swellings of the face and neck with an embrocation composed of half an ounce of the tincture of iodine, in four ounces of the soap liniment.

Feb. 24. Having felt sick on the 21st, which he attributed to the iodine, he was ordered to discontinue it internally. He had still, however, continued rubbing the parts with evident advantage; the swellings on the face having not only become more relaxed, but also perceptibly smaller. His health being now also better, he was directed to begin with the iodine again, in its former dose.

March 12. The patient left the hospital to-day, his health having begun to suffer from confinement.

EXTIRPATION OF THE EYE.

James Bermie, whose eye was extirpated (Feb. 15.) is now nearly well. It would be

useless to detail the progress of the cure more minutely, which merely consisted in removing the dressings every other day, and the application of leeches, when he complained of pain extending over the forehead. This was occasionally very severe, and was the only circumstance which disturbed the progress of the cure.

HOTEL-DIEU.

STRANGULATED HERNIA—RUPTURE OF THE INTESTINE DURING THE OPERATION—SUCCESSFUL TREATMENT OF ARTIFICIAL ANUS BY COMPRESSION.

A MIDDLE-AGED woman, who, for a year, had been affected with a reducible crural hernia, was, on the 3d of December last, seized with violent colic pain, hiccup, nausea, and vomiting, first, of bile, then of stercoraceous matter; the hernial tumour was very painful, and, as was ascertained by a surgeon, irreducible. Being brought to the Hôtel-Dieu on the 5th, she was instantly bled, and put into the warm bath; the taxis having been repeatedly tried, without any effect, M. Sanson proposed the operation, to which, however, the patient, although evidently in the most alarming condition, strongly objected. On the morning of the 6th, a slight amelioration had taken place, the vomiting had subsided, and the pain was not so violent; the countenance was, however, indicative of distress, the extremities cold, the pulse very small and frequent; and when M. Dupuytren saw the patient, he insisted upon the immediate performance of the operation, as the only means of saving her life; the apparent remission of the local symptoms he considered as certain signs of approaching gangrene. The consent of the patient having at last been obtained, a transverse incision was made through the integuments, the cellular tissue was carefully dissected from the tumour; the sac being thus laid bare, was opened, and a small quantity of yellow, inodorous liquid let out; the incarcerated intestine was readily felt by the finger, but, on the introduction of a probe into the sac to ascertain the situation of the stricture, a quantity of faecal matter suddenly rushed through a rupture of the anterior paries of the intestine, which, although violently injected, and covered with purulent matter, appeared to have not yet passed into gangrene. The stricture being found to exist at the neck of the hernial sac, was freely divided upwards, and the intestine having been reduced as far as the laceration in its anterior paries admitted; an elastic canula was introduced into it, and the wound simply dressed with lint. The

patient passed a tranquil night; none of the above symptoms returned; the pulse rose, and the features resumed a more composed appearance. No stools were passed through the anus, but a great quantity, first of stercoraceous, then merely of bilious, matter, was discharged through the opening in the groin. Under the use of glysters, the feces began to come away through the natural passage, and on the 10th, the stercoraceous discharge through the groin had so far diminished, that it was thought proper to remove the canula, and to cover the wound with an emollient poultice, in order to lessen the irritation produced in the surrounding parts by the contact of the feces. On the 22d, the wound had a healthy appearance, and began to heal; the opening in the intestine had very considerably contracted, and the stools passed only by the natural way. A compressive bandage was now used, over which, in a few days, a truss was applied. On the 6th of January the wound had completely healed; the stools were perfectly natural, digestion was unaccompanied by any pain, and the patient was to leave the hospital within a few days.—*Journ. Hebdom.*

STRANGULATED UMBILICAL HERNIA.

C. S., a woman of about 60 years of age, very stout, and of plethoric habit, had, for fifteen years, been affected with an umbilical hernia of the size of a large apple, which had never been completely reduced, and caused frequent attacks of colic. On the 15th of January she was, without any obvious cause, seized with sickness, vomiting, first of bilious, then of fecal, matter, hiccup, and violent colic pain, especially in the hernial tumour, which had somewhat increased in size. Several attempts to reduce the tumour, as well as the administration of a saline mixture, had no effect, and the patient continued in the above state up to the 24th, when a remission began to take place in the symptoms, and the vomiting altogether ceased; she applied, however, at the Hôtel-Dieu, and was admitted on the evening of the 29th of January. On examination, the tumour was found tense, very painful on pressure, and rather voluminous, being four inches in diameter; it was of a circular form, and surrounded the navel; the rest of the abdomen was free from pain; the pulse was rather full, and the face flushed; no stools had been passed during the last 20 days. M. Dupuytren did not think himself justified in performing an operation, there being no signs of strangulation, except obstinate costiveness, and accordingly ordered fifteen leeches, and an emollient poultice, to the tumour, the warm bath, and an aperient injection. On the following day no change had taken

place in the hernia, and the glyster had come away without any feces. The patient was bled to eighteen ounces, and placed for an hour in the warm bath, but without any relief. About four o'clock in the afternoon she was suddenly seized with hiccup, stercoraceous vomiting, and violent colic pain over the whole abdomen, the skin of which became swelled, and covered with an erysipelatous redness; the operation was accordingly, without any delay, performed by M. Sanson. The sac, which was much thickened, especially at its lower portion, was found to contain a fold of intestine, about four inches in length, apparently part of the transverse colon, of a dark-red colour, and firmly adherent to the sac. The stricture having been divided upwards and to the left, the intestine was reduced, after having, with some difficulty, been detached from its adhesions. About an hour after the operation, as the vomiting still continued, some injections were administered, which produced five copious stools. During the night, after the operation, the patient was very restless; the erysipelas rapidly spread over the whole abdomen and part of the chest; the features were greatly altered; the pulse very small, &c., and she died the following evening.

On examination, the large, and lower parts of the small intestines were found violently inflamed, and covered with purulent matter; the hernia had consisted of the right colon, and a portion of the epiploon, which had protruded through a fissure in the linea alba, half an inch above the navel.

M. Dupuytren considered this a very remarkable case, on account of the long intermission in the principal symptoms of strangulation; he observed, that he had seen many cases in which the vomiting had ceased for two or three days, but none where a complete intermission for eight days had taken place.—*Journ. Hebdomad.*

GUY'S HOSPITAL.

OPERATIONS.—HARELIP—STEATOMATOUS TUMOUR—AMPUTATION OF THE LEG.

On Tuesday, March the 17th, Mr. Key performed the operation for harelip, on a boy thirteen years of age, of healthy appearance. The patient was placed on his back, horizontally, upon the table, the operator standing behind his head, and laying hold of the right side of the fissure with the fore finger and thumb of his left hand, he first thrust the knife through the upper part, carrying it downwards and forwards, and, afterwards, in a similar manner, on the opposite side: the edges were then brought

together, and held in contact by means of two sutures. In this state he was removed from the theatre to Luke's Ward, and put to bed. The operation lasted ten minutes.

He next removed a steatomatous tumour from a boy, about ten years of age, situated below the body of the pubes to the right side of, and extending below, the scrotum. An incision was made from above downwards, and a fatty mass, consisting of about two ounces, dissected out. Two sutures were used in bringing the edges of the wound together; the thighs approximated, and the patient was removed from the table in about six minutes.

Mr. Key afterwards performed amputation below the knee, upon a young woman, about twenty years of age, apparently in a healthy condition, for gangrene of the foot, following typhus fever. In consequence of stiffness of the knee joint, the leg could not be held in the accustomed horizontal position. In using the saw, the operator first commenced on the outer side of the limb, and, in doing so, its edge came in contact with, and appeared slightly to lacerate the soft parts of the thigh. The sawing was then commenced on the anterior part of the tibia, and the limb removed in four minutes. Fifteen minutes were occupied in securing the vessels.

ST. THOMAS'S HOSPITAL.

GEORGE'S WARD.—INCONTINENCY OF URINE.

JAMES LYDIA, æt. 33, came into the Hospital on Thursday the 5th of March, with incontinence of urine, which had existed for three weeks previous to his admission. On inquiry, it was ascertained that he had been the subject of stricture, for which he was in the Hospital in November last, where he remained for six weeks, under the care of Mr. Travers, and discharged cured. First found himself unable to retain his urine after severe exertion in a corn granary, where he has been accustomed to work; complains of pains in the limbs generally, but more especially in the lower extremities, which are worse at night, when warm in bed. There is a swelling in the right groin, about the size of a walnut. Ordered, by Mr. Green, on Friday the 6th, ten leeches to the groin, and afterwards a poultice; half an ounce castor oil, occasionally; to have a bougie passed daily.

9. Swelling in the groin much less; bowels open; can in part retain his urine.

12. Completely retains his urine, excepting that a little escapes after coughing.

14. Swelling in the groin has subsided; retains his urine perfectly.

16. Quite well, with the exception of pains in the limbs. The patient states, that he has never been the subject of syphilis or rheumatism.

CONTUSED WOUND OF THE SCALP, WITH EXTENSIVE LACERATION.

J. B., æt. 47, was admitted into Abraham's Ward, under the care of Mr. Green, on Thursday morning, February the 5th. He stated, that the cause of the injury was a blow received from a fall down a flight of stairs the previous evening. The cut extended from near the temporal ridge of the occipital bone, on one side, to that of the opposite, in the direction of the coronal suture. On examination, the scalp was found to be separated for a considerable distance, towards the anterior portion of the os frontis, so as completely to lay bare the pericranium. He was put to bed, the wound carefully sponged, and its edges brought together by means of adhesive straps. Ordered to take a dose of house medicine.

6. Bowels have been acted on by the medicine; complains of pain in the head.

7. Pulse slow, rather full; tongue furred; pain in the head less; has slept but little during the night. House medicine to be repeated.

9. Pulse natural; tongue less furred; bowels open. Appears to be going on well.

10. Wound dressed to-day; adhesions perfect and healthy.

11. Dose of house medicine, which has operated twice.

12. Going on remarkably well.

From this time the patient has continued to improve, without an unfavourable symptom. He still remains in the Hospital, in consequence of rheumatism of the lower extremities, for which he takes an occasional aperient, and is rubbing in a liniment composed of

*Liniment of ammonia, with
Tincture of cantharides.*

GANGRENE OF THE NOSE, WITH EXTENSIVE SUPPURATION OF THE CELLULAR MEMBRANE.

T. H., æt. 17, a tailor, from Woolwich, came into George's Ward, on Thursday the 19th of March, under the care of Dr. Roots. It was stated by the father, that on Saturday week he was attacked by pain in the right side, which appeared to have been in the region of the liver, extending posteriorly towards the left side, and anteriorly towards the right side of the chest; at the same time he had shivering, with great difficulty of breathing, but no cough. On the following day, having taken ten grains of mercurial

pill over night, he felt himself perfectly free from every symptom of indisposition. On Sunday night, the same symptoms returned; leeches were applied, and purgatives administered, by which means the pain in the side and dyspnea had subsided by the end of the week. On Sunday last a pimple made its appearance on the right side of the nose, soon becoming larger, and discharging a small quantity of matter; the surrounding parts then became red and swollen, terminating in gangrene. The nose is now very much swollen, and of a dark-brown colour; the surface is dry and shining; a small quantity of pus discharged from the right side; there is also a thin, dark-coloured discharge observed oozing from different parts; the right eye is closed, and the left partly so; there are many small ecchymatous pustules seen on different parts of the body, but more especially over the forehead, which, together with the eyelids and surrounding integuments, exhibit a red and puffy appearance; a dull sound is heard on percussion, on the right side of the chest; respiration at the lower part is indistinct. Suppuration has taken place in the cellular membrane of both forearms, and the back of the right hand. Pulse 136, full and sharp; tongue white, and rather dry; about five weeks ago, was the subject of gonorrhœa, for which, it is supposed, he took mercury; the gums are now slightly tinged. Ordered bleeding from the arm, to fourteen ounces; the abscesses to be opened, and poultices applied; lint, dipped in chloride of soda, to be applied to the nose, and over it a stale beer ground poultice, to be renewed every hour; castor oil one ounce, immediately; milk, arrow-root, and slops, for diet. Three longitudinal incisions were made on the nose; the blood drawn from the arm was very much buffed and clotted.

20. Has been purged during the night; both eyes closed; nose sloughing; pulse quick and sharp, 140; respiration hurried; pustules larger, and more numerous, on different parts of the body; skin hot; has had little or no sleep during the night, and talked in an incoherent manner; increased heat and swelling about the forehead. Dr. Roots saw him this morning, and ordered sixteen leeches to be applied to the temples; to take a dose of chalk mixture, with opium; continue the chloride of soda, and poultice; a pint of strong beef tea, daily. On visiting him this afternoon, we found the pulse more quick and fluttering; tongue dry and brown; respiration 64; upper lip very much thickened; the nose and face exhibit a frightful appearance; suppuration appeared to exist in different parts of the cellular membrane; not so much purged; has taken the chalk mixture, and opium, twice; is quite insensible. Dr. Roots again saw him, between eight and nine o'clock, and ordered him to take

sulphate of quinine one grain; diluted sulphuric acid, three drops; mint water one ounce, every four hours; twenty-five minims of tincture of opium, to be added to the first dose; oil of turpentine to be applied on lint to the nose under the poultice. From this time he continued gradually to sink, and expired at half-past seven this morning, Saturday, the 21st, forty-four hours after admission.

Examination of the Body eight hours after Death.

On opening the chest, an abscess was discovered at the lower part of the right lung, between it and the diaphragm, to which the lung was slightly adherent; it burst, and discharged about two ounces of pus into the cavity of the chest; there were also found in the same lung many small tubercles, but none observed in the left; the bronchial tubes exhibited no signs of inflammation; nothing unusual was observed about the heart; the liver was apparently healthy, but soft. On examining the mucous membrane of the stomach and intestines, traces of inflammation were seen in patches throughout their whole extent. No morbid appearances were perceived in the brain or its membranes. The abscess, which had been opened on the back of the right hand, communicated with the joint at the metacarpal bone of the middle finger; but those on the arm did not communicate with the wrist or elbow. Several other small ones were found in different parts of the arms and legs. The veins of the thigh and arm were examined, but nothing unusual discovered in them.

This case was considered of rare occurrence, and from the time of admission excited a good deal of interest.

ST. BARTHOLOMEW'S HOSPITAL.

JAMES HERRIS, ætät. 62, a strong, and who apparently, had been a healthy man of his age, was brought at 7, p.m., March 11, into Rahere's Ward, under the care of Mr. Lawrence. There was a wound extending through the scalp, over the left temporal, and part of the left parietal bones, as deep as the skull, but no fracture detected by the house surgeon. The patient breathing with difficulty, and comatose. He had been struck a violent blow, with a piece of wood, on the head by another man. Soon after admission, he was seen by Mr. Lawrence, who said the symptoms resembled those of apoplexy, and ordered a drop of croton oil to be given every hour, until the bowels should be moved. Four drops of it were exhibited

without producing any effect. The patient remained in much the same condition, with the exception of the breathing becoming gradually worse, until ten o'clock on the following morning, when he expired.

Post-mortem Examination.

The left temporal bone was fractured to a considerable distance, and the fracture extended into the basis of the skull. The middle meningeal artery lacerated, and about five ounces of blood effused between the cranium and dura mater. Doubt existed as to whether the artery had been lacerated in the removal of the skull-cap, or by the blow received during life. Considerable effusion of blood between the dura mater and left temporal bone, and the appearance of a slight depression of a small portion of the inner table of this bone.

Thomas Lewes, ætat. 32, was admitted at a quarter past eight o'clock, A.M., March 9, into Colston's Ward, under the care of Mr. Vincent, with fracture of the ulna, radius, several bones of the hand, and severe laceration of the soft parts of the right arm. The accident occurred while in the act of cleaning a carding machine, called a *devil*; one of the teeth caught hold of the coat, drew in the hand and arm, and literally smashed them to pieces. The accident occurred in Helmet Row, parish of St. Luke, and the gentleman to whom the patient was a servant, put him into a cart, and requested his carman to drive to St. Thomas's Hospital. Something, however, crossed the patient's mind, while in the act of being driven to St. Thomas's, which induced him to make the carman change his direction, and drive to this Hospital. Mr. Vincent was sent for, and soon arrived. From the extremely injured state of parts, the only course for him to adopt, was amputation. He accordingly immediately proceeded to remove the arm above the elbow, and the patient has continued to do well ever since.

George Wright, æt. 23, admitted into Rahere's Ward, No. 22, March 7, with a severe laceration of the scalp and left hand. The patient was coming to town last night with a load of hay, from off which, at twelve o'clock, he fell into the road, and was taken up in a state of insensibility. There is a wound of the scalp on the left side of the head, extending in a semicircular form; the convexity downwards, from about midway between the anterior superior and inferior angles of the parietal bone, across the temporal to the occipital, but no frac-

ture can be detected. The left hand is much lacerated, bruised, and swollen, supposed to have been trod upon by a horse. States that he must have lost a great deal of blood, particularly from the wound of the scalp. Brought to the hospital at eight o'clock this morning. The patient is a robust, healthy-looking waggoner. The hair of the scalp removed, and the edges of the wound brought together by adhesive plaster. A large poultice applied to the hand. Bled to eighteen ounces from the left arm, and opening medicine administered.

9. In all respects recovering.

24. The wound of the scalp is almost entirely healed, over which cold lotions, as well as adhesive plaster, have been kept applied; the hand, too, is much improved; its oedematous state in a great measure relieved. The limb will be preserved, though it may not again be found to be quite as useful as it has been. Every appearance of continuing to do well.

William Christmas, æt. 24, a tailor, of sallow appearance, was admitted, on the 25th of December, into Colston's Ward, under the care of Mr. Vincent, with a fracture of the right femur, a few inches above the knee-joint. When five years of age, by a fall he hurt the knee; a white swelling followed, and a contraction of the joint, and shortening of the limb, were the consequences.

On the 13th of March last year, by a fall, the tibia of the same leg was broken; after the usual period of quietude, union took place, and the limb became stronger, in fact, than it had been before. On Christmas eve last, Mr. Christmas again unfortunately fell, at a little before eleven o'clock, while walking on the pavement, and the present fracture was the consequence. On the morning after the accident, he was brought into the hospital, and the limb was put up in Amesbury's splints. In those splints it was kept for a period of between seven and eight weeks. By this time Mr. Vincent considered that the bone had united, and ordered the splints to be removed. In a week afterwards, the patient having continued still in bed, the limb exhibited signs of non-union. Mr. Vincent having again examined it, believed he had been mistaken in supposing it had ever united, and requested that it should again be put up in the splints. The splints were accordingly applied for another week, during which they gave great pain to the patient, and were then removed. Mr. Vincent attributed the resistance of union of the fractured parts, to the previously diseased state of the limb; and, as he did not think union would take

place, suggested to the patient the consideration of having the leg removed.

March 21. To-day, at half past one, amputation was performed at about two or three inches above the knee-joint, by Mr. Vincent. He made the conical flap, tied six arteries, and the operation was completed in fifteen minutes.

25. On Sunday evening, a considerable quantity of blood flowed from the stump; the house-surgeon was called in, who repressed further bleeding, and since that the patient has proceeded to do well.

TO CORRESPONDENTS.

Communications received from Mr. Street—Mr. Montague—Mr. Vines—Dr. Nash—Anti-noodle—Dr. Greening—Mr. Smith, (Chertsey)—Mr. Fixott—F. G. L.—W. B.—H.—E. B.—J. B. M.—L.—H. M.—O.—A Pupil of Birmingham.—John P—e.

"L." and "F. G. L." should have authenticated their statements with their names. The letter of the latter relates to an abuse which ought to be abated, and he shall have all the support we can give him, in his endeavours to put it down.

"W. B." If the indentures of apprenticeship are not produced at Apothecaries' Hall, there must be satisfactory evidence of a five years' apprenticeship having been served, or the Court cannot examine the candidate; because the apprenticeship is expressly stipulated in the Act of Parliament. It is also required in the same precious document, that a rejected candidate shall not present himself for re-examination until after six months shall have elapsed. This statement is due to the Old Hags, who have sins enough of their own.

The communication of Mr. Vines, on Dr. Gregory's silly theory of buffy blood shall appear in our next; also a report of the renewed discussion at the Westminster Society, on Dr. Doodle's tan-yard whim.

We have received from the MEDICAL and PHYSICAL SOCIETY of CALCUTTA, by the hands of Mr. ADAM, the secretary, a bill for 10*l.* 10*s.*, at six months after sight, on Messrs. Rickards, Mackintosh, and Co., to be added to the fund raised for defraying the legal expenses incurred by Mr. Cooke of Exeter. Mr. Adam says, in his letter, "should Mr. Cooke's subscription be closed before this reaches you, I leave it to yourself to dispose of the money for the benefit of the profession, or in any manner you may think best." Accordingly, on the credit of this draft, we have handed over *five pounds* in the name of the MEDICAL and PHYSICAL SOCIETY of Calcutta, to Mr. Atterbury, a member of the College of Surgeons, residing at 26, St. Helena Place, Wilmington Square, who, with a numerous family, is suffering under the severest privations. When the bill is paid, we shall transmit the balance, five pounds ten shillings, to Mr. Lawrence, to be added to the fund, which has been raised for defraying the expenses for abrogating the charter of the College of Surgeons, and of which fund that gentleman is treasurer.

H. M. too late for this week.

Pressure of matter prevents us from inserting in the body of the work, the particulars of the SUBSCRIPTION; but they will appear in our next Number, with corrections of some errors which occurred in the Advertisements. The sum sent by X. U., Dublin, and several other sums which have been received since the books were closed on Wednesday the 18th inst., will be returned, or sent to any address that may be named.

INDEX

TO

VOLUME I.—MDCCCXXVIII—IX.

A		PAGE	PAGE
ABDOMEN, hydatid tumour of the ..	91	Amnion, structure of the	164
— sudden enlargement of		Anastomosis, venous	766
— in pregnancy	98	Anatomy, Richmond School of, re-	
— enlargement of, as a sign		marks on	301, 462, 528, 654
— of pregnancy	324, 384, 387	Anatomy, on the cultivation of	434
— cancer of the skin of	382	— Committee on, Mr. Wak-	
— laxity and rigidity of, in		ley's evidence before the	789
— pregnancy	452	Axilla, groin and neck, enlargement	
— wound of	506	of glands of the	827
Abernethy, Mr., portrait of	536	Ankle joint, disease of the	506
Abortion, remarkable case of	127	Anecdote, flight of patients from St.	
— after an operation for tu-		Bartholomew's, from fear of Ne-	
mour in the breast	394	vey's surgery	703
— retention of the placenta		— Mr. Knox, Dr. Ramadge,	
after	432	and the "pashunt"	703
— expulsion of the placenta		Anelides abrauchi, on the circulation	
after, by ergot of rye	782	and respiration in the	167
Abscess, psoas, treated by injection	27	Aneurism, popliteal femoro	90
— of the spleen	231	— case of	124
— of the stomach	622	— of the innominata and ca-	
— encysted in the cavity of		rotid, successful operation for, 187, 602	
the uterus	766	— carotid	532
Abscesses, numerous	829	— anastomosing, the carotid	
Abstinence, complete, remarkable		tied	618
case of	486	— false, of the brachial artery	522
— effects of on the stomach	581	— of the aorta	174, 686
Abuses at St. Bartholomew's 95, 128, 284		— by anastomosis, treated by	
— at St. Thomas's	124	ligatures	569
— in the Universal Infirmary		— value of the stethoscope in	686
for Children	296	of the temporal arteries	598
— alleged, in the Webb Street		Angina pectoris	509
School	640	Animalcula, spermatic, remarks on ..	732
Acid, arsenic, action of on several		Animals, appearance of the blood of,	
sorts of sugar	521	under different states of excite-	
— prussic, effects of, on plants ..	772	ment	201
Address to the Readers of THE		— sexual scents as a bait for, 322	
LANCET	1	— effects of poison on	817
Adipo-sarcomatous tumour, removal		Anus, imperforate, case of	597
of	719	— artificial, treated by compres-	
Adult and foetal circulation, differ-		sion successfully	827
ence between	194	Aorta, pressure on the, in uterine hæ-	
Æsophagus, perforation of	485	morrhage	44
— malformation of	502	— aneurism of	174
Alexandria, on the plague in	390	Apoplexy, singular affection of the	
Allison v. Haydon, trial for recovery		speech from	735
of an apothecary's bill	149	Apothecary's airs, at St. Bartholo-	
Alum, a remedy in colic, from lead	508, 693,	mew's	25
Amesbury, Mr., complete cure of		Apothecaries' Hall, regulations for	
fractured thigh-bone by	212, 279	the examinations at	111
— Mr. his work on Frac-		— Company, letter to the	
tures, notice of	244	Court of Examiners of	112
Ammonia, subcarbonate, in pustular		— Act, its protection to qua-	
venereal eruption	349	lified practitioners	138
		— benefits arising from	149
		— Company, strictures on	178

No. 291.

A H

	PAGE		PAGE
Apothecaries' Company, defence of	190	Bath and United Hospital, letter on the	254
— ignorance of	304	— the hip, use of for vaginal cleanliness	675
— Hall, rejected candidates at	511	Bats, Scotch, frauds of the	274
— shops, curious examinations of, by censors and wardens	534	— Corruptionists, and Aberdeen Dubs	466
— Company, legalised meddling of the	684	— blunders of	531
— Hall, examination at the	767	— character of, reports written by	722
— Irish, diplomas of	685	— smuggling of	723
— Bill, trial for the recovery of	149, 150	Beatty, Mr. Pakenham, certificate from	696
Apparatus for the cure of consumption	811	Bedingfield, Mr. J., on Cuvier's theory of accidental colours	80
Apprentices, apothecaries', Dublin	135	— on extraction of the teeth	343
Areola, the change of, in pregnancy	325	Bell's, Mr., Introductory Lecture at the London University	9
Arm, extensive laceration of the	62	— B. Treatise on the Bones, review of	339
— fungus of the	444	Belladonna, case of poisoning with ..	45
— amputation of	ib.	— on smoking of, in phthisis	520
— lacerated wound of	624	Bennett, Mr., remarks on his theory of the venous circulation	730
— and hand, inflammation of the ..	123	Biography of Mr. C. Tucker	212
— erysipelas of	414	— of Mr. Martineau	768
Aroma of bark as a remedy in consumption	811	Birds, bronchial vessels in the fetus of	43
Arsenic, test of	619	Birmingham, "hole and corner" work at	94
Arsenical solutions given in poriasis inveterata	350	— School of Surgery and Medicine, address at the	104
Arteries, temporal, anastomosing aneurism of the	498	— Town Infirmary, "hole and corner" work at	224
Artery, femoral, operation of tying ..	90	Bite of a viper, singular effects of ..	580
— tying of the	124	Bladder, urinary, rupture of	25
— brachial, false aneurism of the ..	622	— irritation of, as a sign of pregnancy	323
— carotid, tied	618	— inversion of the	480
— pulmonary, rupture of the ..	629	— rupture of the	516
— upper thyroid, ligature of ..	678	— descent of the, in pregnancy ..	617
— carotid, tying of the, in bronchocele	ib.	— laceration of the	629
— posterior tibial, wound of the ..	719	— on some of the diseases to which it is liable	641
— tibial, anterior, tying of the ..	765	— retention of urine	642
— spermatic, tied in varicocele ..	773	— partial retention of urine ..	ib.
Asthritic exanthem	630	— rupture of the	646
Ascites	509	— over distention of, in women ..	673
Ass, state of blood of, under excitement	201	— on the cure of rupture of, in women	676
— foetal circulation in the	794	Bleeding, value of, in the cold stages of intermittent fever ..	12, 72, 106, 439, 489, 778, 815
Assistants, medical, their distressed condition	784	— from leech-bites, methods of arresting	232, 672
Asthma, spasmodic	21	— in scarlatina	304
Asphyxia, transfusion in cases of ..	232, 431	— in concussion	342
— from submersion	677	Blisters, on the application of, in measles	287, 304
— recovery of an infant from ..	686	— application of, in incontinence of urine in women	674
— from drowning	767	Blood, on the condition of the, in inflammation	10
Attendance, irregular, of the surgeons at the Borough Hospitals ..	63		
B			
Bandage, abdominal, its use after delivery	100		
Banner, Mr. J. M., extirpation of the uterus by	67		
Bat, country, operation by a	694		
Bath Hospital; bladder uncut, after an hour and a quarter	191		

	PAGE
Blood injected for three weeks into the jugular vein of a dog	132
— circulation of, in the ovum ..	193
— carbon, in the	195
— appearance of, in animals, under different states of excitement	201
— buffy, as a sign of pregnancy ..	385
— buffy, discussion on	725, 749
— circulation of the, in the venous system	633
— venous circulation of the	730
— foetal circulation of the, in the horse, ass, and cow	794
— on the action of its vessels ..	591
— remarks on "white"	823
Blundell, Dr., extirpation of the womb by	20
— on the gravid uterus, and the diseases of women and children	97
— on dropsy of the uterus ..	98
— on sudden enlargement of the abdomen in pregnancy	98
— on muscularity of the womb	99
— on the structure of the uterus	ib.
— on varieties in wombs	100
— on the state of the womb during the progress of pregnancy ..	102
— on the contents of the womb	129
— on the stomach and intestines of the foetus	130
— on the clitoris in the early months	131
— on the fiens <i>in utero</i> ..	ib.
— on the descent of the testes	ib.
— on the thyroid gland of the foetus	ib.
— on the lungs of the foetus	132
— remarks on twins	ib.
— on the nourishment of the foetus	ib.
— on transfusion	132, 431
— on the functions of the foetus	132
— on the sensibility of the foetus <i>in utero</i>	ib.
— on the weight of the foetus	133
— on the position of the foetus	ib.
— on foetal monstrosity ..	ib.
— on the placenta ..	133, 161, 195.
— on the umbilical chord ..	161
— on the involucre	162
— on the decidua tunica ..	163
— on the chorion	ib.
— on the amnion	161

	PAGE
Blundell, Dr., on the decidua tunica reflexa	165
— on the liquor amnii ..	166
— on the difference between the adult and foetal circulation	194
— on the action of the lungs on the blood	195
— on the functions of the placenta	ib.
— on the physiology of the gravid uterus	196
— on the form in which the rudiments come down into the womb	197
— on impregnation of the womb	197
— on the formative process the uterus	224
— on the causes of monstrosity	225
— on epigenesis and evolution	229
— on hybrid-organisation ..	230
— letter from, on the extirpation of the uterus	255
— on impregnation	257
— experiments on generation in rabbits	ib.
— on the prevention of impregnation	259
— on the penetration and quantity of semen necessary to impregnation	ib.
— on the admixture of fluids in generation	261
— on pregnancy in virgins and boys	ib.
— on the causes of sterility ..	ib.
— on fecundity	ib.
— on suckling in preventing pregnancy	262
— on some phenomena in twins	ib.
— on the changes which occur at puberty	321
— on the period at which gestation closes	322
— on sexual scents	ib.
— on sexual instinct	ib.
— on the various signs of pregnancy	ib.
— on affected pregnancy ..	323
— on the movements of the foetus in the womb	323, 386
— on the changes in the breast during pregnancy	324
— on the state of the nipple and areola in pregnancy	325
— on cessation of the catamenia in pregnancy	326
— on the longings of women in pregnancy ..	385

	PAGE		PAGE
Blundell, Dr., on anomalous signs of pregnancy	385	Blundell, Dr., on the movements of the fœtus	453
on the sensation of quickening in pregnancy	385, 389	on malformation of the genitals.....	480
on the examination of pregnant women by the hand	386	on diseases of the unimpregnated genitals	481
on the movements of the fœtus	323, 386	on retroversion of the womb.....	482
on enlargement of the womb.....	387	on retroversion of the uterus	514
on the bulk of the uterine in the earlier months	ib.	on pelvic tumours	515
on the means of ascertaining the age of gestation	ib.	on rupture of the bladder in pregnancy	516
on the period at which gestation will close	ib.	on descent of the pelvic viscera in pregnancy, and treatment	545
on the ascent of the fundus in pregnancy	388	on the womb	ib.
on "the reckoning" in pregnancy	ib.	on the vagina	546
on the length of the cervix in pregnancy	ib.	on the bladder	547
on the duration of human gestation	388	on protrusion of the womb.....	577
on irritability of the stomach and bowels in pregnancy	417	on the ring pessary ..	ib.
on ophthalmia in pregnancy	418	on descent of the uterus	578
on dropsy in pregnancy	420	on pessaries	609
on syphilis in pregnancy.....	421	on diseases of the bladder in pregnancy.....	641
on the administration of mercury in pregnancy	421	on retention of the urine in pregnancy.....	642
on double conception	423	on the introduction of the catheter in pregnancy	641
on some of the diseases of pregnancy	417	on rupture of the bladder in pregnancy	646
successful case of transfusion by	431	on fracture of the sternum in pregnancy	647
on extra uterine pregnancy	447	on rupture of the uterus during delivery	ib.
on heartburn in pregnancy	449	on prolapsus of the uterus	ib.
on the diseases of pregnancy	449	on the length of the umbilical cord	648
on prolapsus uteri ..	450	on incontinency of urine in women	673
on micturition in pregnancy.....	ib.	on some diseases of the bladder.....	674
on calculus in the bladder during pregnancy	ib.	on vaginal cleanliness ..	674
on jaundice in pregnancy	ib.	on the plug pessary ..	675
on dyspnoea in pregnancy.....	451	on the cure of incontinence of urine in women	675
on convulsions in pregnancy	ib.	on the cure of rupture of the bladder in women.....	676
on odontalgia in pregnancy	ib.	on indolent scirrhus of the uterus.....	705
on mastodynia in pregnancy	452	on varieties and form of the os uteri	ib.
on dropsy of the ovum	ib.	on the characters of scirrhus of the uterus.....	707
on rigidity and laxity of the abdomen	ib.	on the treatment of scirrhus of the uterus.....	708
on false pains in pregnancy	ib.	on prognosis of scirrhus of the uterus	ib.
		on the means of determining the existence of scirrhus of the uterus.....	709

	PAGE
Blundell, Dr., on scirrhus of the ovaries.....	737
—— on encysted dropsy of the ovary	769, 801
Bodies, mode of procuring at Edinburgh	421
—— for dissection, on the means of procuring	465
—— disgusting traffic in	562
—— dead, remarks on the laws relating to the procuring of	753
—— on legislative measures for securing the supply of	785, 818
Bone-setters in the north	334
Bone, union of, by the first intention	401
Bones of the skeleton, description of	156
—— on those which contribute to locomotion	290
—— a treatise on the diseases of the	339
Botanical Society, curious proceedings at the	566, 634
Bowels, ulceration of the, and treatment	121
Boy, instance of one with a fœtus in	261
Brain, laceration of the, 30, 159, 336, 344, 529.	
—— concussion of the	409
—— wounds of the, union of	553
—— fever case, alleged.	715
Breast, malignant diseases of the ..	28
—— scirrhus, removal of	282
—— enlargement of, as a sign of pregnancy	324
—— tumour in, during pregnancy	394
—— tumours of the	542, 602
Breschet, M., mode of operating in lithotomy	317
Brodie, Mr., his pecuniary assistance to <i>Charity Roderick</i>	722
Bristol Infirmary, some account of	694
Bronchial vessels in the fœtus of mammalia and birds	43
Bronchitis and laryngitis, gangrenous	284
Bronchocele, iodine in	414
—— common carotid tied ..	678
Broussais, M., and others, comparative mortality in their practice ..	198
—— letter on the practice of	256
Brown, Dr. S., of New York, silver cup to	512
Bruises and Fractures	446
Brunswickers, medical, in Dublin ..	307
Buck-bean, the common, as a substitute for hops	695, 784
Bullock, pericarditis in a	87
Buffness of the blood in animals.	201
Buffly blood as a sign of pregnancy ..	385
—— discussions on	725, 749
Burke, the murderer, trial of, at Edinburgh	424
—— confession of	667
Burn, death from	721

	PAGE
Burns, employment of chloride of soda in	605
—— Mr. Joe, on hospital reporting	689

C

Cæsarian operation successfully performed	253
Calculus concretion in the nose....	605
Calculus in the bladder during pregnancy	450
—— obstructing delivery	597
—— curious situation of	679
—— enormous, extracted by Mr. Lawrence.....	796
—— passage of, in fragments with the urine.....	800
Callaway, Mr. T., letter from Dr. Haslam to	373
Calomel, on the exhibition of, in strangulated hernia and enteritis ..	630
Cambridge Hospital, account of the ..	695
Campbell, Dr., on rupture of the uterus	33
Cancer of the uterus	157
—— of the skin of the abdomen ..	382
Carbon in the blood	195
—— mode of obtaining pure crystals of	678
Caries of the teeth	203
—— of the sternum	383
Carmichael, Mr., Lennox's hints to ..	141
—— conduct of, remarks on	289, 398
—— defence of	696
Carotid and innominate, operation for aneurism of	187
Carotid aneurism	582
—— artery tied for aneurism	618
—— common, tied in bronchocele ..	678
Carter, Mr. T., letter from, on proceedings at the Glasgow Infirmary ..	218
—— letter of, respecting “No 5” nurse	416
—— support of, by his fellow students, at the Glasgow Infirmary	488
Cartilaginous degeneration of the stomach	581
Cartilages of the ribs, excision of ..	136
Cat, effect of fright on the fœtus of a ..	228
Castration, operation of	344
Catamenia, cessation of, in pregnancy ..	326
Cataract, keratonyxis	157
Cataract, congenital in both eyes, operation for	216
Catheter, on its introduction	644
—— use of, in incontinence of urine	673
Cauterisation, caries of the sternum treated by	383
Cautery, use of, in the cure of incontinence of urine in women	675

	PAGE		PAGE
Censors and wardens, curious examinations of apothecaries' shops by	554	Colours, accidental, on Cuvier's theory of	80
Certificates, medical, of the London University	210	Comets, new method of distinguishing	256
Certificate trade	763	Compound fracture of the leg, improved treatment in	721
Cervix uteri, length of in the different stages of pregnancy	388	Compression employed to cure artificial anus	827
Chancre, closing of the urethra by, extravasation of urine from	315	Concussion, case of, and trephining..	123
Charcoal in irritability of the stomach and bowels	417	———— of the brain	342, 409
Charity Roderick, castigation of, by a Pupil	526	———— with laceration	336
Cheek, left, loss of substance in, operation for restoring	734	Conception, double	423
Cheese, case of poisoning by	805	Confession of a demonstrator	217
Cherrattah as a deobstruent	336	Conolly's, Dr., introductory lecture, remarks on	50
Chilblains, remedy for	783	Constipation in pregnancy	450
Child just born, weight of	133	Consumption, "quackery" respecting	683
———— menstruation in one nineteen months old	264	Contusion of the knee, supposed	282
———— removal of a fœtus from the testicle of	740	Convulsions in pregnancy	481
Children, malformation of the œsophagus in	502	Cooper v. Wakley, postponement of trial of	152
———— on the management of	552	———— notice of trial of	309
Chin, nævus on the	480	———— newspaper report	354
Chlorides of lime and soda	536	———— VERBATIM report	
Cholera, on the nature and treatment of	152	of the trial of	see appendix
———— ravages of, in Hindostan	693	———— remarks on the	
Chorea, cases of	687, 806	trial of	374, 637
Chorion, structure and functions of the	168	———— popular feeling from	
Christie, Dr., on cholera and the mucous membranes	152	the trial of	703
Circulation, of the anelides abranchi, on the	167	————, Mr. Bransby, remarks on his own report	691
———— foetal	193	————, "it was not said by Mr. Callaway that he is an idiot"	373
———— in the horse, ass, and cow	794	————, Sir A., his extraordinary knowledge of medical literature	530
———— adult and foetal, difference between the	194	Cord, umbilical, extraordinary length of	648
———— of the blood in the veins, remarks on	730	Corpuscles in the eye	694
Clark, Mr. C., on "foot lameness" in horses	46	Corrigan, Dr., on aneurism of the aorta	686
———— on the advantages of the expansion shoe	559, 824	Corruptionists, "hole and corner" proceedings of	530
Clark, Mr., work of, on the teeth	821	Cow, foetal circulation in	794
Clavicle, pulsatory tumour beneath	480	Cranium, compound fracture of	30, 316, 318, 542, 826
Cleanliness of the vagina, remarks on	674	————, fracture of the	347, 544
Clinical lectures, Bartholomew's	142, 223	————, remarkable case of	529
Clitoris, state of, in the early months	131	Croup, Mr. Emmerson on the treatment of	333
Cobbett, Mr., his opinion of the trial of Cooper v. Wakley	625	Crystals, pure, of carbon, method of obtaining	678
Colchicum, use of, in rheumatism	697	Cupping glasses to poisoned wounds	17
Coleman, Professor, his shyness of a pupil's questions	243	Curtis, Mr. J., on the structure of the veins	160
————, sagacity of, in horse flesh	351	Cusack, Mr., on puerperal fever	565
Colic from lead	508, 638, 692	Cut throat, fatal case of	764
College of Physicians, meeting at the,	637, 821		

D

Dancing, on its advantages to young persons

	PAGE		PAGE
Day, Mr. H., on the re-production of the lens	212	Dropsy of the uterus	98
— on a remedy for chil-		— in pregnancy	429
blains	783	— of the ovum	452
— on Mr. Vines' theory of		— encysted, of the ovary ..	769, 801
the blood	799	Drowning	767
Dead bodies, on the exportation of, from Dublin	774	— M. Orfila, on	677
Dease, late Mr., of Dublin, his success in lithotomy	784	Dublin College of Surgeons, mismanagement of library	18
Death, Apothecary, and Doctor, fight between	549	— observations on the	267
— from division of the pneumo-gastric nerves	581	— school of physic	116
Decidua tunica, structure and functions of	163	— apprentices	145
Deformities, on the cure of, 289, 710, 649		— private schools of	167
De la Fons, Mr. J. P., on congenital malformation of the soft palate and uvula	143, 298	— exportation of dead bodies from	774
—, on extraction of the teeth	638	Dubs, Abeideen	466
Delinquencies of pupils	763	— a poor effort to puff	575
Delirium tremens, treatment of 87, 119, 632		— Scotch, not all <i>Scotchmen</i>	763
Delivery, use of the abdominal bandage after	100	Dnodennu, ulceration of the	320
— state of the genitals after ..	ib.	Dupuytren on the treatment of erysipelas	316
— rupture of the uterus during ..	647	— his mode of operating in lithotomy	317
Delphini, notice of	330	Dura mater, laceration of the	39
Demonstrator, confession of a	217	— ulceration of the	663
—, want of a, at the Veterinary College	243	Dysentery, terminating in gangrene and perforation of the intestines ..	348
Dendy, Mr. W. C., letter of, in defence of himself and the other officers of the Universal Infirmary ..	525	Dyspepsia in pregnancy	449
Deobstruent, cherratah as a	336	Dyspnea in pregnancy	451
Depression, extensive, of the skull, cases of	30	— and hæmoptoe	604
Dermott, Mr., on the organic materiality of the mind	39		
Diploma, physicians, questions proposed in the examination for, at Edinburgh	340	E	
Diplomas of the Irish apothecaries ..	685	Ectropium and tarsoraphia	303
Discoveries of M. Magendie	71	Edinburgh University, non-recognition of the certificates of the London University, by	210
Dislocation, injuries in the reduction of	167	— questions proposed to a candidate for the degree of M.D. at	340
— of the femur backwards, of five months standing, reduced ..	215	— murders at	424
— simple, of the cervical vertebræ	250	— popular feeling from	703
Dislocations, observations on	267	Eichelberger, Dr., on pressure of the aorta, in uterine hæmorrhage	45
— of the jaw, partial	511	Emmerson, Mr., on the treatment of croup	333
Dissecting-room, Bartholomew's, thefts in the	223	Emotions, sudden, of the mind, effects of	552
Dissection, remarks on supplying subjects for, 433, 465, 679, 753, 785, 818		Encysted dropsy of the ovary ..	769, 801
Distortions of the feet	77, 278	Enteritis, exhibition of calomel in ..	630
Doctor, Apothecary, and Death, fight between	540	Entropion	669
Dog supported by injection of blood ..	132	Epidemic at Sydenham	206
"Draft," consolation for the	530	— disorders, origin and cure of ..	320
Dreams, frightful, sometimes accompanying pregnancy	285	Epidemics, Dr. Forster on	530
		Epidemy in Paris	125, 391
		— at Marseilles	741
		Epigenesis and evolution	229
		Epilepsy	637
		— and paraplegia	650
		— continuation of case of	766
		Ergot of rye, utility of in lingering labours	300, 464, 666, 730

	PAGE		PAGE
Ergot of rye, utility of in lingering labours, and uterine hæmorrhage	<u>781</u> , <u>190</u>	Exportation of dead bodies from Dublin	<u>774</u>
— administration of, without effect	<u>190</u>	Extirpation of the womb	<u>20</u> , <u>255</u> , <u>269</u>
— expulsion of a polypus by	<u>24</u>	— of the uterus, by Mr. J. M. Banner	<u>57</u>
— successfully given in retention of placenta	<u>432</u> , <u>782</u>	— by Mr. Lizars	<u>59</u>
Erinensis, on the private schools of Dublin	<u>167</u>	— of malignant tumour from the eye, by Mr. Gossett	<u>728</u> , <u>813</u>
— on the opening of the medical session in Dublin	<u>234</u>	Extra uterine fetus ossified	<u>317</u>
— and the Dublin College of Surgeons	<u>264</u>	— fixation	<u>410</u>
— letters from, to James Johnstone	<u>493</u> , <u>742</u>	— pregnancy	<u>447</u>
— castigation of the Yellow Goth by	<u>493</u> , <u>522</u>	Extravasation, fractured skull with	<u>89</u> , <u>830</u>
— remarks of, on subjects for dissection	<u>679</u>	— of urine	<u>315</u>
— on the exportation of dead bodies from Dublin	<u>774</u>	Extremities, paralysis of the lower, following injury	<u>186</u>
Erudition of the Dub Johnstone	<u>596</u>	Eyebrow, removal of a tumour from	<u>522</u>
Eruption, varioloid	<u>284</u>	Eyelids, laceration of the	<u>699</u>
— venereal, sub-carbonate of ammonia a remedy for	<u>349</u>	Eye, human, anterior termination of the retina in	<u>198</u>
Erysipelas, fatal case of	<u>249</u>	— organic alteration in, after reclamation of the lens	<u>199</u>
— treatment of, at St. Bartholomew's	<u>286</u>	— fungus medullaris of	<u>200</u>
— of the scalp	<u>446</u>	— inflammation of, in pregnancy	<u>418</u>
— of the leg, curious treatment of	<u>540</u>	— corpuscles in	<u>694</u>
— phlegmonodes	<u>316</u>	— extirpation of the	<u>701</u> , <u>827</u>
— phlegmonous of the hand and arm	<u>414</u>	— malignant tumours of	<u>728</u> , <u>813</u>
— face		— double pupil in	<u>742</u>
and scalp	<u>443</u>	— singular lesion of the	<u>799</u>
Evans, Mr. D., successful operation of, for aneurism of the innominate and carotid	<u>187</u>	Eyes, operation for cataract in	<u>216</u>
Evidence of Mr. Wakley before the Committee of anatomy	<u>789</u>		
Evolution and epigenesis	<u>229</u>	F	
Examinations, post-mortem, at St. Bartholomew's	<u>25</u>	Face, erysipelas of	<u>443</u>
— of Apothecaries, regulations for the	<u>111</u>	Fallopian tube	<u>197</u>
— at Rhuabarb Hall	<u>707</u>	— division of in women	
Exanthem arthritic	<u>630</u>	— to prevent impregnation	<u>259</u>
Excision, partial, of the ribs and their cartilages	<u>136</u>	— suppuration of the	<u>383</u>
Excitement, appearance of the blood of animals, under different states of	<u>201</u>	Fastidious taste in pregnancy	<u>449</u>
Exercise, the best for young persons	<u>517</u> , <u>549</u>	Fatty mass, transformation of the heart into	<u>423</u>
— as a promoter of health	<u>712</u>	Fear, effects of	<u>55</u>
Exeter Infirmary, account of	<u>695</u>	Feet, on distortions of the	<u>77</u> , <u>290</u> , <u>332</u>
Exhumation, should be penalties for	<u>788</u>	— horses', non-expansion of	<u>685</u> , <u>751</u>
Exostosis, supposed case of	<u>23</u>	Femoral artery, operation of tying the	<u>62</u> , <u>90</u> , <u>124</u>
— of the maxillary sinus	<u>741</u>	— strangulated hernia	<u>735</u>
Experiments on the blood by Mr. R. Vines	<u>591</u>	Femoro-popliteal aneurism	<u>90</u>
		Femur, fractures of the	<u>244</u> , <u>282</u> , <u>623</u> , <u>831</u>
		— dislocation of the reduced after existing five months	<u>215</u>
		— and first bone of the sternum	<u>635</u>
		— irregularly united, division of	<u>621</u>
		Fever, intermittent, value of bleeding in cold stages of	<u>12</u> , <u>72</u> , <u>106</u> , <u>438</u> , <u>469</u> , <u>778</u> , <u>815</u>
		— Dr. Stokes on	
		bleeding in	<u>564</u>
		— idiopathic, on	<u>206</u>
		— scarlet, case of	<u>284</u>
		— remittent, with diseased lungs	<u>540</u>
		— puerperal, Mr. Cusack on	<u>565</u>

	PAGE		PAGE
Fever, simple case of	637	Fracture, compound of the skull. .30, 316,	
— yellow, at Gibraltar, treat-		318, 542, 826	
ment of	659, 774	— extensive, of the skull, with	
— brain, alleged case of	715	depression of the bone	61
— table of the results of, in the		— of the skull, with laceration	
Walcheren army	817	of the brain	150
Field, Mr. James, letter from	256	— basis cranii with lacer-	
Fincham, Mr., on the chlorides of		ration of the brain	344
lime and soda	536	— skull, cases of .. 347, 830	
Finger, disease of the	508	— neck of the thigh-	
Firmness, remarks on the organ of..	220	bone, complete cure of	212
Fistula, with stricture of the urethra	348	— of the neck of the thigh-bone	279
— in ano	572, 720	— extensive, of the femur	282, 623
Fixott's, Mr., operations for double		— of the thigh, division of an	
fissured hair lip, with engravings	556	irregularly united	521
Fecundity, different degrees and		and dislocation of the cer-	
cause of	261	vical vertebræ	250
Fœtus, influence of a mother's mind		— of the dorsal vertebræ	635
on	55	— and bruises	446
— peculiarities of	129	— compound, of the leg, 541, 670,	
— stomach of	130	721	
— intestines of	ib.	— of the sternum	542
— thyroid gland of	131	— of the sternum during birth	617
— liver of	ib.	— of the ilium	575
— many of the structures of, not		— of the arm	831
necessary to fœtal life	132	Fractured skull, with extravasation	
— nourishment of the	ib.	and trephining	89
— functions of the	ib.	Fright, effect of, on the fœtus of a cat	228
— lungs of the	ib.	Frog, impregnation in the	257
— in utero can suck	ib.	Froggatt, Mr. F., on a case of flood-	
— sensibility of	ib.	ing stopped by the exhibition of	
— weight of	133	ergot of rye	190
— position of	ib.	Fœtus uteri, ascent of the, in preg-	
— involucre of	162	nancy	388
— circulation of the blood in ..	194	Fungous tumour of the nostril	347
— of a cat, effect of fright on the	228	Fungus medullaris of the eye	200
— extra uterine ossified	317	Fungus of the arm	444
— movements of the, in the		— hæmatodes, supposed case of	543
womb	323		
— movements of, as a sign of			
pregnancy	386		
— a turbulent	453		
— means of ascertaining the age			
of	387		
Fœtuses, two and a double uterus ..	423		
Fœtus, rudiments of extracted from			
the testicle	740		
Fœtal circulation in the horse, ass,			
and cow	794		
— monstrosities, specimens of ..	133		
Fœtation, extra-uterine	410, 417		
Foot, case of distortion of the	278		
Foot-lameness, in horses 46, 685,	751		
Forged report of a case from the			
Glasgow Infirmary	191		
Formation and duration of the forma-			
tive process in the uterus	224		
Forster, Dr., on a new method of dis-			
tinguishing original from reflected			
light	256		
— on the origin and cure of			
epidemic disorders	320		
— on epidemics	539		
Fracas at the London Medical Society	256		

G

Galactorrhœa and anomalous men-	
struation	46
Gangrene from dysentery	348
— of the left cheek, loss of	
substance from, and operation ..	734
— of the nose	829
Gangrenous laryngitis	284
Garrick, on the introduction of danc-	
ing by	456
Garry, Dr. A., on hypertrophy and	
rupture of the urinary bladder....	25
Gastrotomy in midwifery, Dr. Camp-	
bell on	38
— operation of .. 264, 310, 312,	
314.	
Generation, process of in the uterus	221
— experiments on	257
— not necessary that mix-	
ture should take place in the indi-	
vidual pregnant	261
Genitals, on their condition immedi-	
ately after delivery	100
— mutilation of the	448

	PAGE		PAGE
Genitals, malformation of the	480	Hæmorrhoids, on the treatment of ..	271
diseases of the unimpreg-		Hæmoptoe, cases of	603, 604
nated	481	Hæmorrhage, uterine, pressure of the	
Gestation, means of ascertaining the		aorta in	45
period when it will close	322, 387	transfusion in	431
human, duration of	388	ergot of rye in	190,
means of ascertaining the			781.
age of	387	Hare-lip, double-fissured, Mr. Fixott's	
Gibraltar fever, treatment of the	656, 774	cases of, operation for	556
Girtin, Mr. T.C., on a case of diseased		Hand and arm, inflammation of	123
kidneys	286	of	phlegmonous erysipelas
Gland, parotid, extirpation of a tu-		of	414
mour over	624	Hand, examination by the, to ascer-	
Glands of the neck, enlargement of the	827	tain pregnancy	386
Glandulæ nabothi	100	in disease of	
Glasgow Royal Infirmary, letter of		the bladder	674
Mr. J. W. Macnee,—hydrocele no		to detect scir-	
hernia	92	rhus of the uterus	709
cases of		Harley, Mr. R., letter of, respecting	
fracture of the cranium,—fungous		the Seaman's Hospital Society....	113
tumour of the nostril	347	Harrison, Dr., to Jemmy Johnstone	294
stricture		on chorea	687, 806
of the urethra with fistula,—death		on a case of St. Vitus'	
of one of the nurses	343	dance, from an extraordinary cause	718
letter of		on spinal deformities..	649
Mr. Carter, respecting the late		"King," remarks on the	
nurse at	416	evidence of	530
abuses in	432	Harwood, Dr., on the curative influ-	
hole and		ence of the Southern Coast	52
corner proceedings in the	486	Haslam, Dr., opening address of, at	
improve-		London Medical Society	21
ments in the	638	note of, to Mr. Callaway	372
forged re-		letter of resignation as	
port from, remarks on	241, 305	president of the London Medical	
letter re-		Society	502
specting the	218	Head, deceptive disease of the	663
Gold, on the employment of, in		Headach, discussion on	119
syphilis	537	Health promoted by exercise	712
Gonorrhœal ophthalmia	504, 702	Heart, transformation of, into a fatty	
Goth, yellow, castigation of, by a		mass	423
Bartholomew's Pupil	520	disease of the	445, 476
letter to, by the author		Heartburn in pregnancy	449
of "Professional Sketches"	760	Hematocoele	604
Grainger, Mr., letter in exposure of		Hemiplegia treated with strychnine	298
the calumnious insinuations of Sir		Hermaphrodite species	257
James Scarlett	381	Hernia without the usual symptoms	55
defence of	731	irreducible	215
Granville, Dr., and his "qualifica-		"Hernia, no," a case of ..	216, 252, 315,
tions"	114	Hernia, strangulated, 281, 346, 446, 623	
Grattan, Dr., remarks on his suc-		strangulated, exhibition of	
cession to the medical chair, Dublin	146	calomel in	630
Gravid uterus, on the	97	femoral, strangulated ..	700, 735
Griffith, Mr., on the expulsion of a		strangulated umbilical	828
polypus by the ergot of rye	24	strangulated, with intesti-	
Grimaldi, notice of	330	nal rupture during the operation..	827
Groin and axilla, enlargement of the		Heron, Mr., on fracture of the cranium	529
glands of the	827	Herpes zoster, treatment of, by ni-	
Guthrie, Mr. J. G., letter to, from		trate of silver	91
Mr. W. W. Sleigh	63	Hertwig, Dr., on hydrophobia	133
"Author," failure of in an		High operation of lithotomy	498
operation	416	"Hole and corner" work at Birming-	
Gymnastic exercises, Mr. Sheldrake on	327	ham	94
Guy's Hospital, remarks on the cor-			
rupt government of ..	433, 534, 530, 679		

	PAGE		PAGE
"Hole and Corner" proceedings at the Westminster Medical Society	469	Infant, recovery of, after asphyxia of twenty-four hours	686
— proceedings at the Westminster Medical Society, remarks on	499	Infirmity of Birmingham	224
— proceedings at Glasgow Infirmary	486, 488	— Glasgow, abuses in	244, 432
— notions of an oyster	507	— "Hole and Corner" proceedings at	486
Honiton Brunswickers	178	— improvements in	638
Hops, substitute for	695, 784	—, Universal, for Children, abuses in	296
Horses, on foot lameness in	46, 751	— on the duties of the house-surgeon of	352
— feet, non-expansion of	685	— letter from the medical officers of	400
Horse, blood of, under excitement	201	— abuses in	510
— fetal circulation in	794	— letter in defence of the officers of	625
Horsley, Dr., on the predisposition to, and prevention of, insanity	606	— election of Mr. Doubleday at the	592
Hosking, Mr., on dislocation of the jaw	511	Inflammation, on the condition of the blood and vessels in	10
Hospital reports, on the publication of,	7, 275, 689, 722	— of the veins	319
Hospitals, state of, in Paris	262	— of the hand and arm from the puncture of a rusty needle	123
— Borough, irregular attendance of the surgeons at the	63	— of the spinal chord in tetanus	135
Hospital physicians and surgeons, the right to criticise the public conduct of	337	— fatal, supervening upon venesection	251
— surgeons, on the blunders of	630	— chronic, of the uvea	619
Hospitals, corruption at	723	Injury paralysis following	186
Hospital, Lying-in, at Heidelberg	619	In-knee	21
Hospitals, provincial, account of	694	Innominate and carotid, operation for aneurism of	187, 602
Human carcass butchers, infamous traffic of	562	Insanity, on the prevention of	606
Hybrid-organisation, on	230	Instinct, sexual, in man and animals	322
Hydatid tumour of the abdomen	91	Institution, lying-in, at Dresden	648
Hydrocele "no hernia"	92	Intermittent fever, cases of bleeding in the cold stage of	12, 72, 106, 438, 489, 778, 813
Hydrocele	542	Intermittents, exhibition of quinine in	176
Hydrophobia, Dr. Hertwig on	133	Intermittent ophthalmia, quinine given in	773
— transfusion in a case of	232	Intestines of the fœtus	130
— cases of, by Dr. Mayer	389	— perforation of the	348
— Mr. Crichton on	629	— irritability of, in pregnancy	417
Hypertrophy and rupture of the urinary bladder	25	— difficulty in returning, in a case of hernia	446
— of the heart	445	— rupture of, during operation for hernia	827
I		Intus-susception successfully treated with mercury	318
Idiopathic fever, on	206	Involucres of the fœtus	162
Ileum, strangulation of the lower portion of the	159	Iodine, effects of, in bronchocele	448
— perforation of the	701	— as a remedy for chilblains	783
Iliac vein obliterated	766	Irish College of Surgeons	205
Ilium, fracture of the	676	— hospitals	206
Imagination of the mother, its influence on the fœtus	225	— Apothecaries' diplomas	685
Impotence, mental	131	Iritis, acute	297
Impregnation of the womb	197	Ischuria, case of	121
Impregnation, the physiology of	257	Islington Dispensary	25
— fatal to some women	259	Italians, dancing as taught by	458
— double, and double uterus	423	Itch treated with chloride of lime	127
Imperforate anus	597		
Incisions for erysipelas of the scalp	446		
Infants newly born, tumours of the neck of	571		

J

	PAGE
Jaundice in pregnancy	451
Jaw, dislocation of	511
Jewel, Mr., on bleeding in scarlatina	304
Johnson, Dr. Samuel, post-mortem examination of	822
Johnson, Mr. W., on the treatment of itch	127
Joint, ancle, disease of the	506
— knee, disease of the	639
Johnstone, Jemmy, Dr. Harrison to	294
— letter to, by Erinensis	493
— Why is he forsaken?	596
— post-office Dub, letter to	742
— an Irishman	763
Journal Hebdomadaire de Medecine, commencement of	181

K

Kaltenbrenner, Dr., on the condition of the blood and vessels in inflammation	10
Keratouyxis	187
Kidney, extensive disorganization of, without symptoms of disease	286
Kimbell, Mr., on use of ergot of rye in lingering labours and uterine hæmorrhage	781
King's College, medical school	211
Knee, supposed contusion of the	282
Knee-joint, disease of the, amputation	639
Knee, disease of, and amputation	444, 602
Knox, Dr., his translation of Cloquet's anatomy	276

L

Labours, lingering, utility of ergot of rye in	300, 465, 666, 730, 781
Laceration, extensive, of the arm	62
— brain	159, 336
— severe, of the upper and lower eyelids, loss of sight	699
Lambert, Mr. James, letters from	287, 479
Lameness, foot, in horses ..	46, 685, 781
Lancet, address to the readers of the	1
Lancets, mock	2
Lancet, actions against the	3
— on the publication of lectures in the	5
— slanderers of the	275
— on the employment of ridicule in the	241
Lancette Française, establishment of in Paris	722
Larray, M., on the treatment of erysipelas	316
Laryngitis, gangrenous, and bronchitis	284
Laryngotomy, operation of	186

PAGE

Lawrence, Mr., letter on his public services	92
— remarks on his introductory lecture	593
— introductory lecture of, to a course of surgery	612
— enormous calculus extracted by	796
Lecture, introductory, by Mr. Lawrence, remarks on	593
Lectures on the publication of, in THE LANCET	5, 386
— clinical, at St. Bartholomew's	142, 223
Lecturers anatomical, shameful negligence of	500
Leech bites, method of arresting the bleeding from	232, 672
Leeches, preservation of	424
Leg, varicose ulcer of the	251
— ulcerated	764
— tumour of the	543
— crushed, case of	541
Legs, amputation of, for diseased knees	345, 672
Legislature, remarks on the conduct of the, relative to anatomy	433
Legrand, Dr. Alex., on the employment of gold in syphilis	537
Lennox, letters of, on Mr. Carmichael,	141, 398
— remarks by, on the Richmond School of Anatomy	301, 656
Lens, alterations in the eye, after re-clination of the	199
— reproduction of the	212
Library of the Dublin College of Surgeons, mismanagement of	18
Libels, the alleged, in the trial Cooper v. Wakley	353
Ligamentum patellæ, rupture of the	553
Ligature, use of, in incontinence of urine in women	676
Ligatures successfully used in aneurism by anastomosis	569
Light, new mode of distinguishing ..	256
Lime, chloride of, treatment of itch with	127
— medicinal properties of	536
Liquor anmii	166
Lip, phagedenic ulceration of the upper	345
Liver of the fœtus	131
— wound of, healing spontaneously	157
— carcinomatous	409
Lithotomy, operations of, ..	30, 186, 344, 346, 415, 480, 508, 671, 679, 700, 765
Lithotomy, high operation of, ..	382, 498, 522
— en deux tems	382, 448
— with abscess in the perineum	520

	PAGE
Lithotomy, difficult operation of . . .	671
— great operation of, at St.	
Bartholomew's	796
— merits of different modes	
of operating in	317
— fatality in	784
— attempt at, in the Bath	
Hospital	191
— Nevey's own report	660, 657
— difficult case of, by a	
country bat	691
Lizards, Mr., extirpation of the uterus	
by	59, 269
Locomotion, on those bones which	
contribute to	290
Long, Mr. St. John, unsuccessful	
treatment of a case by	683
— letter from	783
London University, introductory lec-	
ture in	8
— opening of the	18
— medical certifi-	
cates of	210
London Medical Society, President's	
address at opening of, Sept. 29, 1828	21
— discussion at, on	
nævus — in-knee — rickets — spas-	
modic asthma	ib.
— interesting case of	
midwifery—double uterus—effects	
of fear—influence of a mother's	
mind on her fœtus—hernia with-	
out the usual symptoms	55
— pericarditis in a	
bullock—the double uterus—treat-	
ment of puerperal mania and deli-	
rium tremens	87
— violation of order	
—headach—delirium tremens—	
new mode of tapping	119
— wound of the liver	
healing spontaneously—cancer . .	157
— conduct of the Re-	
gistrar—reporting the proceedings	182
— point of order—li-	
berty of the medical press—Mr.	
Amesbury's complete cure of a	
fractured thigh-bone	212
— Mr. Amesbury's	
cure of fractured thigh-bone . . .	279
— rupture of the ute-	
rus—operation of gastrotomy, . . .	310, 312, 314.
— tumour in the left	
mammary during pregnancy, opera-	
tion, abortion, and death	391
— strictured rectum,	
urethra, and gangrenous stomach—	
tuberculated scirrhous uterus—car-	
cinomatous liver—and concussion	
of the brain	409
— diseased heart—	
coincidence of diseased rectum,	
with phthisis pulmonalis	476

	PAGE
London Med. Society, malformation	
of the pharynx—coincidence of dis-	
eased rectum and phthisis pulmo-	
nalis	502
— letter of resigna-	
tion from Dr. Haslam, as president	503
— "Hole and corner"	
proceedings at	510
— on the utility of	
ergot of rye	571
— discussion on re-	
porting	598
— reporting—com-	
plicated case of phrenitis and deli-	
rium tremens	631
— ergot of rye—al-	
leged partiality of the registrar—	
case of monstrosity—morbid spec-	
imens	603
— subserviency of the	
Society to the Council—alleged	
fever brain case—unusual fatality	
of scarlatina	715
— treatment of scar-	
latina by mercury—extirpation of	
tumours of the eye	729
— new President's	
speech—non-fever case—Regis-	
trar's inaccurate minutes—inaccu-	
racy in THE LANCET—reporting—	
oration	813
— discussion on re-	
porting	822
Love, its influence in generation . .	322
Lunatic paupers in Middlesex	80
Lungs of the fœtus	132
— functions of the	195
— disease of, accompanying re-	
mittent fever	540
— state of, in drowning	767
Lung, the right, peculiar formation	
of	624
Lying-in Institution at Dresden . . .	648

M

Mackintosh, Dr., on bleeding in cold	
stage of intermittent fever,	12, 72, 106, 438, 489, 778, 815.
— pupils of, prizes to	32
Macleod, Roderick's, wit in the Ex-	
crescence	82
— the Yellow Goth; castiga-	
tion of, by Erinensis	493
— Roderick, castigation of, by	
a Bartholomew pupil	526
— exposure of his	
labours in the Charity Gazette . . .	743
Macnee, Mr. J. W.'s, reply to Messrs.	
Wood and Co.	92
Magazine, New Monthly, remarks of,	
on the trial Wakley <i>vs</i> Cooper . . .	747
— Monthly, remarks of, on the	
trial Wakley <i>vs</i> Cooper	ib.
Magendie, M., and his discoveries . .	71

	PAGE		PAGE
Malformation, congenital, of the soft palate and uvula, successfully treated by artificial means.....	143	Midwifery, interesting case of	55
Malignant diseases of the breast ..	28	Miller, Mr., on inflammation of the veins	319
— tumour of the breast	ib.	Milk, secretion of, as a sign of pregnancy	324
Mamma, the left, tumour in.....	394	Mind, organic materiality of....	39, 620
Mammalia, bronchial vessels in the fœtus of	43	— materiality of the, remarks on Mr. Dermott's paper on	582
Martineau, Mr., death of.....	762	— and soul, non-identity of the ..	39
Mastodynia in pregnancy	452	— influence of a mother's, on her fœtus	65
Materiality, organic, of the mind, 39, 582, 620.		— effects of sudden emotions of ..	552
— remarks		Mock Lancets	2
on Mr. Dermott's paper on	582	Molecules, active, Mr. Faraday on ..	667
Maxillary sinus, exostosis of.....	741	Monro, Dr., sketch of	391
Mayer, Dr., on hydrophobia.....	389	Monstrosities, fetal	133
— Professor, experiments by, on the effects of poison on animals ..	817	Monstrosity, causes of	225
M'Dowell, Dr., defence of	696	Morgan, Mr. C., on the non-expansion of horses' feet	685
Measles and scarlatina, characteristics and treatment of	232	— on foot lameness in horses	751
— application of blisters in	287	Morphium, successful in trismus....	605
— on the use of blisters in	304	Moyle, Mr. M. P., case of passage of a calculus in fragments	800
Medical cant in Dublin	116	Mucons membranes, on the pathology of.....	152
— bigotry in Ireland	205	Murders, horrible, at Edinburgh....	424, 433, 500.
— session, opening of, in Dublin ..	234	— at Edinburgh, popular feeling from	703
— Brunswickers in Dublin	307	Muscular action, lecture on, by Mr. Sheldrake	65
— Relief Society, proposal for forming a	350	— lecture on	289
— and Surgical Journal, the Edinburgh, review of	563, 597	— employment of, in the cure of deformities	710
— assistants, letter on their distressed condition	784	Mutilation of the genitals	448
Medico Botanical Society, discussion at	566	Myology, a supplement to, by Mr. Tuson, notice of	468
— expulsion of			
ib.		N	
Medico-Chirurgical Society, paper on phlebitis	88	Nævus on the chin	480
— discussion		— discussion on	21
on phlebitis	144	Nails, on the diseases of the....	693
— discussion at,		Napier, Mr., on abuses at the Glasgow Infirmary.....	432
on aneurism by anastomosis, treated by ligatures	569	Nausea as a sign of pregnancy	323
Medley oration, by Mr. Vincent....	662	Neck, tumour of the	448
Membrane, cellular, extensive sup-puration of	829	— glands of the, enlargement of ..	827
Membranes, mucous, on the pathology of	152	Necrosis of the sternum.....	382
Men and measures.....	742	— of the tibia	720
Menses, cessation of, in pregnancy..	326	Needle, rusty, inflammation from puncture of	123
Menstruation, anomalous, with galactorrhœa	46	Nerves, absence of, in the umbilical chord	161
— in a child 19 months		— division and reunion of, 200, 653	
old	264	— pneumogastric, death from division of	581
Mercury, administration of, in pregnancy	421	Nervous system, central point of....	200
Merry, Mr. R., on the utility of ergot of rye in lingering labours	300	Nevey's surgery, specimen of	252
Micturition in pregnancy	4	Nipple, state of the, in pregnancy ..	325
Middlesex, lunatic paupers in the county of	80	Nitrate of silver, successful use of, in herpes zoster.....	91
Midland Medical and Surgical Reporter	694	North, Mr. J., letter from.....	267

	PAGE
Northumberland, quackery in	334
Nose, operation for a new	124
— calculus concretion in	605
— gangrene of the	829
Nostril, fungous tumour of	347
Nugent, Dr. D. M., on expulsion of placenta, after abortion, by ergot of rye.....	782

O

Odontalgia in pregnancy	451
Œdema of the lower limbs as a sign of pregnancy	323
Old Hags of Rhubarb Hall, wisdom of — supposed illiberality of....	511
— inquiry into the power of....	684
Omentum, protrusion of the.....	506
Ophthalmia in pregnancy	418
— gonorrhœal	504, 702
— intermittent, cured by quinine	773
Oration, medley, by Mr. Vincent ..	662
Organisation in generation	229
Ossified extra-uterine fœtus	317
Osteo sarcoma	543
Os uteri, variety and forms of	705
Ovaries, suppuration of the.....	353
— scirrhus of	737
Ovary, encysted, dropsy of the	769
Ovum, circulation of the blood in ..	193
— dropsy of the	452, 801
Oyster, clinical remarks by one	542
— epigram on	692

P

Pains, false, in pregnancy	452
Palate, soft, malformation of	143
Palate and uvula, on the cure of de- fects of	298
Paley's natural theology, by Paxton, review of	501
Palpebra, removal of a carcinomat- ous ulceration from	636
Panizza, B., account of his Treatise on Fungus of the Eye.....	200
Paracentesis abdominis	509
Paralysis of lower extremities follow- ing injury	186
— strychnine given in	298
— with dislocation of the femur and first bone of the sternum	635
Paraplegia	650
Paris, state of hospitals in	262
— epidemic in	391
Parker, Mr., jun., on an enormous tumour in the thorax	23
"Pashunt," letter from a, of the Union Street Dispensary	265
Patella, ligament of, rupture of the Paupers, lunatic, in the county of Middlesex.....	80
Paty's, Mr., letter to Mr. Wakley ..	561

	PAGE
Pearson's, Dr., Introductory Address at Birmingham.....	104
Pelvis, malignant disease within the cavity of	185
Penis, amputation of the	448
Penneck, Dr., on dislocations.....	267
Pennock on the application of cup- ping-glasses to poisoned wounds....	17
Per-centage system, observations on	267
Pericarditis in a bullock	87
Perineum, abscess in the, from stone in the bladder	520
Perry, Mr. H., practical remarks by, on pneumonia	396
Persons, young, advantages of dancing to	453
— on the best exer- cises for	617, 649
Perforation of the stomach	352
— of the intestines	348
— of the œsophagus	485
— of the ileum.....	701
Pessaries, general, on the use of....	610
— the balloon	546
— the ring	609
— the ball	610
— the sponge	ib.
— the stem	ib.
— the plug, in incontinence of urine.....	675
Pessary, the ring	577, 609
Petition of Birmingham magistrates and surgeons	562
Pharynx, malformation of the	502
Philalæthes on the Richmond School of Anatomy	462
Phlebitis, discussion on	88, 144
Phlegmonoid erysipelas, on the treat- ment of	316
Phrenological Society, meetings of..	217
Phrenology, remarks on..	220, 335, 411, 460, 620.
Phrenitis, complicated cases of	631
Phthisis pulmonalis and diseased rec- tum, coincidence of	470, 502
— smoking of bella- donna as a remedy in	520
— coincidence of, with diseased rectum	572
— aroma of bark as a remedy in	811
Physiology of the gravid uterus	196
Piles, on the treatment of.....	271
Placenta, structure of	133
— formation of the	164
— of ruminating animals, 134, 195	
— of the cat, bitch, guinea-pig, hare, and bat	134
— functions of the	195
— pulmonary function of	ib.
— retention of, ergot of rye given for	432
— expulsion of, after abortion, by ergot of rye.....	782

	PAGE		PAGE
Plague in Alexandria, on the	390	Pregnancy, rupture of the bladder in	516,
Plants, effects of poisons on....	740, 772	646.	
Pneumo-thorax	572	— on the diseases of the	
Pointer, Mr., his balloon pessaries ..	546	bladder in	641
— Mr. H., on a case of re-		— descent of the bladder in	547
covery from asphyxia	686	— introduction of the cathe-	
Poison, effects of, on plants	740	ter in	644
— on animals	817	— retention of urine in....	749
Poisoned wounds, cupping glasses to	17	— administration of mercury	421
Poisoning by belladonna	45	— syphilis connected with	421
— by cheese.....	805	— extra-uterine	447
Pneumonia, practical remarks on .	306	— on fracture of the ster-	
Polypus, expulsion of, by ergot of rye	24	num in	647
Popliteal aneurism.....	62, 90,	Preservation of leeches	424
Portrait of Mr. Abernethy, notice of	536	Press, medical, liberty of	212, 276
Practitioners, qualified, protection		— liberty of the, new triumph for	375
of the Apothecaries' Act to	138	Prizes to Dr. Mackintosh's pupils ..	32
Preface.....	1	Procidencia uteri	101, 516, 577
Pregnancy, sudden enlargement of		Profession, subdivision of labour in..	176
the abdomen in	99	Prognosis of the retroversion of the	
— state of the womb during		womb	515
the progress of	102	— in descent of the womb	
— signs of	322, 385	in the earlier and latter months ..	579
— examination by the hand		Prolapsus uteri	450
to ascertain	386	Protective power of vaccination	174
— to ascertain the progress		Prowse, Mr., on extraction of the	
of, by "the reckoning".....	388	teeth	344, 731
— power of simulating, in		Prunus cacumiglia, remarks on	635
women	323	Prussic acid, effects of, on plants....	772
— longings of women in....	385	Psoas abscess treated by injection ..	27
— fastidious taste in	449	Psoriasis inveterata treated with ar-	
— ophthalmia in	418	senical solution	350
— heartburn in	449	Puberty, change of the system at the	
— dyspepsia in	450	age of	321
— constipation in	450	Public services of Mr. Lawrence,	
— jaundice in	451	letter on	92
— dyspnoea in	ib.	Puerperal mania, treatment of	87
— convulsions in	ib.	Pupil, double, in one eye.....	749
— odontalgia in	ib.	Pupils, delinquencies of	763
— mastodynia in	452	Pures and surgeons	319
— rigidity and laxity of the			
abdomen in	452		
— false pains in	ib.		
— ascent of the fundus uteri			
in	388		
— descent of the womb in..	515,		
679.			
— descent of vagina in	547		
— descent of the womb in	579		
— prolapsus uteri in ..	450, 447		
— length of the cervix uteri			
in	388		
— length of the umbilical			
chord in	618		
— some of the diseases of..	417,		
449.			
— tumour in the breast			
during, operation and miscarriage	394		
— pelvic tumours in	515		
— turbulent fœtus in	453		
— infusions of water in	420		
— micturition in	450		
— calculus in the bladder			
during	ib.		

Q

Quackery in Northumberland	334
— exposure of	683, 783
Quartering of a whole family on the	
hospitals	723
Questions proposed for a candidate	
for the degree of M.D. at Edin-	
burgh.....	340
Quickening, sensation of, in preg-	
nancy	385, 389
Quicksilver successfully used in in-	
tus-susception	318
Quinine given in remittent ophthal-	
mia	773

R

Rabbit, removal of the womb in	101
— new lens in the eye of	212
— formative process in the	224
— experiments on generation in	
the	257

	PAGE		PAGE
Rabies in a wolf, remarkable case of	167	Remarks on the Surgical Reform	
Ram, non-descent of the testes in ..	131	Meeting at the Freemasons' Tavern	402
Randell, Mr. H. K., on the bones of the skeleton.....	156	— on phrenology	411
Reckoning, computation of the, in pregnancy	389	— on the trial of Wakley <i>ats.</i>	
Recto-vesical, operation of, lithotomy	317	Cooper	374, 625
Recto-vaginal tumours independently of pregnancy	515	— on horrible murders at Edinburgh	432
Rectum, irritation of, as a sign of pregnancy	323	— on the difficulties of procuring subjects for dissection	ib.
Rectum, coincidence of disease of, with phthisis pulmonalis	476, 502	— on phrenology	460
— stricture of the	409	— on the Richmond School of anatomy	462, 528
Rectum, specimens of disease of	572	— on dissection pamphlet of Mr. Guthrie	465
Reduction of the femur after five months' dislocation.....	215	— on the disgraceful proceedings at the Westminster Medical Society	499
— of dislocations, injuries in attempting	167	— on the operation en deux tems	531
Religion, Romish, a bar to medical promotion in Ireland	205	— on Mr. Lawrence's introductory lecture	593
Remarks on Dr. Conolly's introductory lectures at the University ..	50	— on the forsaken condition of	
— on quackery	52	Jemmy Johnstone	596
— on Roderick Macleod's wit in the Excesses.....	ib.	— on Nevey's report of his operation	657
— on Dr. Granville and his testimonials	114	— on hospital reporting	689
— on medical cant in Dublin	116	— on Sir James Scarlett	691
— on Dr. Grattan's elevation to the Professor's chair	146	— on the practice of human dissections	753
— on <i>The Times</i> , and the Apothecaries' Company	178	— on Mr. Warburton's Bill	785, 818.
— on a new Paris Journal, and supposed agitation of the medical profession	181	— on the breaking up of the monopoly of the College of Surgeons	786
— on Mr. D. Evans's successful operation for aneurism	182	— on the corrupt system at the hospitals	723
— on the refusal at Edinburgh of the medical certificates of the London University	210	Reports, hospital, on the publication of	7
— on the blow to the hopes of the geniuses at St. George's	211	— hospital, by the bats themselves.....	722
Thomas's Hospital	ib.	Reporting, hospital	275
— on the charge of the employment of ridicule in THE LANCET	241	— at the London Medical Society, general opinion in favour of	599, 822
— on Professor Coleman's threats at the Veterinary College	242	Report forged from the Glasgow Infirmary, remarks on	244
— on a forged letter from the Glasgow Infirmary	244	Respiration of the anelides abranchi, on the	167
— on a fabricated case from the Glasgow Infirmary—Scotch Bats—Hospital reporting—slanders against THE LANCET	274	Retina, termination of	198
— on a forged letter from the Glasgow Infirmary	305	Retroversion of the womb	482
— on the publication of lectures	306	— of the uterus	513
— on the right to criticise the proceedings of public medical officers	337	Review of Dr. Harwood on the Curative influence of the Southern Coast	52
No. 291.		— of Mr. Stratford's Manual of the Anatomy, Physiology, and Diseases of the Eye	83
		— of Dr. Christie's Observations on Cholera and the Mucous Membranes	152
		— of Mr. Randell's General Description of the Bones of the Skeleton	156

	PAGE		PAGE
Review of Mr. Amesbury on the Nature and Treatment of Fractures..	241	Scalp, wound of.....	542, 829, 830, 831
— of Dr. Knox's translation of Cloquet's System of Anatomy ..	276	Scalpel, on removal of scirrhus of the ovaries with.....	740
— of Mr. Bell's Treatise on the Diseases of Bones	339	Scapula, case of a large unmanageable tumour on the.....	61
— of Mr. Tuson's Supplement to Myology	468	Scarlatina and measles, distinction between, and treatment	232
— of Paxton's Natural Theology, by Paley	501	— on bleeding in.....	304
— of Fincham's Compendium of the Medicinal Properties of the chlorides of Lime and Soda.....	536	— unusual fatality of.....	715
— of the Edinburgh Medical and Surgical Journal, 563, 597, 628, 693		Scarlet fever, following varioloid eruption	284
— of Wallace's Letters on the Study of Medicine	756	Scarlett, Sir James, rather below the "average maximum".....	374
— of Mr. J. P. Clark on the Teeth.....	821	— a few words with, touching "hirelings".....	691
Rheumatism, acute case of	697	— his corrupt predictions	723
Rhubarb Hall, the old hags of ..	148, 684	— statement of average fatality of lithotomy in Nevey's surgery	784
— examinations at	767	Scirrhus tumour, removal of	624
Ribaldry, alleged, in THE LANCET ..	178	Scirrhus, with extirpation of the eye	701
Ribs, partial excision of.....	136	— indolent, of the uterus.....	705
Richmond Hospital, hints to Mr. Carmichael	141	— of the uterus, absorption of, possible.....	708
Richmond School of Anatomy..	239, 301, 398, 462, 528, 654, 696,	— of the uterus, means of determining its existence.....	709
"Richmond," letter of, in reply to Lennox	239	— of the ovaries	737
— his defence of Mr. Carmichael.....	696	— breast, removal of.....	282
Ricketts	21	— uteri	409
Ridicule, on the employment of, in THE LANCET	241	School, Webb St., alleged abuses in of Anatomy, Webb Street, defence of Mr. Grainger	731
Robinson, John, case of, treated by Mr. Sheldrake	278	Scotch Bats, frauds of the.....	274
— case of deformity in the foot of	712	Scotland, Sketches of the Medical Schools in.....	391
Roderick, his blunders as a reporter — poor charity, his impudence in denying that he is a "hack" ..	693	Scotus, Sketch of Dr. Monro, by... ib.	
Rolph, Mr. T., on idiopathic fever ..	206	Seaman's Hospital Society	113
Rumination, instance of, in a young man	553	Semen, commixture of the with the rudiments in generation.....	259
Rupia simplex.....	666	— penetration of the to the fallopian tube	259
Rupture of the urinary bladder ..	25, 516	— male, small quantity of, sufficient for impregnation	259
— bladder, remarks on,	646	— animalcula in	733
— on the possible cure of, in women	676	Septum ventriculorum cordis, absence of the	137
Ruptures of the uterus, Dr. Campbell on	33	Sexual scents, as a bait for animals..	322
— of the uterus, 310, 312, 314, 647		Sheldrake, Mr., on muscular action..	65
— of the ligamentum patellæ	553	— on congenital distortions of the feet	77
— of the pulmonary artery ..	622	— on distortions of the feet.....	278, 332
Russian Medical Service	805	— on muscular action, and the cure of deformities	269
S		— on what are called gymnastic exercises	327
Salmon, Mr. F., on the treatment of piles	271	— on dancing, and on its advantages to young persons ..	453
Salop Infirmary, account of.....	695	— on the best exercises for young persons	517, 549
Sanson, M., his mode of operating in lithotomy	317	— on artificial muscular action	710
Scalp, erysipelas of the.....	443, 446		

	PAGE		PAGE
Shoe, expansion, advantages of, <u>559</u> , <u>524</u>		Spinal chord, inflammation of, in	
Shops, apothecaries', curious exami-	<u>554</u>	tetanus	<u>135</u>
nations of.....		Spinal deformities	<u>649</u>
Shute, Mr., remarks on his commu-	<u>823</u>	Spleen, abscess of	<u>231</u>
nication..		Stanley, Mr., his grand mistake	<u>242</u>
Sickness in pregnancy	<u>421</u>	Starvation, case of	<u>486</u>
Sight, recovery of, after an opera-		———— from malformation of the	
tion for congenital cataract in both		œsophagus	<u>502</u>
eyes	<u>216</u>	Steed v. Henley, trial for the recovery	
———— loss of, following laceration		of an apothecary's bill	<u>150</u>
of the eyelids	<u>699</u>	Sterility generally the defect of the	
Simeon, Dr., on chronic inflammation		female	<u>261</u>
of the uvea	<u>619</u>	Sternum, caries of the	<u>382</u>
Simonet, Madame, on dancing in the		———— fracture of the	<u>542</u> , <u>647</u>
French Academy.....	<u>454</u>	Stethoscope, value of, in aneurism..	<u>586</u>
Simpson, Mr., letter of, on the death		———— ignorance of, at the	
of Mr. Martineau	<u>708</u>	Glasgow Infirmary.....	<u>720</u>
Sinus, maxillary, exostosis of	<u>741</u>	Stokes, Dr., on bleeding in the cold	
Skeleton, description of the bones of a	<u>156</u>	stage of intermittent fever	<u>564</u>
Sketches of the surgical profession		Stomach of the fœtus	<u>130</u>
in Ireland	<u>167</u> , <u>234</u>	———— extraordinary size of a... ..	<u>314</u>
———— schools in		———— perforation of the	<u>382</u>
Scotland	<u>391</u>	———— gangrenous	<u>409</u>
"Sketches, Professional," letter from		———— irritability of, in pregnancy	<u>417</u>
the author of, to the Yellow Goth	<u>760</u>	———— cartilaginous degeneration	
Skin of the abdomen, cancer of the	<u>382</u>	of the.....	<u>581</u>
Skull, compound fracture of the... 30,	<u>318</u>	———— effects of abstinence on ..	<u>ib.</u>
———— fracture of the	<u>30</u>	———— abscess of the	<u>622</u>
———— extensive fracture of the, with		———— state of, in drowning.....	<u>767</u>
depression of bone	<u>61</u>	Strangulated femoral hernia....	<u>709</u> , <u>735</u>
———— fractured, with extravasation		———— hernia, rupture of the	
and trephining.....	<u>69</u>	intestine during the operation....	<u>827</u>
———— fracture of, with laceration of		———— umbilical hernia	<u>828</u>
the brain	<u>159</u>	Strangulation of the lower portion of	
———— penetrating wound of the.....	<u>316</u>	the ileum	<u>159</u>
———— fracture of the.....	<u>344</u>	Stratford, Mr. J. S., on the anatomy,	
———— cases of fracture of the....	<u>347</u> , <u>830</u>	physiology, and diseases of the eye	<u>83</u>
Slanderers, answers to	<u>5</u> , <u>275</u> , <u>306</u>	———— on the extrac-	
Sleigh, Mr. W., letter of, to Mr.		tion of the teeth	<u>203</u>
Guthrie	<u>63</u>	Stricture, permanent, of the urethra,	
———— on the regulation		division of.....	<u>124</u>
of the Western Hospital	<u>640</u>	———— of the urethra, with fistula	<u>348</u>
Smallpox at Marseilles	<u>741</u>	———— of urine, spasmodic, in	
Soda, chloride of, medicinal proper-		pregnancy	<u>643</u>
ties of.....	<u>536</u>	Strictured rectum, with diseased	
———— in burns	<u>605</u>	urethra and stomach	<u>409</u>
Solution, arsenical, given in psori-		Structure of the veins	<u>160</u>
asis inveterata.....	<u>350</u>	Strychnine given in hemiplegia	<u>298</u>
Sœmmering, Dr., analysis of his		St. Vitus' dance, case of... <u>687</u> , <u>718</u> , <u>806</u>	
work on Organic Alterations in		Study of medicine, Wallace on the... <u>756</u>	
the Eye.....	<u>199</u>	Subdivision of labour in the profession	<u>176</u>
Soul, immateriality of the	<u>39</u>	Subscriptions for the distressed medi-	
Sound, velocity of, in water.....	<u>553</u>	cal gentleman, <u>32</u> , <u>96</u> , <u>128</u> , <u>160</u> , <u>224</u> , <u>288</u> ,	
Southwark Midwifery Institution,		<u>416</u> , <u>576</u> .	
cases of midwifery at.....	<u>694</u>	Subjects for dissection, difficulty of	
Specific remedies for disease un-		procuring	<u>433</u> , <u>753</u>
known	<u>82</u>	———— petition re-	
Speech, singular affection of, from		specting	<u>562</u>
apoplexy	<u>735</u>	Suckling, its effect as regards preg-	
Spermatic animalcula.....	<u>732</u>	nancy.....	<u>262</u>
———— artery tied in varicocele..	<u>773</u>	Sugar, action of arsenic on several	
Spinal nerves, disease of the anterior		sorts of.....	<u>521</u>
roots of, in tetanus.....	<u>135</u>	Suppuration of the ovaries.....	<u>383</u>
		Surgeons and Purses	<u>319</u>

	PAGE		PAGE
Surgical profession in Ireland, sketches of the	167, 231	Thyroid artery, upper, ligature on ..	678
— reform dinner, letters relating to the	561	Tibia, necrosis of the, and amputation	720
— meeting	402	Tibial artery, wound of the posterior ..	719
Sydenham, epidemic at	206	— anterior, tying of the ..	765
Synochus, with erysipelatous inflammation of the leg	540	Tunica decidua reflexa	165
Syphilis connected with pregnancy ..	421	Tobacco manufactories, on the diseases of workmen in	677
— on the employment of gold in ..	537	Tooth, milk, extraction of, with the capsule of a permanent one	520
Syringe, use of the, in vaginal cleanliness	675	Towne, Mr., on a substitute for hops ..	784
System, venous, circulation of the blood in the	635	Trade certificate	763
System, corrupt, at hospitals	723	Transfusion	132, 232
T		— for the cure of hydrophobia, without success	ib.
Taggart, Mr., his liberality in the Dublin College	20	— unsuccessful in asphyxia ..	ib.
Taliacotian operation	124, 186	— successful case of	431
Tanners, exemption of, from phthisis pulmonalis	811	Transverse operation of lithotomy ..	317
Tan-yard, atmosphere of, as a remedy for consumption	ib.	Trefoil, marsh, as a substitute for hops ..	784
Tapping, new mode of	119	Trephine, application of the	30, 31
— of encysted dropsy of the ovary	769, 803	Trephining in fractured skull	89, 123
Tarsoraphia and ectropeon	303	Trial for recovery of an apothecary's bill	149, 150
Taylor, Mr., on the ergot of rye in lingering labours	730	Trismus cured by the acetate of morphia	605
Teachers of anatomy, their modes of procuring dead bodies	562	Tumour, enormous, in the thorax ..	23
Teeth, regeneration of the, after caries of the upper jaw bone	45	— case of a large unmanageable, on the scapula	61
— caries of the	203	— hydatid, of the abdomen	91
— extraction of, 80, 203, 343, 538, 731 ..	297	— treated as fat	252
Teevan, Mr., on achte iritis	297	— fungous, of the nostril	347
Tenterden, Lord, decision of, in favour of the liberty of the press, remarks on	374	— in the left mamma, operation for	394
Test of arsenic	618	— of the breast	542, 602
Testes, non-descent of	131	— of the neck	448
— descent of the	131	— singular in the neck of newly-born infants	571
Testicle, removal of a	344	— pulsatory, beneath the clavicle	480
Testicle of a child, removal of a fœtus from	740	— of the eye, extirpation of, 728, 813 ..	522
Tetanus, case of, with inflammation of the spinal cord, and disease of the anterior roots of the spinal nerves	135	— removed from the eyebrow ..	624
— acute	700	— over the parotid gland, extirpation of	624
Thefts in the dissecting room of St. Bartholomew's	223	— adipo-sarcomatous, removal of ..	719
Theology, natural, Paley's work on ..	501	— steatomatous	828
Thigh-bone, complete cure of a fracture of the neck of	212	Tumours, pelvic	516
— on fractures of the upper third of	244	Tucker, Mr. C., death of	212
— fractures of, 279, 521, 623, 831 ..	23	Tunica decidua, structure and uses of the	163
Thorax, enormous tumour in the	572	Tuomy, Dr., his appointment to a professorship in Dublin	319
— tapping of the	764	Tuson's, Mr., Supplement to Myology	468
Throat, cut, fatal case of	131	Twaddle of Sir James Scarlett, exposure of	374
Thyroid gland of the fœtus	131	Twins, physiology of	132
		— the offspring of different males ..	262
U			
		Ulcer, varicose, of the leg	251
		— of the leg, and amputation ..	764
		Ulceration of the bowels, and treatment	121

	PAGE
Ulceration of the duodenum	320
phagedenic, of the upper lip	345
carcinomatous, of the palpebra, removal of	636
of the dura mater	663
Umbilical chord, length and structure of	161
absence of nerves in	161
knots in	162
Union of bone by the first intention	401
of wounds of the brain	553
Street Dispensary, letter on the	255
University of London, introductory lecture in	8
opening of the	18
Ureter, calculus in	679
Urethra, division of, for incontinence of urine in women	676
division of a permanent stricture of	124
closure of, from chancre, causing extravasation of urine	315
stricture of, with fistula ..	348
disease of, with strictured rectum	409
Urine, extravasation of	315, 442
retention of, in pregnancy, ..	642, 749.
incontinence of, in women, causes of	673
incontinence of	829
Uteri, specimens of various	100
procedentia	677
Uterus, double	55, 87
and double impregnation	423
dropsy of the	98
structure of the	99
contents of the	129
state of the, during the progress of pregnancy	102
process of generation in ..	224
bulk of, in the earlier months, mode of ascertaining the	387
cancer of	157
extirpation of the, ..	57, 59, 255, 269
retroversion of the, and treatment of	481, 513, 514
virgin, variations in the size of the	514
descent of, in pregnancy ..	545
slight descent of, after delivery	578
prolapse of	647
on ruptures of, by Dr. Campbell	33
rupture of	310, 312, 314
rupture of, during delivery ..	647
scirrhus of	409
indolent scirrhus of	705
encysted abscess of the cavity of	706

	PAGE
Uterine hæmorrhage, pressure of the aorta in	45
ergot of rye in	781
Uvea, chronic inflammation of	619
Uvula, soft palate, malformation of ..	143
and palate, on the cure of defects of	298

V

Vaccination, protective power of ..	174
Vagina, descent of, in pregnancy ..	547
Vaginal tumours, independent of pregnancy	515
cleanliness, remarks on ..	674
Varicocele, voluminous	773
Varicose veins, treatment of	176
ulcer of the leg	251
Varioloid eruption, followed by scarlet fever	284
Veins, structure of the	160
varicose, treatment of	176
inflammation of the	319
iliac, obliterated	766
Velpeau, on the treatment of erysipelas	316
Venereal eruption, subcarbonate of ammonia, a remedy in	349
Venesection, fatal inflammation after ..	251
Venous circulation	730
Vertebræ, dislocation and fracture of ..	250
dorsal, fracture of the ..	635
Vessels, on the condition of the, in inflammation	10
bronchial, in the fœtus of mammalia and birds	43
blood, on the action of the ..	591
Veterinary College, want of a demonstrator at the	243
sagacity of its professor	351
Vickham, Mr., operation of lithotomy by	691
Vincent, Mr., medley oration by	662
Vines, Mr. R., on the appearance of the blood of animals under different states of excitement	201
on the blood, and the action of the blood-vessels	591
observations on his experiments by Mr. Day	799
on the fœtal circulation in the horse, ass, and cow ..	794
Viper, bite of a	580
Virgin, possibility of pregnancy in a ..	261
Viscera, pelvic, on the descent of the, in pregnancy	545
Vomiting as a sign of pregnancy	323

W

Wakley <i>ats.</i> Cooper, postponement of trial	152
motion on	309

Princeton University Library



32101 078204979

